Residential Family Centres
National Minimum Standards
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General Introduction

This document contains the National Minimum Standards (NMS) applicable to residential family centres. The NMS, together with the Residential Family Centres Regulations 2002, as amended, form the basis of the regulatory framework under the Care Standards Act 2000 (CSA) for the conduct of residential family centres.

Residential family centres are defined in section 4(2) of the CSA as establishments at which:

a) accommodation is provided for children and their parents;
b) the parents’ capacity to respond to the children’s needs and to safeguard their welfare is monitored or assessed; and
c) the parents are given such advice, guidance and counselling as is considered necessary.

The values statements below explain the important principles which underpin these standards:

Values

- Each parent and child is valued as an individual and has his or her wishes and feelings listened to and taken into account.
- Each parent has a fair assessment of their parenting skills and capacity, and is given individualised support, in line with their abilities, needs and background.
- Each child feels protected and safe, and benefits from effective parenting.
- Parents and children with disabilities and particularly complex needs have these fully recognised and taken into account.
- There is a genuine partnership between all those involved in residential family centres to deliver the best outcomes for parents and children, including the Government, local authorities, family courts and other statutory agencies, such as CAFCASS.

Legal status of the standards

The NMS for Residential Family Centres are issued by the Secretary of State under section 23 of the CSA. The Secretary of State will keep the standards under review and may publish amended standards as appropriate.

Minimum standards do not mean standardisation of provision. The standards are designed to be applicable to different types of residential family centres.
They aim to enable, rather than prevent, individual providers to develop their own particular ethos and approach based on evidence that this is the most appropriate way to meet the family’s needs. All providers must have regard to these standards, but many will aspire to exceed them and develop their service in order to achieve excellence.

The standards are issued for use by Ofsted, who must take them into account in regulating and inspecting residential family centres. They will also be important in other ways. The standards may be used by providers and staff in self-assessment of their services; they provide a basis for the induction and training of staff; they can be used by parents, children and young people as a guide to what they should expect, as a minimum, a provider to do, and they can provide guidance on what is required when setting up a residential family centre.

Structure and approach to inspection

The NMS focus on achievable outcomes for residential family centres to provide for families. Each standard is preceded by a statement of the outcome to be achieved. The standards are intended to be qualitative, in that they provide a tool for judging the quality of life experienced by families in the centres, but they are also designed to be measurable. Providers will normally show that they are meeting the headline statement of the outcome by following the standards below. However, these do not have to be followed exactly if the provider can demonstrate, and Ofsted is satisfied, that the outcomes are being met in a different way. The exception is a requirement set out in regulations, in which case the regulation must be met. The standards outline in the legislation box which regulatory requirement underpins the standards.

Across all its work, Ofsted has three core statutory responsibilities under section 117 of the Education and Inspections Act 2006: to ensure that inspection supports improvement in the services Ofsted inspects and regulates; that it is centred on the needs of users; and that it promotes the effective use of resources.

There are four elements to Ofsted’s function as a regulator: registration; inspection; compliance; and enforcement. The purpose of Ofsted’s inspection of social care is to assess the quality of care being provided for children, young people, adults and, where appropriate, their families. In the case of residential family centres, it is further to inspect the training, assistance and assessment of parenting, and the protection of children in the centre. Inspection focuses on the outcomes which they are being supported to achieve. It tests compliance with the relevant regulations and takes into account the NMS.

Following inspection, inspectors will make a number of judgements, including a judgment on the overall effectiveness of the service inspected. For residential family centres, Ofsted will set requirements to be fulfilled in order to remedy any identified failure to meet the relevant regulations. They will make recommendations for improvement, including any action required to ensure that provisions fully meet the NMS. Any identified failure in meeting the
requirements of regulations may lead to consideration of enforcement action. Conditions of registration may be imposed.

The wider context

The NMS are underpinned by the Residential Family Centres Regulations 2002, as amended. Providers must comply with the requirements of those regulations.

It is intended that the standards will be used, both by providers and by Ofsted, to focus on the provision of robust, fair and evidence-based assessments of parenting skills and capacity, based on the family’s individual needs, in a safe and comfortable setting. In parallel, the standards should provide the basis for securing positive outcomes for children and reducing risks to their welfare and safety.

Observing the standards is an essential part, but only a part, of the overall responsibility to safeguard and promote parents’ and children’s welfare. Residential family centre providers should also maintain contact with the placing authority throughout the placement as part of this process.

The use of terminology

References in these standards to ‘parents’ means persons, who may be under or over the age of 18, whose parenting is being assessed at the residential family centre. References to ‘children’ means persons aged under 18 who are being looked after in the centre by a parent, or carer, whose parenting is being assessed.

Children in residential family centres may include babies and older children. Throughout these standards, references to securing wishes, views and feelings of children, to consulting children and to giving information to children, should be interpreted as meaning doing so as far as is feasible given the child’s age and understanding.
PRINCIPAL STANDARD

Providing robust, fair and evidence-based assessments

Underpinning Legislation:
Regulations: 13A Assessments.

Outcomes:

- Parents receive assessments of their parenting skills and capacity which are robust, fair and evidence-based.
- The child’s welfare and needs are the focus of the assessment and final report.
- The assessment clearly links to court instruction and/or local authority requirements.

1.1 The residential family centre conducts assessments of parenting skill and capacity which are robust, fair and evidence-based and based on the family’s individual needs.

1.2 The assessments are carried out by a registered social worker in a manner consistent with guidance in Working Together to Safeguard Children\(^1\).

1.3 The purpose and scope of the parenting assessment is laid out clearly in the family placement plan and is based upon the referral information provided at the start of the placement.

1.4 The assessment and final report should be linked clearly to the court instruction and/or local authority requirements and should be delivered within the timescales specified.

1.5 The assessor is objective and impartial and should not discriminate against families in any way or impose personal parenting preferences.

1.6 There should be a clear distinction between the assessment of parenting skill and capacity and any support, advice or guidance provided during the placement.

1.7 If a parent being assessed is still legally a child, assessors should take due account of their age, vulnerability and level of understanding of the process.

1.8 Parents are engaged in the process and provided with regular feedback. This engagement is reflected in the written assessment.

\(^1\) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (HM Government)
1.9 The views, feelings and wishes expressed by any child in the centre are taken into account wherever applicable in the assessment of their parent’s care of them.

1.10 Staff are suitably trained and qualified to provide assessments and consult other professionals, where necessary, for specialist advice.

1.11 Methods of supervision and assessment are made clear to parents and children (of an appropriate age), including likely changes dependent on progress and any use of monitoring and surveillance systems.

1.12 The final report is evidence-based, clearly expressed, and non-stigmatizing; and distinguishes between fact, opinion and third party information. The report maintains a clear focus on the child and outlines the parent’s strengths, weaknesses and any ongoing risks or safeguarding issues.

1.13 The final report contains clear recommendations for follow-up care to ensure the smoothest possible transition to further care or return to the home environment.

1.14 Parents are helped to understand and accept the outcome of the assessment.

1.15 The registered person should seek feedback following a placement from the parents, children (when of appropriate age) and professionals involved as part of their quality assurance process.
FAMILY-FOCUSED STANDARDS
STANDARD 2 – The parents’ and children’s wishes and feelings

Underpinning Legislation:

Outcomes:

- Parents’ and children’s views, wishes and feelings are taken into account in all aspects of their placement.
- Parents and children (subject to age and understanding) have access to independent support and advice.

2.1 Parents are encouraged to communicate their views, wishes and feelings on all aspects of their placement, assessment and support. Staff take account of these views, wishes and feelings in the day to day running and development of the centre.

2.2 Parents and children have access to external advice and support (including through relevant helplines) which they can contact directly, and in private, about problems or concerns. The advice services must be appropriate for both adult and children’s needs and take account of their age and understanding, religious, cultural and linguistic backgrounds, as well as any disability or special needs.

2.3 Parents and children, if old enough, are given information on how to make complaints and representations, including how they can secure access to an independent advocate. Where necessary, this access is to an advocate who is suitably skilled in signing or in speaking the complainant’s preferred language.

2.4 Parents can take up issues in the most appropriate way and without fear that this will result in any adverse consequences. They receive prompt feedback on any concerns or complaints raised.
STANDARD 3 – Promoting a positive identity and potential through individualised placements.

Underpinning Legislation:

Outcomes:

- Parents are provided with individualised programmes of support that take account of their age, religious, cultural and linguistic backgrounds, disability or special needs.
- Staff work in ways which encourage parents and children to have a positive identity.

3.1 Placements take into account parents’ and children’s religious, cultural and linguistic backgrounds and any disability or special needs

3.2 Staff promote contact between residents and their family members, including children’s siblings, where this is consistent with the child’s welfare.

3.3 Where staff provide parenting support programmes, they help parents to develop skills, emotional resilience and self-esteem to help prepare them to care safely for their children and promote their welfare.

3.4 Staff meet parents’ and children’s individual needs as set out in the family placement plan (and in the case of a child or parent who is looked after by the local authority, the child or parent’s care plan) taking into account, where appropriate, their relationship with the wider group of residents.
STANDARD 4 – Promoting positive behaviour and relationships

Underpinning Legislation:
Regulations: 11. Further requirements as to health and welfare.

Outcomes:
- Parents enjoy sound relationships with staff based on honesty and respect and develop skills to sustain constructive relationships.
- Children are supported by their parents to behave in a positive way.

4.1 The centre has high expectations and aspirations for parents, children and staff.

4.2 Parents are responsible for the care of their children. Staff only take over the direct care of a child from a parent if it is necessary to safeguard the child or assist and train the parent in parenting skills.

4.3 Where parents are being supported to develop parenting skills, they are enabled to build and sustain constructive relationships with staff so that, where possible, they are able to resolve conflicts themselves in a positive manner.

4.4 All staff must be familiar with the centre’s ethos and agreed means of de-escalating conflict. Staff are provided with training in conflict management.

4.5 The registered manager regularly reviews incidents of challenging behaviour and examines trends or issues emerging from this. The manager enables staff to reflect and learn from incidents and ensures any review informs future practice. This information should also inform discussions of the family placement plan, including whether a placement should be terminated.

4.6 Parents and staff are given an opportunity to discuss the centre’s approach to behaviour, particularly if they have witnessed or felt threatened by a disturbing incident involving physical confrontation.

4.7 Each centre only carries out searches of a parent or child, their room or their possessions to avoid likely significant injury to themselves or another person. Any search of a room or possessions must be carried out with the maximum respect for parents’ and children’s privacy and with the parent or child present if they wish to be. The centre has clear guidance on such searches, known to all staff and available to all resident parents, children and inspectors.
STANDARD 5 – Safeguarding children and vulnerable adults

Underpinning Legislation:

Regulations: 12. Arrangements for the protection of children. 11. Further requirements as to health and welfare.

Outcomes:

- Children are protected from harm and feel safe.
- Parents are protected, as far as possible, from abuse, accident and self-harm.

5.1 Clear procedures promote parents’ and children’s safety and welfare at the centre and protect them from abuse and other forms of significant harm.

5.2 The centre provides each parent with sufficient supervision and assistance to protect children from likely significant harm.

5.3 Staff do not use any form of physical restraint with a child in the centre unless necessary to avoid significant injury to that child or another person, or to avoid serious damage to property. Any such use of restraint must be recorded within 24 hours and include any comments that the child or their parent wish to record.

5.4 No centre restricts the liberty of any child as a matter of routine.

5.5 Where there has been an assessment that a parent could potentially be violent, the family placement plan should include a strategy for responding appropriately to minimise this possibility and to safeguard the child as well as other parents and children in the centre.

5.6 The provider’s child protection procedures should be consistent with the Local Safeguarding Children Board’s policies and procedures for safeguarding and promoting the welfare of children in their area.

5.7 There is an agreed and effective policy within the centre in relation to visitors to ensure the welfare and safety of all residents in the centre. Each family’s records should include an approved list of visitors, agreed with the placing authority.

5.8 Staff maintain positive relationships with parents and children in the centre and are alert to any signs or symptoms that might indicate that a child is at risk of harm or that action is necessary to protect a vulnerable adult.

5.9 The registered person and staff work effectively in partnership with other agencies concerned with child and adult protection, including the responsible authority, schools, hospitals and general practitioners.

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2 See Working Together to Safeguard Children. This guidance is currently being revised.
STANDARD 6 – Promoting good health and wellbeing

Underpinning Legislation:

Regulations: 10. Health and welfare of residents. 11. Further requirements as to health and welfare.

Outcomes:

- Parents and children live in an environment that promotes their physical, mental and emotional health.

6.1 Parents’ and children’s physical, emotional and social development needs are identified in their family placement plan and promoted throughout their placement.

6.2 Parents understand their health needs and how to maintain a healthy lifestyle. Parents’ and, where possible, children’s views, wishes and feelings are sought and taken into account in their health care.

6.3 The centre has arrangements with local primary health care services and works in co-operation with health agencies, including specialist services such as mental and sexual health services, so that parents and their children have the services they need.

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

6.5 Responsibility for each child’s health care rests with the parent but the registered person obtains, and retains on file, prior written permission from the parent for each child should a staff member need to administer basic health care.

6.6 There is an effective policy on the safe management of medicines which includes a written record of all medication, treatment and first aid given to parents and children during their placement. All staff and parents are aware of the policy.

6.7 Prescribed medication is only given to the parent or child for whom it was prescribed. Parents, who are old enough and able to do so, can keep and take their own medication, unless the family placement plan stipulates otherwise.

6.8 There is an effective policy on the use of drugs and alcohol.

6.9 Staff have received sufficient training on health and hygiene issues and first aid, with particular emphasis on health promotion and communicable diseases.

6.10 Parents, and children of an appropriate age, are encouraged to attend school, college, alternative provision, training and employment, where appropriate.
STANDARD 7 – Moving in and leaving the centre

Underpinning Legislation:


Outcome:

- Parents and children are welcomed into, and leave, the centre in a planned and appropriate manner.

7.1 Each centre has and implements a procedure for introducing families to the centre so that their move is managed with sensitivity and care. This includes arrangements for introductions to parents and children already living in the centre.

7.2 The centre only provides admission to parents and children whose assessed needs they can expect to meet, consistent with the centre’s statement of purpose.

7.3 Except in an emergency, parents and children are given information, before arrival, about the centre and the placement, training, supervision, assistance and assessment they can expect, in a format which meets their needs. Parents and their children should visit the centre prior to a placement decision being made.

7.4 The individual programme for each resident family is based on the placing authority’s assessment of their needs which identifies the purpose and scope of the residential assessment of parenting skill and capacity and any support which will be provided. This programme is set out in the family placement plan.

7.5 The registered person does not admit families in an emergency unless explicitly included as a function of the centre and the centre is able to provide a bedroom and appropriate facilities. A review is initiated no more than 72 hours later to consider whether the family should remain at the centre, or whether it is in the interests of the parents and children to move to a different placement.

7.6 Staff promote contact with family, significant others and support services that the parents and children will require on their return home from the centre. Staff also provide, where appropriate, preparation and support during their stay to facilitate successful parenting and family life following discharge from the centre.

7.7 Each centre has and implements clear procedures for families leaving the centre which covers planned and emergency departures and takes into account the needs of the parent whilst giving paramount importance to the safety of the child.

7.8 Staff liaise with the placing agency when parents and children are due to leave so that appropriate follow-up and resettlement support may be arranged, whether or not the children remain in their parents’ care when they leave the centre.
STANDARD 8 – Statement of purpose

Underpinning Legislation:

Regulations: 4. Statement of purpose and resident’s guide.

Outcomes:

- Parents, staff and the placing authority are clear about the aims and objectives of the centre and what services and facilities it provides.
- The provider meets the aims and objectives in the statement of purpose.

8.1 The residential family centre has a clear statement of purpose which is available to and understood by staff, parents and children (of an appropriate age). The statement is reflected in any of the centre’s policies, procedures and guidance. It includes criteria for admission to the centre and is available to the responsible authority, residents and to future residents, in advance of their placement.

8.2 The aims and objectives of the statement of purpose show how the service will meet outcomes for parents and children, with a particular focus on the provision of high-quality assessments of parenting capacity whilst safeguarding and promoting the welfare of children.

8.3 The registered person approves the statement of purpose and reviews it at least annually.

8.4 The statement of purpose includes a summary of how families can find out their rights, how to contact the Children’s Rights Director³ and Ofsted if they wish to raise a concern, and how to secure access to an independent advocate.

8.5 Where a resident requires it, the statement of purpose is available through alternative methods of communication.

8.6 The registered person prepares a resident’s guide which includes a summary of the statement of purpose, and provides a copy for every parent and child (of appropriate age) resident in the centre and for prospective residents.

³ The functions of the Children’s Rights Director are expected to be absorbed by the Office of the Children’s Commissioner from April 2014.
STANDARD 9 – Family placement plan

Underpinning Legislation:


Outcomes:

- A pre-admission risk assessment is carried out prior to any placement.
- Parents have their needs assessed and a written plan outlines how the assessment of parenting skill and capacity will be undertaken whilst ensuring that the welfare and safety of the child is promoted.
- The plan clearly explains what support will be given to help parents develop their parenting skills and identifies how this relates to the final report.

9.1 Prior to a placement, a risk assessment is carried out to ensure both that the centre is well placed to meet the family’s needs and that the family is able to fit in with the centre’s other residents. It informs the level of supervision necessary for the parents and is kept under review throughout the placement.

9.2 Staff complete a written family placement plan, in consultation with the placing authority and agreed, so far as may be practicable, with the parent(s) and, if age appropriate, the child. The plan should specify the objectives and intended outcomes of the placement, details of training, assistance, assessment, supervision and protection to be provided at the centre, and how the child’s welfare will be promoted.

9.3 The plan should incorporate the requirements of any referring agency and, where applicable, the court, setting out how the level of supervision of the family and of parenting will change over time dependent on progress.

9.4 The plan should set out how the effectiveness of the placement is to be assessed in relation to each major element of the plan.

9.5 Staff monitor each family placement plan to ensure the requirements are implemented effectively in each family’s day-to-day assessment and support.

9.6 The registered person ensures the family’s placement plan is reviewed at regular intervals, as agreed with the placing authority, to ensure that it is appropriate and to identify progress against the stated objectives.

4 ‘Placement plan’, as referred to in this context, refers to the written plan completed at the start of a family’s placement at a residential family centre. This is distinct from ‘placement plan’ referred to in the context of looked-after children in the Care Planning, Placement and Case Review (England) Regulations 2010.
STANDARD 10 – Surveillance methods

Underpinning Legislation:

Outcomes:

- Parents and children, of an appropriate age, know what surveillance methods are used in the centre and how these relate to their assessment and support.
- Staff are suitably trained in the use of the centre’s surveillance methods.
- The use of surveillance does not intrude unnecessarily on the privacy of parents and children.

10.1 There is a clear and effective policy on the use of surveillance in parenting assessments. The policy sets out how the techniques will be used to contribute to assessments, how families will be informed of their use for their particular circumstances, how legitimate privacy will be protected and how residents will be protected from potential abuse of such measures.

10.2 All staff, parents and children (of an appropriate age) are made aware of the policy and, when necessary, it is available through alternative methods of communication.

10.3 Staff gain the consent of residents prior to the reasonable use of electronic monitoring devices during assessments.

10.4 Parents may keep their own electronic monitoring devices, such as baby monitors, for their own safe use.

10.5 The policy is clear about how the information will be retained and for how long. Staff follow the provisions of the Data Protection Act 1998.

10.6 Parents and children, of appropriate age, are encouraged to communicate any concerns to staff about the impact on their privacy. Staff take these views into account.
## STANDARD 11 – Providing a suitable physical environment

### Underpinning Legislation:


### Outcomes:

- Parents and children live in a well-designed, safe and pleasant centre, with adequate space, in a suitable location where there is access to the necessary facilities for a range of activities.
- There are facilities and play materials for children of all ages, including babies.

11.1 Each centre is situated in a location that supports its aims and objectives and proposed models of assessment and support programmes. This includes access to external services, education and health facilities and recreational activities.

11.2 The centre 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.

11.3 The centre provides access to outside areas, where possible, or access to play space that is appropriate for the age of the children.

11.4 The centre provides facilities for the care of babies and children of all ages.

11.5 Staff induction and training cover health and safety issues. Staff are provided with written guidelines on their health and safety responsibilities. Where centres offer placements for disabled parents and children, the accommodation provided must be suitable to the particular needs of the disabled parents and children which may include suitable aids, adaptations and other suitable equipment.

11.6 There is an emergency escape plan that all staff, parents and children are familiar with and have practised so they know what to do in an emergency.

11.7 There is a range of comfortable and fully accessible shared spaces, including for receiving visitors, in those centres which do not operate with fully self-contained flats.
STANDARD 12 – Fitness to provide or manage the administration of a residential family centre

Underpinning Legislation:


Outcomes:

- Parents and children benefit from the efficient and effective management of the centre by individuals with appropriate skills, experience and qualifications.

12.1 The registered manager of the centre:

a. has good knowledge and experience of working with vulnerable adults and children;

b. has business and management skills to manage the work efficiently and effectively; and

c. has financial expertise to ensure the centre is run on a sound financial basis including long-term financial viability.

12.2 The registered manager (or registered person, where the registered person is an individual and there is no registered manager) should have:

a. a Level 5 Diploma in Leadership for Health and Social Care and Children and Young People’s Services, or other recognised social work qualifications;\(^5\);

b. a qualification in management at least at level 4;

c. at least two years’ experience relevant to residential care within the last five years; and

d. at least one year’s experience supervising and managing professional staff.

12.3 The responsibilities and duties of the registered manager and the person to whom they are accountable are clear and understood by both parties. The registered manager is notified when the person to whom they are accountable changes.

12.4 The registered manager exercises effective leadership of the centre’s staff and operation, so that the centre is organised, managed and staffed in a manner that delivers the best possible outcomes for parents and children.

\(^5\) Managers who already hold a Level 4 Leadership and Management for Care Service and Health and Social Care will not need to undertake this qualification at level 5.
STANDARD 13 – Financial viability and changes affecting business continuity

Underpinning Legislation:

Outcomes:

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

13.1 A qualified accountant certifies the annual accounts to demonstrate that the centre is financially viable and likely to have sufficient funding to continue to fulfil its statement of purpose for at least the next 6 months.

13.2 The registered person has a written development plan, reviewed annually, for the future of the centre, either identifying any planned changes in the operation or resources of the service, or confirming the continuation of the centre’s current operation and resource. The views of parents and children at the centre at the time of the annual review are sought and taken into account.

13.3 Where the centre, for financial, staffing or other reasons, cannot adequately and consistently maintain provision which complies with Regulations or NMS, an effective plan must be established and implemented either to rectify the situation or to close down the service.

13.4 The registered person must notify Ofsted, all current responsible authorities and the area authority if closure of the centre or substantial change to the centre significantly affecting the service is likely or is actively being considered. The registered person should work with the responsible authority and area authority to ensure as smooth a transition for families and staff as possible.

13.5 Confidential records of a centre that closes should be passed to the relevant statutory authority or organisation for safe keeping and for future access by parents and children in accordance with legal requirements.

13.6 Any person or organisation temporarily responsible for a centre in administration or receivership, or in the process of closure or substantial change, should operate the service in the best interests of the parents and children under the circumstances that apply, in accordance with the applicable standards.
STANDARD 14 – Suitability to work with children and vulnerable adults

Underpinning Legislation:


Outcomes:

- Parents and children benefit from the support of staff who have been appropriately selected and vetted.

14.1 All people working in or for the residential family centre are interviewed as part of the selection process and have references checked to assess suitability before taking on responsibilities. Telephone enquiries are made as well as obtaining written references.

14.2 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. This includes Disclosure and Barring Scheme (DBS) checks and all requirements in Schedule 2 of the Residential Family Centres Regulations 2002, as amended. All personnel responsible for recruitment and selection of staff are trained in, understand and operate these good practices.

14.3 The residential family centre has a record of the recruitment and vetting checks which have been carried out on those working (including as volunteers) for the residential family centre which includes:

a. identity checks;
b. 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);
c. checks to confirm qualifications which are a requirement and those that are considered by the residential family centre to be relevant;
d. 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 vulnerable adults and children;
e. checks to confirm the right to work in the UK; and
f. where the person has lived outside the UK, further checks, as are considered appropriate, where obtaining a DBS Disclosure is not sufficient to establish suitability to work with children.

These measures are required by Ofsted for those seeking to carry on or manage a residential family centre.
14.4 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.

14.5 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.

14.6 Staff members and others subject to the above checks do not start work at the centre until all the checks required in the Residential Family Centres Regulations 2002, as amended, are completed.

14.7 There is an effective 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 centre which they consider likely to significantly harm the safety, rights or welfare of any child or vulnerable adult at the centre.

14.8 Where practicable, parents and children are involved in the recruitment of staff in the centre.
STANDARD 15 – Sufficient staffing of the centre

Underpinning Legislation:
Regulations: 15. Staffing of residential family centre.

Outcomes:
- There are sufficient staff to meet the needs of the parents and their children.

15.1 The overall number, competence and deployment of staff, both as a staff group and on individual shifts, can fulfil the centre’s statement of purpose and meet the individual needs of all the parents and children resident at the centre.

15.2 Staff members left in charge of the centre have relevant experience of working with families and in residential care settings and have successfully completed their induction and probationary periods.

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

15.4 The registered person makes every effort to achieve continuity of staffing. No more than half the staff on duty at any one time at the centre 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 centre, unless they have successfully completed an induction period at the centre.

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

15.6 The staff group who are in day-to-day contact with parents and children includes staff of both genders, where possible.

15.7 All care staff are at least 18 years old, and staff who are given sole responsibility for a management role are at least 21 years old.

15.8 Staff and residents know who is sleeping in the centre each night.
STANDARD 16 – Training, development and qualification of staff

Underpinning Legislation:


Outcomes:

- Parents and children are looked after by staff who are trained, suitably qualified and competent to meet their needs.
- Staff receive high quality training to enhance their individual skills and to keep them up-to-date with professional and legal developments.

16.1 Staff are equipped with the skills and experience required to meet the needs of the parents and their children and the purpose of the centre.

16.2 There are good quality learning and development opportunities which staff and volunteers are supported to undertake. These may include induction, post-qualifying and in-service training to enhance individual skills and to keep staff up-to-date with professional and legal developments.

16.3 The learning and development programme is evaluated for effectiveness at regular intervals and is updated if necessary.

16.4 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 young people and have a good understanding of the policies and purpose of the centre.

16.5 All new care staff have a minimum level 3 Children and Young People’s Workforce Diploma, which must include mandatory social care units, or be working towards the relevant qualifications within six months of confirmation of employment. Staff may also find it helpful to have a level 3 award or certificate in Work with Parents or level 4 award in Work with Parents.
STANDARD 17 – Staff support and supervision

Underpinning Legislation:
Regulations: 17. Employment of staff.

Outcomes:

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

17.1 The employer is fair and competent, and offers good support for its staff and volunteers.

17.2 All staff, volunteers and the registered manager are properly managed, appraised, supported and understand to whom they are accountable.

17.3 Suitable arrangements exist for professional supervision of the registered manager.

17.4 Staff have access to support and advice (including from external specialists) to provide a comprehensive service for parents and their children and are provided with regular supervision by appropriately qualified and experienced staff.

17.5 The registered person complies with any code of practice published by the Health and Care Professions Council, insofar as the code is relevant to the management of a residential family centre.
STANDARD 18 – Handling allegations and suspicions of harm

**Underpinning Legislation:**


**Outcomes:**

- Investigations into allegations or suspicions of harm are handled fairly, quickly and consistently. Parents and children are offered effective protection throughout.
- Support is given to the person making the allegation and to the person who is the subject of the allegation.

18.1 There is a clear and effective procedure for dealing with allegations. This sets out actions for staff and volunteers if they receive an allegation or have suspicions that a person may have:

   a. behaved in a way that has, or may have, harmed a parent or child;
   b. possibly committed a criminal offence against or related to a parent or child;
   or
   c. behaved towards a parent or child in a way that indicates he or she would pose a risk of harm if they work regularly or closely with vulnerable adults and children.

18.2 The procedure is known by all staff, parents and children (of an appropriate age). It follows Government requirements, including the duty to refer information to statutory bodies. It covers methods of support for the person(s) subject to an allegation, including keeping the person informed as soon as possible, unless there is an objection by the local authority or the police. It includes an effective whistleblowing policy which is made known to all staff and volunteers. Where necessary, the procedure is available through alternative methods of communication.

18.3 The registered manager refers to the relevant Local Authority Designated Officer any incident, allegation or reasonable suspicion of significant harm of a child by a parent or other child while resident at the centre - in accordance with the Public Interest Disclosure Act 1998, Department for Education guidance *Working Together to Safeguard Children* and Department of Health guidance *Clinical*

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7 Since December 2012 concerns that an individual has caused harm or poses future risk of harm to vulnerable groups including children should be referred to the Disclosure and Barring Service. Please see the referrals page of [www.homeoffice.gov.uk/agencies-public-bodies/dbs/](http://www.homeoffice.gov.uk/agencies-public-bodies/dbs/) for information on the legal requirements for making referrals.

8 *Working Together to Safeguard Children*, HMG.
18.4 There is a clear and comprehensive summary on file of any allegations made against a particular member of staff, parent or child. The summary includes details of how the allegation was followed up and resolved, a record of any action taken and the decisions reached.

18.5 For staff, the summary should be kept on the person’s confidential file and a copy should be provided to the person as soon as the investigation is concluded. For parents or children, the summary should be kept on the family’s private and secure record.

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9 Clinical Governance and Adult Safeguarding: An integrated process  DH 2010
STANDARD 19 – Managing the centre effectively and efficiently; and monitoring arrangements

Underpinning Legislation:


Outcomes:

- The residential family centre is managed effectively and efficiently, delivering a service which is family-focused.
- The registered person monitors the quality of assessments and support provided and the welfare of the parents and children in the centre.

19.1 There are clear and effective procedures for monitoring and controlling the activities of the centre. Parents and children, of an appropriate age, are regularly involved in contributing to monitoring the operation of the centre.

19.2 The manager regularly monitors, in line with the Residential Family Centre Regulations 2002, as amended, all records kept by the centre to ensure compliance with the centre’s 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.

19.3 Managers and staff are clear about their roles and responsibilities. The level of delegation and the lines of accountability are clearly defined.

19.4 The registered person ensures copies of inspection reports by Ofsted are available to all staff, families living in the centre and on request to responsible authorities of families living in the centre or potential users of the service.

19.5 Visits of the centre carried out under regulation 25 include checks of any disciplinary measures and use of restraint and records of missing person’s reports. They also include an assessment of the balance of privacy and supervision of families at the centre.

19.6 The registered provider’s written report of a visit carried out under regulation 25 is lodged in the centre for the manager and staff to read and to respond. It is also made available to inspectors, as required.

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

19.8 The registered person has an effective procedure for considering complaints and responding to them in accordance with legal requirements. This includes making complaints to a person or organisation outside the centre.
STANDARD 20 – Records

Underpinning Legislation:

Outcomes:

 Records are clear, up-to-date and stored securely, and contribute to an understanding of the parents’ and children’s life.

20.1 The centre implements an effective 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 parents’ and children’s files. Records may be kept in electronic form, provided the information is capable of being reproduced in a legible form.

20.2 Staff understand the nature of records maintained and follow the centre’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.

20.3 The registered person ensures there is a private and secure record for each family. Parents and children understand the nature of records maintained and where possible, read their files, correct errors and add personal statements.

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

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

20.6 The registered person works with the responsible authority to share information held in the centre’s records about the parent or child and information held in the responsible authorities’ records. The registered person provides copies of the records and documents in relation to parents and children to the responsible authority immediately, on receipt of a written or electronic request.
STANDARD 21 – Notification of significant events

**Underpinning Legislation:**


**Outcomes:**

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

21.1 The registered person has an effective system in place to notify the appropriate authorities within 24 hours of the occurrence of significant events in accordance with Regulation 26. The system includes what to do when a notifiable event arises at weekends.

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

21.3 The registered person has a system for notification to responsible authorities of any serious concerns about the emotional or mental health of a parent or child such that a mental health assessment would be requested under the Mental Health Act 1983.

21.4 Following an incident notifiable under Regulation 26, the centre contacts the responsible authority to discuss any further action that may need to be taken.