



## No Substitution Policy

Just Care Community (JCC)

### Purpose

The purpose of this policy is to ensure **safety, trust, and accountability** between carers, clients, and the Just Care Community platform. Every carer is matched to a client based on verified identity, qualifications, and suitability. Allowing anyone other than the approved carer to attend a placement puts both parties at risk and violates JCC safeguarding standards.

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### Policy Statement

Just Care Community operates a strict **No Substitution Policy**.

This means that:

1. **Only the verified carer** named in the agreement may attend or provide care for the client.
2. Carers must **not send another person**—whether a friend, colleague, family member, or another carer—in their place, even for short periods.
3. If a carer is unable to attend due to illness, emergency, or other unavoidable reason, they must:
  - Notify the client **and** Just Care Community immediately.
  - Allow JCC to assist in finding a **verified replacement** where appropriate.
4. Any carer found to have substituted themselves without permission may be:
  - **Removed from the JCC platform** and community.
  - **Reported** to relevant safeguarding or regulatory authorities if risk is identified.

5. Clients are also prohibited from accepting or introducing any unverified substitute or alternative carer outside of JCC without proper checks and documentation.
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## Rationale

This policy protects:

- **Carers**, by ensuring their insurance, contract, and safeguarding remain valid.
  - **Clients**, by ensuring that every person providing care has been identity-verified, insured, and approved.
  - **JCC**, by maintaining a transparent and trustworthy care network.
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## Compliance

All carers and clients must read, understand, and sign this policy as part of their onboarding and before any placement begins.

By signing, both parties confirm that:

- They will adhere to this No Substitution Policy.
  - They understand that breach of this policy may result in termination of placement and/or community membership.
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**Signed by Carer:** \_\_\_\_\_

**Signed by Client:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness (if applicable):** \_\_\_\_\_