

**Guidelines**  
Social Regulatory Standards

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**Office Based Services  
for Children in Alternative Care**

# FOREWORD



**MICHAEL  
FALZON**

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**MINISTER**

**FOR THE FAMILY,  
CHILDREN'S RIGHTS  
AND SOCIAL  
SOLIDARITY**

The family is the basis of every society; it is the natural environment from which the values from each generation are inherited. Every family has its own characteristics which distinguish it from other families. These days, the definition of a family is a wide one, and as time goes by, we are encountering new examples of family structures and parenting methods.

As a state, we are invested in ensuring that every child is given priority, appropriate and positive upbringing in a loving environment, good example, education, and health. In our country, there are currently more than 450 children in alternative care, and it is our duty to provide every one of them the normal life they deserve.

In the coming weeks, the Child Protection Act will come into effect; this law will unlock a new dimension in the social welfare sector. Everything revolves around the individual needs of the children; care and custody, educational knowledge, and emotional and psychological support, amongst others. Therefore, these Social Regulatory Standards will complement this law.

The ultimate aim is to ensure that children living in alternative care receive the best care, and also have the best experience and results possible. The fact that there are multiple standards, one for residential services and a second for office-based services, shows a clear guideline of where we want to go in any eventuality which may arise.

I encourage everyone involved in this sector to work together to build a network of dialogue, collaboration, and synergy between all entities. This way we can ensure that every boy and girl can start their life on a positive note and are prepared and ready to face any challenge life throws at them.



**MATTHEW  
VELLA**

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**CHIEF EXECUTIVE  
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**SOCIAL CARE  
STANDARDS  
AUTHORITY**

It is important for a person to not only exist, but to live a holistic life where they have all the opportunities needed to reach their life aspirations. One thing which we all share is the aspirations and dreams that we envisage from a young age. Every Authority and professional should work together with one aim; to see that these children and young persons are given the help they need to not only dream about what they want to achieve in life, but to fulfil those dreams and turn them into a reality. This is the very spirit that one finds in these Social Regulatory Standards which are being launched in this sector; these documents will ensure that the children and young persons who for different reasons find themselves in alternative care, are able to develop their life dreams fully and their best interest is always first and foremost.

In this regard, the Social Care Standards Authority is officially launching two sets of Social Regulatory Standards which will be regulating both office-based services, as well as residential services offered to children in alternative care. It is worth noting that the last set of standards which were issued in this sector were published over eleven years ago and therefore the time was ripe for a new page in this social welfare story. It should also be mentioned that a vast public consultation took place and that during this process the Authority spoke with service providers, professionals, and Church and NGO representatives. At the centre of it all was the full consultation with children and young people. This exercise helped the Authority establish closer ties with children and young persons who are receiving these services. This model was crucial in creating the Social Regulatory Standards which are being launched today; regulations whose purpose is not only to give children and young persons a voice, but to also act as inspiration for the ones providing these services. All this work was consolidated thanks to the establishment of the Collaborative Platform, whose aim was to consistently reinforce dialogue and collaboration with the Authority. All of this is being affected with the aim that all stakeholders involved work together to improve the quality of the services provided, which will in turn improve these children's and young persons' quality of life.

These Standards protect the privacy, dignity, the right to choose, the achievement of one's potential, and the individuality of the children and young persons. But above all, they place the individual who is receiving the service at the centre of the work and the operations. I am certain that these Standards will not be locked up in a drawer somewhere, but that they will be instrumental documents in this change which will impact the lives of the persons receiving these services.

# CONTENTS

- Principles on which the Standards and Guidelines are Based..... 6**
- Glossary ..... 8**
- Standard 1:** Necessity for Alternative Care..... 11
- Standard 2:** The Right to Participate in Decisions..... 15
- Standard 3:** Quality of Care..... 19
- Standard 4:** Care Planning ..... 25
- Standard 5:** Healthcare Needs of Children in Alternative Care ..... 31
- Standard 6:** Education, Enjoyment and Achievement ..... 35
- Standard 7:** Positive Relationships .....37
- Standard 8:** Service Quality Management ..... 39
- Annex I:** Manual of Policies and Procedures ..... 43
- Annex II:** Useful References ..... 45

# 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 for 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 Convention for the Rights of the Child 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 with respect to 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 children should be respected and considered at all times. This is particularly important when adults take decisions that affect them.

## RESPONSIBILITY

With regards to the Standards listed in these Guidelines, the responsibility of implementing such Standards, shall be of the Agency.

# GLOSSARY

<b>“Agency”</b>	means the national agency, which is amongst other things responsible for the wellbeing of minors, also known as Aðenzija Appoðg.
<b>“Alternative care”</b>	means the placement of a minor under the care of a person or entity, not being a parent of the minor as ordered by the Court or a result of administrative decision, and the expression “alternative carer” shall be construed accordingly.
<b>“Authority”</b>	means the Social Care Standards Authority, as established by virtue of article 5 of the Social Care Standards Authority Act.
<b>“Care giver”</b>	means an adult who provides care for a children in a family or in residential care.
<b>“Care plan”</b>	means a plan drawn up to promote the development and wellbeing of the minor.
<b>“Care review”</b>	means a review where the care plan of the children in alternative care and any other related matter is provided for in the best interest of children.
<b>“Children”</b>	means persons under the age of eighteen.
<b>“Healthcare assessment”</b>	means that children in alternative care should have healthcare assessments performed by a medical team trained on child protection, leading to holistic healthcare plans, which incorporates the voice of the child.
<b>“Leaving care process”</b>	means the process whereby young persons are prepared for independent living.



<b>“Management”</b>	means a person who acts on behalf of the service provider to provide leadership to staff and to oversee and control the proper functioning of the services offered to children in alternative care.
<b>“Medical team”</b>	means a team consisting of at least a lead designated paediatrician and nurse for children in alternative care.
<b>“Performance indicator”</b>	means an active descriptor of what service providers need to do to ensure service outputs that support the quality indicators.
<b>“Permanency which is relational, physical and legal”</b>	means that the minor feels loved, protected, safe and supported by the persons with whom he lives, that there be stability in the physical surroundings in which he lives and his connections with the community, as well as those legal arrangements related to permanency, especially those relating to his care and custody.
<b>“Quality indicator”</b>	means a statement that sets out the requirements to achieve compliance with a standard.
<b>“Residential services”</b>	means residential services for children who are in alternative care.
<b>“Staff”</b>	means a person engaged by the service provider wherein one of the person’s responsibilities is to provide child support or care, irrespective of whether or how the person is compensated.
<b>“UNCRC”</b>	means the 1989 United Nations Convention on the Rights of the Child.
<b>“Universal services”</b>	means the standard health care services offered by the national health service in Malta.



## **STANDARD 1:**

# **NECESSITY FOR ALTERNATIVE CARE**

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## **STANDARD STATEMENT:**

The agency shall ensure that children are always kept with their families unless it is detrimental to their wellbeing.

## **QUALITY INDICATORS:**

1. The Agency shall provide support to vulnerable families who are at risk of having their children removed from their care.
2. The parents whose children have been removed from their care shall be provided with support with the aim to improve their situation and to reintegrate them with their children.

## QUALITY INDICATOR 1

**1.0 Quality Indicator:** The agency responsible for children in alternative care shall provide support to vulnerable families who are at risk of having their children removed from their care.

## PERFORMANCE INDICATORS:

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

## QUALITY INDICATOR 2

**2.0 Quality Indicator:** The parents whose children have been removed from their care shall 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 their children removed from their care shall be provided with ongoing support in order to improve their life situation and parenting skills.
- 2.2 Parents shall 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 shall be supported to build a meaningful relationship with their children who are in alternative care.
- 2.4 The agency responsible for children in alternative care shall regularly review whether the placement is still appropriate and needed.



## **STANDARD 2:**

# **THE RIGHT TO PARTICIPATE IN DECISIONS**

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## **STANDARD STATEMENT:**

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

## **QUALITY INDICATORS:**

1. Children shall be empowered and supported to express their views, feelings and concerns.
2. Children shall always be consulted and listened to.
3. Children shall be supported to raise concerns and complaints.

## QUALITY INDICATOR 1

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

### PERFORMANCE INDICATORS:

- 1.1 Children shall be provided with all the necessary information for them to be able to participate in all decisions which affect them.
- 1.2 When participating in a legal proceeding, children shall be given the right to be accompanied and supported by a trusted adult of their choice and 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 shall 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 shall have the right to participate without discrimination.



## QUALITY INDICATOR 2

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

### PERFORMANCE INDICATORS:

- 2.1 Children shall 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 shall 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 shall be heard through a representative.
- 2.5 Children shall be provided with feedback on whether their ideas, wishes and preferences were considered in the decision taken.
- 2.6 Children shall be provided with a clear explanation of how and why a particular decision was taken.

## QUALITY INDICATOR 3

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

### PERFORMANCE INDICATORS:

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

## **STANDARD 3:**

### **QUALITY OF CARE**

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#### **STANDARD STATEMENT:**

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

#### **QUALITY INDICATORS:**

1. The placement of a child into alternative care shall be done with dignity and respect.
2. The placement shall match the best interest of the child.
3. Children in alternative care shall have the right to maintain a stable relationship with their siblings.
4. Children shall be provided with a permanent placement.

## QUALITY INDICATOR 1

**1.0 Quality Indicator:** The placement of a child into alternative care shall be done with dignity and respect.

### PERFORMANCE INDICATORS:

- 1.1 Children shall 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 shall be involved in the selection of their new care environment.
- 1.3 Children shall be provided with information in a language that they understand and should also be given the time to discuss their move.
- 1.4 Children shall always be listened to especially in times of uncertainty.
- 1.5 Therapeutic support shall be provided to the children who are moving from their family environment to alternative care.

## QUALITY INDICATOR 2

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

### PERFORMANCE INDICATORS:

- 2.1 The child's identity shall be taken into consideration.
- 2.2 The children shall 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 shall be reviewed at least once every six months
- 2.4 The children shall be provided with information about the care placement.
- 2.5 The parents shall be provided with information about the care placement of their children who are in alternative care unless it is detrimental for the wellbeing of the child.

## QUALITY INDICATOR 3

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

### PERFORMANCE INDICATORS:

- 3.1 Sibling groups shall be placed together unless living together is not in their best interest.
- 3.2 If siblings are not living together children shall 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 shall 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 shall be taken into consideration.

## QUALITY INDICATOR 4

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

### PERFORMANCE INDICATORS:

- 4.1 Children shall 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 shall be provided with a stable environment since this will help them to develop healthy connections with caring adults based on trust.
- 4.3 Children shall be provided with a permanent placement since this provides them with a sense of security and belonging.





## **STANDARD 4: CARE PLANNING**

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### **STANDARD STATEMENT:**

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

### **QUALITY INDICATORS:**

1. An individual care plan shall be drawn up before a child is placed in alternative care.
2. The care plan shall be reviewed at least once every six months.
3. Children shall participate in the development and review of the care plan.
4. Children shall be prepared for the leaving care process.

## QUALITY INDICATOR 1

**1.0 Quality Indicator:** An individual care plan shall be drawn up before a child is placed in alternative care.

## PERFORMANCE INDICATORS:

- 1.1 A multidisciplinary approach shall be adopted in the development of the care plan.
- 1.2 All the professionals and adults involved in the development of the care plan shall adopt a child-centred approach.
- 1.3 A needs assessment shall 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 shall be addressed throughout the care plan.
- 1.5 A care plan shall 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, goals, aptitude and capabilities 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;
  - 1.5.9 Decisions regarding contact with their parents, siblings and or significant others.

## QUALITY INDICATOR 2

**2.0 Quality Indicator:** The care plan shall be reviewed at least once every six months.

### PERFORMANCE INDICATORS:

- 2.1 The needs of the children in care change regularly and so the care plan shall be updated at least once every six months during a care review.
- 2.2 The effectiveness of any changes carried out during previous care reviews shall be evaluated.
- 2.3 Before a care review a child shall 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 shall also be evaluated.
- 2.5 The suitability of the placement for the child shall be assessed and reviewed.
- 2.6 The situation of the parents shall be evaluated with the aim to reintegrate the child with the parents if it is in the best interest of the child.

## QUALITY INDICATOR 3

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

### PERFORMANCE INDICATORS:

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

## QUALITY INDICATOR 4

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

### PERFORMANCE INDICATORS:

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



## **STANDARD 5:**

# **HEALTHCARE NEEDS OF CHILDREN IN ALTERNATIVE CARE**

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## **STANDARD STATEMENT:**

Children in alternative care shall have specific healthcare needs and these shall be addressed holistically by a trained medical team.

## **QUALITY INDICATORS:**

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

## QUALITY INDICATOR 1

**1.0 Quality Indicator:** Children in alternative care, shall 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 alternative care should have healthcare assessments by a trained medical team with an understanding of safeguarding children, leading to holistic healthcare plans which incorporate the voice of the child.
- 1.2 The placement provider shall be provided with all the available information about the health conditions of the children entering care so that the necessary medical treatment is provided adequately and timely.
- 1.3 All children entering the care system need to have an initial health assessment within four weeks of entering care.
- 1.4 Children under five years of age shall be seen at least twice a year.
- 1.5 Children over five years shall be seen at least once a year.



## QUALITY INDICATOR 2

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

### PERFORMANCE INDICATORS:

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



## **STANDARD 6:**

# **EDUCATION, ENJOYMENT AND ACHIEVEMENT**

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## **STANDARD STATEMENT:**

Children shall have access to educational services and shall be given the opportunity to participate in social and recreational activities of their choice.

## **QUALITY INDICATOR:**

1. Children shall be empowered and supported to engage in educational programmes to maximise their potential.

## QUALITY INDICATOR 1

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

### PERFORMANCE INDICATORS:

1. Children in care shall be given the same educational opportunities as all other children.
2. Individual education needs assessment shall be carried out to identify the educational needs of the individual child.
3. Every possible learning difficulty shall be identified at an early stage.

## **STANDARD 7:**

# **POSITIVE RELATIONSHIPS**

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### **STANDARD STATEMENT:**

The experience of safe, meaningful and stable relationships is crucial for the overall health and wellbeing of the children.

### **QUALITY INDICATOR:**

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

## QUALITY INDICATOR 1

**1.0 Quality Indicator:** Children shall be empowered and supported to develop and maintain meaningful and healthy 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 shall 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 shall be supervised to safeguard the child's safety.
- 1.3 Children shall 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**

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### **STANDARD STATEMENT:**

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

### **QUALITY INDICATORS:**

1. Effective leadership and management of services offered to children shall be in place to ensure that children are provided with child-centred, safe and effective care.
2. The care givers shall be recruited through a transparent recruitment plan to ensure that children are provided with the best care possible.

## QUALITY INDICATOR 1

**1.0 Quality Indicator:** Effective leadership and management of services offered to children shall 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 shall be developed by the management as a practical guideline for the staff working with children.
- 1.2 Appropriate action shall be taken by the management to comply with regulatory standards and ensure recommendations are implemented.
- 1.3 Staff shall understand the regulations, policies and standards for the care and welfare of the children.
- 1.4 Staff shall understand and implement the manual of policies and procedures of the residential home with the aim to safeguard children.
- 1.5 The caregivers shall be provided with ongoing training, development, supervision and support in order to provide the best possible care to children in alternative care.



## QUALITY INDICATOR 2

**2.0 Quality Indicator:** The care givers shall 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 shall 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 pediatric first aid certification;
  - 2.1.9 Valid mental health aid certification.
- 2.2 The management shall ensure that there is a qualified first aider <sup>1</sup>and an equipped first aid box at all times.
- 2.3 Care givers shall have the opportunity to participate in ongoing professional training.

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1 Workplace (First Aid) Regulation Legal Notice 11 of 2002 as amended by Legal Notice 348 of 2011.



# ANNEX I

## 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 Admission and protection of the child
- 2.4 Smooth transition
- 2.5 Reintegration

### **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
- 6.7 Workload
- 6.8 Staff management
- 6.9 Supervision

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

## **ANNEX II**

# **USEFUL REFERENCES**

- Alternative care in Emergencies toolkit, Save the children, 2013.
- Guidelines for the Alternative Care of Children as retrieved from <https://resourcecentre.savethechildren.net/node/5416/pdf/5416.pdf>
- Minor Protection (Alternative Care) Act, CAP. 602.
- Moving Forward: Implementing the 'Guidelines for the alternative care of children', Centre for excellence for looked after children in Scotland, 2012.
- Securing children's rights, Building a Europe for and with children, Council of Europe, 2013.
- Social Care Standards Authority Act No. XV of 2018.
- United Nations Convention on the Rights of the Child, 1989.

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Edition 1



MINISTRY FOR THE FAMILY, CHILDREN'S RIGHTS  
AND SOCIAL SOLIDARITY