

**The Children's Trust**  
**Children's Equality & Human Rights**  
**Policy & Procedures**



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## Children's Equality & Human Rights Policy

### Contents

	<b>Section 1</b>	<b>Introduction</b>	
		1.1	Regulations
		1.2	The Nine Quality Standards for Children's Homes
		1.3	Legislation Concerning Children's Rights
	<b>Section 2</b>	<b>Policy on Equal Opportunities for Children &amp; Anti-discriminatory Practice</b>	
		2.1	Levels of Participation
		2.2	Barriers
		2.3	Consent
		2.4	Advocacy
		2.5	Confidentiality
		2.6	Children's Records
	<b>Section 3</b>	<b>Protocols for Privacy &amp; Dignity and the Policy on Room Searches</b>	
		3.1	Privacy and Dignity
			3.1.1 Environment
			3.1.2 Personal care
			3.1.3 Medication
		3.2	Room Searches
	<b>Section 4</b>	<b>Policy on the Particular Care Needs of Children from Minority Ethnic Groups</b>	
		4.1	Religion
		4.2	Culture
	<b>Section 5</b>	<b>Policy to Combat Racism</b>	
		5.1	<b>Anti-discriminatory Guidelines</b>
	<b>Section 6</b>	<b>Policy for Dealing with Sexuality, Personal &amp; Professional Relationships &amp; Showing Affection</b>	
		6.1	Sexuality
			6.1.1 Boundaries
		6.2	Personal Relationships
			6.2.1 Dealing with Personal Relationships Between Children & Young People
			6.2.2 Attraction Between Staff and Young People
			6.2.3 Relationships with Parents & Others
			6.2.4 Sharing Personal Details
		6.3	Showing Affection

			6.3.1	Comfort
	<b>Appendix</b>			Child Rights Impact Assessment

	<b>Related Policies, References / Recommended Reading, Signature of Approval, Review Date</b>			
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## Children's Equality & Human Rights Policy

### 1. Introduction

The children who access The Children's Trust are amongst the most vulnerable in society. The staff who provide their nursing, care, therapy and education prioritise equal opportunities for the children in an environment which is inclusive.

The Children's Trust endeavours to support children according to the six Children's Trust values:

Child and Family focused

Collaborative

Can do

Professional

Caring and Supportive

Fun

The children are treated with respect, asked for their views, listened to and supported to be involved in decisions about how they are cared for.

Allowing children to exercise their rights does not mean that staff should abdicate from their responsibilities as caring adults. Although children have clearly stated rights, it must be understood that they also have the right to be protected from taking too much responsibility too soon. However, as far as possible, when it is reasonable for children to make informed choices they will be encouraged to do so.

The Children's Trust operates within all current legislation regarding equal opportunities and discrimination. It meets the duty of care required by the Equality Act 2010 by promoting equality of opportunity for all children, families, visitors, staff and volunteers irrespective of race, ethnicity, culture, national origin, religion or belief, age, gender or gender identity, disability or sexual orientation.

Families of children who use The Children's Trust will be fully supported and each family's individual situation is respected. The Trust embraces a culture of working in partnership with the whole family whenever possible, using interpreters when necessary, to create an understanding of the customs, beliefs and preferences which are implicit in a multi-cultural society.

Children and their families are made aware of the Trust's policies and procedures before the child is admitted, including clear guidelines for visitors and the right to complain.

Part of growing up and development is supporting children gradually to make more decisions for themselves as they approach adulthood. The responsibility of The Children's Trust staff moves from

making all the decisions on the child's behalf, to deciding, as far as possible with them, when it is reasonable for them to be allowed to make informed choices. This is particularly relevant for those 16 and over. The Mental Capacity and Deprivation of Liberty Policy references the Mental Capacity Act 2007 which provides a statutory framework to empower and protect vulnerable people over 16 years who are unable to make all, or some decisions for themselves. It explains who can take decisions, in which situations and how they should go about it.

### **1.1 Regulations**

This policy aims to meet the requirements of the Care Standards Act 2000 as identified in the Children's Homes Regulations 2014 and the Quality Standards for Children's Homes Regulations (2015).

### **1.2 The Nine Quality Standards for Children's Homes**

- Engaging with the wider system to ensure children's needs are met (regulation 5)
- The quality and purpose of care standard (see regulation 6)
- The children's views, wishes and feelings standard (see regulation 7)
- The education standard (see regulation 8)
- The enjoyment and achievement standard (see regulation 9)
- The health and well-being standard (see regulation 10)
- The positive relationships standard (see regulation 11)
- The protection of children standard (see regulation 12)
- The leadership and management standard (see regulation 13)
- The care planning standard (see regulation 14).

### **1.3 Legislation Concerning Children's Rights**

- United Nations Convention on the Rights of the Child 1989 [ratified by the UK in 1991];
- The Children Act 1989;
- The Human Rights Act 1998;
- Equality Act 2010.

The [United Nations Convention on the Rights of the Child \(UNCRC\)](#) is the global "gold standard" for children's rights and sets out the fundamental rights of all children. The UNCRC is the most widely ratified human rights treaty in the world and sets out the specific rights that all children have to help fulfil their potential, including rights relating to health and education, leisure and play, fair and equal treatment, protection from exploitation and the right to be heard. We already use the UNCRC as a framework to ensure that we consider children's rights whenever we take decisions, and to help provide every child with a good start in life and a safe, healthy and happy childhood.

A Child Rights Impact Assessment (CRIA) is one of the *general measures of implementation* of the UNCRC. Under the UNCRC, all levels of government and those delivering public services (including those commissioned from the voluntary or private sectors) must ensure that the best interests of the child are a primary consideration in all actions concerning children. But no one can know whether this principle is being fulfilled without a child-specific impact assessment and monitoring process being in place.

The **seven principles of a Child Rights-Based Approach**. At its core is the concept of human **Dignity** – the principle that each child is a unique person with intrinsic worth who should be respected and valued in all circumstances. Rights are **Interdependent**, so the fulfilment of one right often depends on the fulfilment of other rights; and they are **Indivisible**, so each child enjoys all rights enshrined in the UNCRC, whatever their circumstances. As duty bearers, The Children’s Trust needs to be **Transparent and Accountable** to children and young people. Having dependable, open and accountable relationships and dialogue between local government, communities, families and children and young people is essential in the collective goal of securing children’s rights.

## **2. Policy on Equal Opportunities for Children and Inclusive Practice**

The philosophy of The Children's Trust and each individual children’s house ensures that the environment and the staff within it constantly nurture and develop each child’s potential and maturity, aiming for fulfilment and realisation of personal aspirations and abilities in all aspects of their daily life.

As well as offering choice, and supporting the children and young people in making choices the staff and volunteers have a responsibility to promote each child’s welfare and development, and to protect them from physical and emotional harm, deprivation or disadvantage.

The Children’s Trust aims to use jargon-free language, be consistent in all communication with children and their families, and encourage hope whilst not guaranteeing certainty.

### **2.1 Levels of Participation**

Children, their families or advocates are encouraged to be involved in the five levels of participation as outlined in Pathways to Participation (2001):

- Level 1 Children are listened to;
- Level 2 Children are supported to express themselves;
- Level 3 Children’s views are taken into account;
- Level 4 Children are involved in the decision making process;
- Level 5 Children share power and responsibility in the decision making.

### **2.2 Barriers**

Staff and volunteers will acknowledge and reflect on the barriers to informing, listening and responding to children which include:

- Attitudes and unconscious biases;
- Personal experiences that can shape our opinions and actions;
- Pressure on time and resources;

- Lack of confidence and/or skills;
- Communication and language differences;
- Family and multi-disciplinary team dynamics;
- The need for adults to feel a sense of control.

These issues will be discussed at supervision sessions, Performance & Development Reviews, and House and Therapy Department meetings. Training needs for individual staff will be identified and addressed.

### 2.3 Consent

Paramount to all equal opportunities and anti-discriminatory practice is the child's agreement to any part of the service provided from least, such as moving the child in their wheelchair, to the greatest, such as transition to their next placement.

Consent to interventions and an explanation of Gillick Competence is covered in detail in the **CS006 Consent Policy**.

### 2.4 Advocacy

The Children's Trust aims to uphold the ten standards as outlined in the National Standards for the Provision of Children's Advocacy Services, Department of Health (2002):

- Standard 1: Advocacy is led by the views and wishes of children and young people.
- Standard 2: Advocacy champions the rights and needs of children and young people.
- Standard 3: All Advocacy Services have clear policies to promote equalities issues and monitor services to ensure that no young person is discriminated against due to age, gender, race, culture, religion, language, disability or sexual orientation.
- Standard 4: Advocacy is well-publicised, accessible and easy to use.
- Standard 5: Advocacy gives help and advice quickly when they are requested.
- Standard 6: Advocacy works exclusively for children and young people.
- Standard 7: The Advocacy Service operates to a high level of confidentiality and ensures that children, young people and other agencies are aware of its confidentiality policies.
- Standard 8: Advocacy listens to the views and ideas of children and young people in order to improve the service provided.
- Standard 9: The advocacy service has an effective and easy to use complaints procedure.
- Standard 10: Advocacy is well managed and gives value for money.

Under typical circumstances a child's parents and family will represent their child's wishes.

In Children's Services the staff work to create a positive and interactive working relationship with each child's parents and family so that all that is best for the child can be adequately represented by those working with the child.

All members of the multi-disciplinary team will promote the child's medical, nursing care, therapy, psychosocial, education and safety needs no matter the circumstances of the child.

The Children's Trust engages the support of independent advocacy services from Jigsaw 4U Young People are referred to this service if they or anyone involved with them feels they would benefit from support in expressing their views or addressing any arising issues **Advocacy policy CS030**.

Children and young people also have the right to complain and express their concerns about our services. Our children's guide provides details of their right to complain to the Children's Commissioner and can be accessed via the loop. <http://theloop/Interact/Pages/Content/Document.aspx?id=9629>

## 2.5 Confidentiality

Equal opportunities and inclusive practice can only be promoted when respect for each child and their family includes issues relating to confidentiality. These are covered extensively in the **CS004 Confidentiality Policy**.

Key points include the following statements:

- information should be shared only on a need to know basis. However, if information is shared that suggests that harm may come to the child or another person, it should be explained that, under these circumstances, confidentiality will be broken;
- any matters relating to child protection will be shared in accordance with the **CS003 Safeguarding Children & Young People and Adults Policy**;
- for a child [or parent] to trust another person with private and personal information about him/herself [or their child] is a significant matter;
- care should be taken to ensure that information is kept in the spirit of the relationship of trust in which it was given.

## 2.6 Children's Records

In collaboration with parents and the multi-disciplinary team each child's Key Worker will produce a comprehensive care plan of the child's physical and emotional needs, personal beliefs and preferences.

Consultation with the child and their parents will continue throughout their stay at The Children's Trust.

This plan must be read by all staff working with the child to enable the child to access all available opportunities and eliminate any chance of discrimination.



### **3. Protocols for Privacy & Dignity and the Policy on Room Searches**

#### **3.1 Privacy & Dignity**

##### **3.1.1 Environment**

Children are treated with dignity and the right to privacy in a safe, secure, welcoming and caring environment.

All children will have access to privacy and their own personal space in the house where they live whilst using the services of the organisation. Staff will knock before entering the bedroom to attend to a child's nursing and care needs but unnecessary intrusion should be avoided.

Entry or interruptions without permission are only acceptable in emergencies or when the child is considered at risk.

##### **3.1.2 Personal Care**

Privacy should also be afforded when the child is using the toilet, showering, bathing and washing by the use of "occupied / in use" signage.

Personal care will be given by a member of staff after an explanation has been given, acknowledged and agreed by the child and/or parents [**CS006 Consent Policy**].

Staff must familiarise themselves with the child's care plan which documents the child's personal care needs, abilities and expressed preferences.

The minimum number of staff required should be in attendance to support the child with their personal hygiene requirements. A towel should be available to cover the child when a member of staff has to leave or enter the room. A flannel or sponge should always be used [not bare hands] when washing a child.

When only one member of staff assists a child with their personal care they should inform the shift leader they are spending time alone with the child.

The requirement to use a same sex member of staff to attend to a child's personal needs is discussed in detail in the **CS003 Safeguarding Children & Young People Policy**.

##### **3.1.3 Medication**

On the rare occasions when it is essential to administer medication by the rectal route this will only be carried out by Registered Nurses whilst on site. Staff who have been trained and assessed as competent to do so may administer rectal Diazepam to a child during an outing. If this occasion

arises particular attention will be given to the privacy and dignity of the child in the non-care setting.

### **3.2 Room Searches**

In the unlikely event of a search being required of a child's room or personal effects consent must be sought from the child or their parent after a full explanation has been given.

Searches must not be undertaken during the absence of a child at school, therapy session or social activity.

Two members of staff should be present when a search is undertaken. One of those members of staff documents in the child's records when a search is undertaken.

## **4. Policy on the Particular Care Needs of Children from Minority Ethnic Groups**

The Children's Trust celebrates the richness and diversity of childhood, including the different strengths derived from ability, age, culture, ethnicity, sexuality and gender, whilst respecting each child's uniqueness and personally assessed needs. Training opportunities at the Trust aim to develop employees' knowledge, skills and the ability to challenge positively any potential discrimination pertaining to the particular care needs of these children. SPECS training facilitates staff in exploring the individual needs of children and their families and how to manage challenging conversations.

Programmes which are developed to meet the child's assessed needs, and the social activities arranged within each house all consider the need for the child to develop an understanding of their own identity. The degree of support required by each child will be identified in the child's records. Every effort will be made to work in partnership with parents/carers. Any limitations are those allowed by The Children Act 1989 such as where there are irreconcilable differences and / or parental involvement will adversely affect the welfare of the child.

### **4.1 Religion**

- All religions should be treated by staff as being of equal value, and be respected by staff who are aware of the importance to some children of the religious observance of their family's traditional religion.
- Not all children and / or their families will feel strongly about their religion.
- Children should be given the opportunity to follow their own religion and visit their nearest place of worship if possible.
- Staff should take responsibility for learning about the range of religious teachings available, supporting each child's observances such as specific clothing and food.
- For some children the need for acceptance by their peer group may be more important than the open acceptance of their religion. Staff sensitivity will enable children to explore issues around their own religion when and if they choose to.

- When staff are not familiar with the religious customs of a particular child, they should discuss this in supervision and seek advice from members of that religion, or the child's family. When possible, information which will inform the care and management of a child with a specific religion, will be obtained in preparation for that child's admission.

## 4.2 Culture

- All cultures should be accepted by staff as being of equal value, and be respected.
- All cultures will have some differences, and the experiences of those who grow up in them will be different.
- Staff will need to take individual responsibility to raise their own awareness of the differences between cultures, and respect a child's need to be proud of their cultural heritage.
- The Key Worker must record in the child's care plan an account of any cultural needs that the child may have as part of their daily routine and care.
- The Key Worker should request clear guidelines from the parents or another cultural expert to be available to staff to support the child if required.

## 5. Policy to Combat Racism

The Children's Trust opposes all forms of direct or indirect discrimination on the grounds of colour, race, nationality, ethnic or national origin, religion, gender, gender identity, marital status, sexual orientation or disability.

The Children's Trust expects all its employees and volunteers to act in accordance with this policy and any form of harassment or victimisation is regarded as gross misconduct which may result in summary dismissal.

The organisation seeks to eradicate prejudice and discrimination against children, their families, staff, and people working on their behalf, because of colour, disability, ethnicity, gender, gender identity, health, race, religion, sexual orientation or social class.

### 5.1 Anti-discriminatory Guidelines

- The organisation will only implement policies, procedures and practice which are anti-discriminatory, challenge stereotypes, and value cultural and physical diversity.
- All races and ethnic communities should be treated by all staff as being of equal value and should be respected.
- It is important to treat everyone as individuals.
- The culture of openness and trust within the Trust must be nurtured to increase the confidence of those using the Service, regardless of colour, race, nationality, ethnic or national origin, belief, gender, gender identity, marital status or disability.

## **6. Policy for Managing Sexuality, Personal & Professional Relationships & Showing Affection**

As part of a pro-active approach to residential care, staff at The Children's Trust are encouraged to develop trusting relationships, and make residential care a positive experience for the children and young people. At all times staff and volunteers must be aware of their professional boundaries or the limitations of their job role and actively seek the support from their shift leader, line manager or in supervision.

Each child's Key Worker plays a pivotal role in promoting sensitive relationships between the multi-disciplinary team of many and varied staff, and the child.

At all times each child is treated with dignity and the right to privacy.

Ethnic origin, cultural background and religion must be considered when planning nursing and care, programmes and goals, or reviewing work in relation to personal relationships.

### **6.1 Sexuality**

The Children's Trust accommodates many children with profound and multiple disabilities and complex health needs. Education relating to a child's gender and sexuality will be undertaken after a full assessment of the child's needs and discussion with the child's parents.

The member of the multi-disciplinary team who will take responsibility for this education will be identified at a team meeting when the outcomes, goals, objectives and programmes for the child are reviewed.

Each child has the right to appropriate education and counselling about sex and relationships, and emotional and sexual health support in a form that is relevant for the individual and that will give them the knowledge and skill to allow them to make informed choices.

Each child has the right to be protected both from actual abuse and the unwanted attentions of other people – be they carers, other children or visitors.

#### **6.1.1 Boundaries**

A feature of acquired brain injury may involve the display of dis-inhibited behaviours. Management programmes which set out behavioural guidelines and clear boundaries may need to be set.

- The multi-disciplinary team and the child's parents need to adhere to any programmes put in place to manage these behaviours.
- Sexual relationships between children under 16 are not permitted. While younger adolescents may develop sexual feelings as part of adolescence, this experience can be

- acknowledged and reflected upon on sexual education and with appropriate key adults in the child's life.
- The principle of the age of consent and appropriate behaviour within group living needs to be adhered to.
  - It is not appropriate for those below the age of consent to engage in sexual activity. Staff, therefore, need to be vigilant to protect all children.
  - On all occasions, sexually explicit provocative and degrading language from staff, children, other professionals, parents and family members and visitors must be challenged. Incidents of persistent difficulties must be reported to the Head of Nursing and Care/House Manager in order to ensure an appropriate strategy is put in place and monitored.

## 6.2 Personal Relationships

Children will be supported in their choice to make, break or refrain from personal friendships.

### 6.2.1 Dealing with Personal Relationships Between Children & Young People

- Children and young people are supported by staff who are able to help them deal with feelings and emotions towards other children and young people.
- Staff need to be aware that not all children and young people will be at the same stage of emotional development, even if they are the same chronological age.
- Staff need to be aware of the developmental milestones that all children go through in growing up, and what is to be expected in the way of "normal" behaviour, at each stage of development [1].

### 6.2.2 Attraction Between Staff & Young People

Under no circumstances should staff engage in an inappropriate relationship with a child or young person. There may be times when a staff member feels that a special bond or sexual attraction is developing between themselves and a young person. A young person may make their feelings obvious or it may be the staff member who has the feelings. Staff must be aware of their actions at all times to ensure that actions or body language cannot be misconstrued.

Any member of staff who is concerned about inappropriate attractions must bring it to the immediate attention of the Shift Leader or House Manager/Line Manager/Head of Safeguarding. Regular house meetings and supervision sessions will provide opportunities for clarifying any blurring of boundaries and reflection.

Staff should always remember their professional role is one of adult to child whatever the apparent maturity of the child or young person.

### 6.2.3 Relationships with Parents & Others

The philosophy of The Children's Trust includes the involvement of the child and their family in all aspects of the child's nursing, care, therapy and education.

Additional aspects of normality for the children is their continued involvement with extended family members, friends, other carers and significant people involved in their lives when they are at home.

Staff and volunteers can sometimes be drawn into in the dynamics of these relationships which revolve around the child but they must remain aware of the boundaries of their job role by adhering to the following guidelines:

- Staff are expected to maintain the same professional relationships with the child's personal networks as they should with the child themselves.
- Staff should be clear with parents that they are not able to offer absolute confidentiality and that they may find it necessary to pass on information to the child's Key Worker or the Shift Leader or line manager.
- For those working in the community services, risk assessments should be completed to ensure the safety of staff.
- When spending time alone with anyone from the child's network always ensure your colleagues know where you are and who you are with.
- Document all conversations and contact in the child's records.

#### **6.2.4 Sharing Personal Details**

Part of the richness that staff and volunteers bring to their role at The Children's Trust are their life experiences. Sharing information about life experiences can create situations when professional boundaries between staff and the child or family can get confused. If information is being shared, it is important to be aware of why this is being done and the needs of whom it is meeting.

#### **Guidelines**

- Personal information, issues or lifestyles should never be disclosed.
- It is inappropriate for staff to share information about their own relationships.
- When describing personal activity, ensure all the information is within the law.
- If a member of staff or volunteer identifies a situation which causes concern, it should be discussed with the child's Key Worker or the Shift Leader.
- Never give your home address, telephone number, personal email address, or social media details to a child, young person or family member.
- Staff must not bring their own children to the work place, nor entertain their own friends whilst they are at work. In some instances, the child and / or their family may know a staff member or volunteer from the community and may disclose information about them. Those who find themselves in this situation should discuss this with their

line manager or in the team so that colleagues are aware of potential difficulties. Strategies can then be devised to deal with the situation.

## **6.3 Showing Affection**

### **6.3.1 Comfort**

Physical contact between a child and a member of staff or volunteer will occur in many and varied situations, some of which will be to give comfort. Outside nursing and therapeutic interventions, they represent a professionally challenging situation in relation to the maintenance of boundaries.

Staff should be alert to verbal and non verbal signals that they and / or the child may be giving out. Children with cognitive impairment may misinterpret the signals given by the member of staff.

When a child is distressed, it is important that informed decisions, sometimes requiring a risk assessment, are made about how to deal with the situation.

Many children who use the services of the organisation will require comfort when they are distressed. The child's records should contain information about how to provide the best and safest care at these times.

When a child needs to be taken away from other children or members of staff, the person providing the comfort should ensure that their colleagues know where the child is being taken.

Occasions when physical comfort is given must be documented in the child's records.

Staff will need to be mindful of children who do not have regular parent/family interactions or visits, especially young children, but have a developmental need to experience touch, comfort and affection. If this situation arises, this should be discussed with the multidisciplinary team and a safe plan made for how these important needs can be met in a safe way.

## **Appendix A: Child Rights Impact Assessment**

### **Stage 1: PURPOSE**

#### **1. What is the strategy/policy/programme/service?**

Summarise its overall aims, and any aims specific to children.

#### **2. What aspects will affect children and young people up to the age of 18?**

#### **3. Who will it affect? Which groups of children and young people?**

### **Stage 2: BUILD AND ASSESS**

#### **4. Which UNCRC Articles are relevant to the strategy/policy/service/programme?**

#### **5. What is the likely/actual impact? Is it Positive, Negative or Neutral?**

If a negative impact is assessed for any area of rights or any group of children and young people, you must list and recommend options to modify the proposal or mitigate the impact.

#### **6. How will the strategy/policy/service/programme deliver, support and promote children's rights?**

### **Stage 3: VOICE AND EVIDENCE**

#### **7. How do you know? What is your evidence?**

#### **8. Have you sourced and included the views and experiences of children and young people?**

#### **9. How do you plan to review the strategy/policy/service/programme to ensure it does respect, protect and fulfil children's rights?**

#### **Suggested list of contents for a published CRIA**

Description of the strategy/policy/service or programme



## Children’s Equality & Human Rights Policy

Related Policies	Issue Date
Services for Children Policy Statement	September 2007
CS001 Roles & Responsibilities of the Key Worker	February 2006
CS002 Complaints	October 2006
CS003 Safeguarding Children & Young People	December 2007
CS004 Confidentiality	July 2006
CS006 Consent	October 2007
CS007 Record Keeping	April 2008
CS008 Admissions	April 2008
CS009 Report Writing & Reviews	May 2007
CS011 Administration & Control of Medicines	August 2006
CS012 Resuscitation	February 2008
CS014 Education	August 2007
CS015 Outings	May 2006
CS016 Bereavement	July 2007
CS018 Visitors	April 2007
CS023 Child Health	September 2006
CS026 Discharge	January 2007
CS030 Advocacy	Awaiting issue
Children’s Guide	On request
HR012 Staff Handbook – Professional Boundaries	Awaiting issue
HR104 Supervision	August 2006

Recommended Reading	Date
National Standards for the Provision of Children’s Advocacy Services, Department of Health	2002
Equality Act	2010
Children’s Homes Regulations	2014
Quality Standards for Children’s Homes Regulations	2015

References	Date
Shier, Harry. Pathways to Participation, Openings, opportunities and obligations. Children & Society, 15, 107–117.	2001

<b>Date approved / reviewed</b>	<b>Signature</b>	<b>Print name</b>	<b>Designation</b>	<b>Review by:</b>
<b>17 February 2004</b>	<b>Version 1</b>	<b>Professor C Wood</b>	<b>Chair, Clinical Advisory Committee [CAC]</b>	<b>Feb 05</b>
<b>1 March 2005</b>	<b>Version 2</b>	<b>Prof C Wood</b>	<b>Chair, CAC</b>	<b>Feb 08</b>
<b>17 Jan 2008</b>	<b>Version 3</b>	<b>Anne Casey</b>	<b>Chair, CAC</b>	<b>Mar 11</b>
<b>14 January 2021</b>	<b>Version 4</b>	<b>Dr. Laura Carroll</b>	<b>Psychologist</b>	<b>Jan 2024</b>