STATES OF JERSEY

DRAFT REGULATION OF CARE (JERSEY) AMENDMENT LAW 202- (P.57/2025) – CHILDREN'S RIGHTS IMPACT ASSESSMENT

Presented to the States on 14th July 2025
by the Minister for the Environment

STATES GREFFE

CHILDREN'S RIGHTS IMPACT ASSESSMENT (CRIA)

PART 1: SCREENING

Name and title of Duty Bearer:	Deputy Steve Luce
Type of Duty Bearer: (Minister, Elected Member or States Assembly Body)	Minister for the Environment
Assessment completed by (if not completed by duty bearer):	Head of Policy
Date:	23/06/25

1) Name and brief description of the proposed decision
The subject of your CRIA may be a proposed law, policy or proposition and in accordance with the Law is referred to in this template as the '**decision**'
- What is the problem or issue the decision is trying to address?
- Do children experience this problem differently from adults?

The draft Regulation of Care (Amendments) (Jersey) Law 202- (the "draft Law") would amend the Regulation of Care (Jersey) Law 2014 (the "2014 Law") and the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (the "2018 Regulations") to implement independent regulation of Jersey's hospital services (including Government-provided mental health services) and ambulance services. Parts 2, 3, 4 and 5 of the draft Law would make key changes to this legislation in the following ways:

- Part 2 of the draft Law makes amendments designed to strengthen the governance and independence of the Jersey Care Commission (the Commission);
- Part 3 describes the characteristics of the new services that will be regulated, including hospital (and the majority of Government-provided health services, including mental health services) and ambulance services, those laser clinic services that are currently regulated under the Nursing Homes (Jersey) Law 1994 and hyperbaric oxygen therapy services;
- Part 4 amends the eligibility criteria for members of the Board of the Commission; and
- Part 5 makes changes to the 2018 Regulations which sets out requirements and regulatory tools to ensure services provide care that is appropriate, safe and of a high quality.

Care services need to be regulated to help keep people safe and to ensure they receive good quality care that meets their needs. Unregulated services place people at risk of harm or abuse (whether that be physical, emotional or financial abuse or at risk of neglect) – as receivers of hospital and ambulance care, children and adults experience this problem in the same way.

2) Which groups of children and young people are likely to be affected?
Groups of children could include early years, primary or secondary education; young adults; children with additional learning needs; disabled children; children living in poverty; children from particular ethnic backgrounds; migrants; refugees; care experienced children and LGBTQ+ children

All children (presuming most will access health services at some point in their lives), particularly children with disabilities. Children's social care and outpatient mental health services are already regulated under the 2014 Law. To the extent that the draft Law makes limited amendments to the governance of the Care Commission and some of the existing requirements under the 2018 Regulations, the draft Law would have limited impact on children in care or children who interact with social services.
3) What is the likely impact of the proposed decision on children and on their rights? • Identify any potential positive OR negative impacts and include indirect impacts on children and their rights as described in the UNCRC • Will different groups of children be affected differently by this decision?
The impact of this legislation on children is relatively small, but positive. This legislation provides assurance that all children in Jersey who use hospital and ambulance services will, as far as possible, receive health care in environments in which they are kept safe from harm and good quality health care that meets their needs (best interests of the child, right to healthcare). Children who access health and social care services will benefit most from this legislation.
4) Is a full Children's Rights Impact Assessment required? If you have identified impacts on children and their rights, a full CRIA should be completed. If no impacts are identified then a Full CRIA is not required, but please explain your rationale and how you reached this conclusion
Yes.

If screening determines that a full CRIA is needed, complete Part 2

Part 2: FULL CHILDREN'S RIGHTS IMPACT ASSESSMENT

5) What will be the impacts (positive or negative) of the proposed decision on children's rights?

For each of the UNCRC articles described below, click to identify any that may be relevant ☒

Category	UNCRC Article	Impact? YES	NO
Guiding Principles	Non-discrimination (Art 2)	☐	☐
	Best interests of the Child (Art 3) to be a top priority	x	☐
	Right to Life survival and development (Art 6)	☐	☐
	Respect for the child's views (Art 12)	☐	☐

Civil Rights & Freedoms	Right to birth registration, name and nationality (Art 7)	☐	☐
	Right to an identity (Art 8)	☐	☐
	Freedom of expression (Art 13)	☐	☐
	Freedom of thought, conscience, and religion (Art 14) Every child has the right to think and believe what they choose	☐	☐
	Freedom of association (Art 15) Every child has the right to meet with other children and to join groups and organisations	☐	☐
	Right to Privacy (Art 16) including family and home life	☐	☐
	Access to information from the media (Art 17) Right to access reliable information from a variety of sources, in a format that children can understand	☐	☐
	Protection against torture or other cruel, degrading or inhumane treatment or punishment (Art 37(a))	☐	☐
Family Environment and Alternative Care	Respect for the responsibilities, rights and duties of parents (or where applicable, extended family or community) to guide their child as they grow up (Art 5)	☐	☐
	Responsibilities of both parents in the upbringing and development of their child (Art 18)	☐	☐
	Children must not be separated from their parents against their will unless it is in their best interests (Art 9)	☐	☐
	Family reunification (Art 10)	☐	☐
	Abduction and non-return of children abroad (Art 11)	☐	☐
	Right to a standard of living that is good enough to meet the child's physical and social needs and support their development (Art 27)	☐	☐
	Special protection for children unable to live with their family (Art 20)	☐	☐
	Best interests of the child in the context of Adoption (Art 21)	☐	☐
	Review of treatment whilst in care (Art 25) If a child has been placed away from home for the purpose of care or protection (for example, with a foster family or in hospital), they have the right to a regular review of their treatment, the way they are cared for and their wider circumstances.	☐	☐
	Protection from violence, abuse or neglect (Art 19)	☐	☐
	Recovery from trauma and reintegration (Art 39)	☐	☐

	Children who have experienced neglect, abuse, exploitation, torture or who are victims of war must receive special support to help them recover their health, dignity, self-respect and social life.		
Basic Health and Welfare	Rights of disabled children (Art 23)	☐	☐
	Right to health and health services (Art 24)	x	☐
	Right to social security (Art 26)	☐	☐
	Right to adequate standard of living (Art 27)	☐	☐
Education, Leisure and Cultural Activities	Right to education (Art 28)	☐	☐
	Goals of education (Art 29) Education must develop every child's personality, talents and abilities to the full	☐	☐
	Leisure, play and culture (Art 31) Every child has the right to relax, play and take part in cultural and artistic activities	☐	☐
Special Protection Measures	Special protection for refugee children (Art 22)	☐	☐
	Children and armed conflict (Art 38 and Optional Protocol #1) Governments must do everything they can to protect and care for children affected by war and armed conflict.	☐	☐
	Children and juvenile justice (Art 40) Right to be treated with dignity and respect, right to legal assistance and a fair trial that takes account of age.	☐	☐
	Inhumane treatment and detention (Art 37 (b)-(d)) Children should be arrested, detained or imprisoned only as a last resort and for the shortest time possible.	☐	☐
	Recovery from trauma and reintegration (Art 39) Children who have experienced neglect, abuse, exploitation, torture or who are victims of war must receive special support to help them recover their health, dignity, self-respect and social life	☐	☐
	Child labour and right to be protected from economic exploitation (Art 32)	☐	☐
	Drug abuse (Art 33)	☐	☐
	Sexual exploitation (Art 34)	☐	☐
	Abduction, sale and trafficking of children (Art 35)	☐	☐

	Protection from other forms of exploitation including for political activities, by the media or for medical research (Art 36)	☐	☐
	Children belonging to a minority or an indigenous group (Art 30)	☐	☐
	Optional Protocol on the sale of children, child prostitution and child pornography	☐	☐
	Optional protocol on the involvement of children in armed conflict	☐	☐

6) Information and research What evidence has been used to inform your assessment?		
Evidence collected (include links to relevant publications)	What did the evidence tell you?	What are the data gaps, if any?
Empirical evidence for how regulation of social care currently operates in Jersey and examples from other jurisdictions. It affects all users of health and social care services, which includes children. Consultation with the regulator, the Jersey Care Commission, affected services and other stakeholders, including the Office of the Jersey Children's Commissioner.	Aside from indications of public support for the inspection of hospital services evidenced by a public petition to this effect, there are widely accepted benefits attached to regulating health and social care services. Independent, high-quality regulation is needed for 3 key reasons: a) Protecting adults and children: Care services need to be regulated to help keep adults and children safe and to ensure they receive good quality care that meets their needs. Unregulated services place people at risk of harm or abuse (whether that be physical, emotional or financial abuse or at risk of neglect). b) Ongoing provision of services: Locally registered healthcare professionals, including doctors, nurses and midwives, social workers and other allied health	Until hospital and ambulance services have been regulated in Jersey, it will not be possible to discern the benefits of or any potential challenges with applying independent regulation and inspection to these services specifically. This can only be understood after services have been regulated here for a reasonable period of time.

	professionals, cannot work in Jersey unless they are registered with a statutory regulator in the UK (for example, the General Medical Council, Nursing and Midwifery Council, Health and Care Professions Council). Many of those registration bodies increasingly expect their members to be working within regulated services. Without an appropriate regulatory framework for all health and social care services in Jersey, there is a very real risk that UK professional regulators will refuse to allow the validation, supervision or registration of healthcare professionals in Jersey. c) Measuring and enhancing service quality: At present, there is no legislation which sets out general standards that health and social care providers are expected to meet to ensure that health care provided in Jersey is effective. In fully regulated health care systems, all providers must produce data to demonstrate to regulators that they meet legally enforceable standards. This data provides both service users and service providers with clear information about the quality of all services. Service providers in Jersey would be able to benchmark their services against those provided by others and in other jurisdictions, and to	

	identify those services which require improvements more efficiently and effectively.	

7) Engagement with children What groups of children and young people (or those who speak on their behalf, such as social workers, teachers or youth workers) have been directly or indirectly involved in developing the decision?		
Groups consulted	How they were involved	What were the findings?
Consultation on the draft Law with the Jersey Care Commission, senior healthcare officials, healthcare staff and children's social care services. Due to the technical, regulatory nature of this legislation, children were not consulted. Children will nonetheless benefit from these changes as receivers of health and social care.	Targeted stakeholder meetings, a comms strategy and a public survey. These groups involved healthcare professionals who treat children, as well as children's social workers.	Support for the majority of the proposed amendments, including full support for regulating hospital and ambulance services. Individual concerns were raised, as set out in the consultation report relating to certain specific proposals. These have largely been addressed and updates have been made to the version of the draft Law lodged in the Assembly.

8) Assessing Impact on children's rights Based on the information collected and analysed above, what likely impact will the proposed decision have on the specific children's rights identified in question 5)?		
Relevant UNCRC Articles (rights) identified in Q5	Describe the positive or negative impacts on these rights	Which group(s) of children are likely to be affected?
Best interests of the Child (Art 3) to be a top priority	Promotes best interests of children as users of health and social care by providing an additional layer of assurance and safety for child service users.	All children who access health services, particularly those who access services frequently or require health and social care interventions (children with disabilities, children who engage with social workers).
Right to health and health services (Art 24)	Promotes the child's right to health services by ensuring that children's hospital and ambulance care is provided in a way that protects them from	As above.

	abuse and harm. Ensures that health care services are high quality.	

9) Weighing positive and negative impacts
- If a negative impact is identified for any area of rights or any group of children and young people, what options are there to modify the proposed decision to mitigate the impact?
- Could any positive impacts be enhanced?

There are no negative impacts. Positive impacts cannot be enhanced any further within the scope of the draft Law.

10) Conclusions
In summary, what are your key findings on the impact of the proposed decision on the rights of Jersey children?

This draft Law will subject hospital and ambulance services to independent regulation and inspection. This will afford additional assurance that all children in Jersey are provided with health care in hospital and ambulance services that protect them, as far as possible, from abuse and harm, and that those services provide high quality care.