# Foster Care Handbook

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Introduction

(a) Introduction

We are very pleased to welcome you as Foster Carers for St. Helens Council.

Not every situation you encounter will be covered in the handbook and it is not a substitute for a strong working relationship with your supervising social worker. For more detail on many of the subjects covered, we have a library of books which you are able to use.

(b) Foster Care Charter

Fostering Network believes that all children and young people needing substitute care, whatever their physical or mental abilities, should have the opportunity to live in a family. Children and young people who are fostered deserve the highest standards of care, and it is the responsibility of all those involved to provide a high-quality service. To achieve this:

1. Foster care must be a partnership between the carers, social workers and the placing agency all working together in the best interests of children and young people. Wherever possible, this partnership should extend to children or young people in care and their parents or interested relatives.

2. The cultural, racial and religious identities of children and young people, their parents and Foster Carers must be respected in the development of the foster care service and in the making and support of individual placements.

3. Children and young people have the right to continuity in their lives so that their identity can be maintained and developed, their physical and mental well-being promoted and their full potential achieved.

4. The true cost of caring for a foster child or young person must be met and foster carers given the opportunity to receive payment for their time, experience and skills.

5. Foster Carers and social workers have a right to preparation for their job and a responsibility to use training opportunities to develop their knowledge and skills.

6. Carers, social workers, children and young people in care and their parents must be able to call upon the placing agency for support.

7. The responsibility of the placing agency to the Foster Carers, the purpose and goals of each placement and the responsibilities of all parties must be stated in writing.

8. Formal decisions relating to individual children and young people in foster care should be taken in full consultation with them, their parents, and the Foster Carers.

9. Foster Carers, children and young people and their parents should be able to challenge decisions and plans proposed by the fostering agency and be made aware of the procedures whereby they can exercise their right of challenge.

10. Young people leaving care must be offered agency support, which recognises that all young people continue to need support into adulthood.

(c) What is Fostering?

Fostering is concerned with shared caring. It is taking into your home someone else’s child - what you have to offer is special to you and your family. You share the child’s care with the parents and us.

Our aims which we should all share are to:

(1) maintain children within their families, where appropriate.

(2) help to reunite the child and their family before their feeling of belonging to them disappears.

(3) offer a child who cannot go home the greatest chance of a safe, stable and happy future through
permanence. Fostering is unique in that it allows you flexibility and room to develop your own skills, and it can become a way of life, rewarding, enjoyable and challenging.

What foster carers can expect from the department

- The right to expect that relevant regulations and practice instructions are followed by the staff in the department.
- Acceptance of you as a valuable and important member of a caring team carrying difficult responsibilities in meeting the needs of children.
- To be treated without discrimination and respected as a colleague.
- Regular supervision from a supervising social worker.
- Access to the complaints procedure.
- Training and support – we want to help you as much as we can with the fostering task.
- To be informed of the nature and detail of a complaint being made against you at the earliest time which is consistent with the welfare of the child involved.
- Information about departmental policies and procedures.
- Support groups.
- A right to be paid expenses, and promptly and accurately.
- Supervision of the child placed with you by the child’s social worker.
- To be provided with special equipment in order to care for a particular child.
- Information about children placed with you.
- To adhere to the foster care and placement agreements.

What the department expects of Foster Carers

- Commitment to the task.
- Attendance at meetings about children.
- Contact and communication with the agencies involved with the child, like school, churches etc.
- Willingness to work with birth parents and families.
- Informing your supervising social worker of changes to your household and problems that arise for you.
- An interest in developing your skills and attendance at training.
- Respect confidentiality.
- Follow department’s policies and procedures.
- Respect a child’s religious, linguistic and cultural heritage.
- To adhere to the Foster Care agreement and the child’s foster placement agreement.
- To afford the same level of protection and care to a child as you would your own child.
- To use the money provided for the care of the child for that purpose.

(d) Statement of Purpose

Each year the fostering service must review, update and modify the Statement of Purpose where appropriate.

This document includes details of the following:

- The service’s status and constitution.
- Its management structure.
• The service it provides.
• Its aims, objectives, principles and standards of care.
• Numbers, relevant qualifications and experience of staff.
• Numbers of Foster Carers.
• Numbers of children placed.
• Numbers of complaints and their outcomes.
• The procedures and processing for recruiting, approving training, supporting and reviewing carers.

All policies and procedures must accurately reflect the Statement of Purpose.

(e) Children’s Guide

All children will receive a Children's Guide when they enter the care system. The Guide gives practical details that Children Looked After need to know about, and useful contact numbers.

There are copies of the Children's Guide for you to see if you wish.

(f) Inspections

All Fostering Services are now inspected by Ofsted. They can be contacted via their website for general enquiries or should you wish to make a complaint – enquiries@ofsted.gov.uk

Telephone 08456404045
18001 prefix for Typetalk
01616188524 for text phone/minicom users.

Address:

Ofsted
Piccadilly Gate
Store Street
Manchester
M1 2WD
Section 2

Fostering in St.Helens

Fostering is one of many services provided by St.Helens Council to support families who are in crisis. Where possible, we try to keep families together. However, children and young people sometimes need to be cared for outside of their families, either through the Courts on a Care Order, or accommodated with their parents' consent.

‘Foster Care’ means looking after someone else’s child in your home and working closely with their family. This is a difficult and demanding job which requires an ever-increasing level of skill and responsibility.

Foster Carer Agreement

The Fostering Services Regulations 2011 require that the approving authority enters into a written agreement with the Foster Carers at the time they are approved. This agreement lays out the department’s expectations of carers, the terms and conditions of partnership between the authority and the carer. The department’s expectations, terms and conditions can be found in the foster carer agreement.

Short-Term or Temporary Fostering

Foster Carers approved as short-term carers can take children and young people within the age range for which they are approved for periods of days, weeks or months, but it is never intended to be a permanent placement. Most children will return home, or to a permanent placement.

Short Break Scheme for Children with Disabilities

These foster carers make a commitment to a child to provide short break care on a regular basis, e.g tea visits or overnight.

Permanent Care

For some children, who maintain significant relationships with their families, long-term fostering may be a more appropriate placement choice than adoption. Some short-term Foster Carers are re-assessed as long-term carers, where appropriate.

Connected Carers

Connected carers are friends or family members who agree to care for a child or young person who is already known to them.

Respite Carers

Respite carers offer care to a child for a limited period, either during the week or at weekends.

Adoption

Most children in short-term foster placements return home, but if rehabilitation is not possible, adoption will be considered. For younger children, we would look for families already approved as adopters. Adoption involves the permanent transfer of all the legal rights and responsibilities for the child from the birth parents to the adoptive parents. Occasionally, short-term carers ask if they can offer a permanent home to a child in their care. Fostering and Adoption are very different tasks, and families would need to be assessed and approved as prospective adopters.

Independent Visitors

For any foster child who has had infrequent or no contact with his/her family in the past 12 months, the department must consider whether it would be within the child’s best interests for an independent visitor to be appointed.
This is a person unconnected with the department, whose duty it is to visit, advise and befriend a child. The person may be invited to attend reviews and other meetings if this is the wish of the child.

The Foster Care Panel

Membership has been changed to include a wide range of experience and interest and to fulfill, the requirements of the Fostering Services Regulations 2011. The Panel is chaired by an independent person.

The Foster Care Panel will consider:

- All applications to become approved Foster Carers.
- Any matters referred to the Panel.
- Any changes in approval criteria (which could be the result of a review, or a significant change in circumstances).
- Reports submitted following an allegation of abuse in a foster home, or matters arising from the abuse.
- Reports submitted following an allegation of inappropriate behavior by the Foster Carer.
- Developments in the Fostering Service.
- And make recommendations to the agency decision maker (Children's Services).

Annual Reviews

The Fostering Services Regulations 2011 require that carers are reviewed at least every year. This review considers the suitability of the carer to continue to foster. A review can also be held at any other time if there is a change in circumstance or an issue of concern. Foster carers will contribute to their own reviews and will receive a full copy of the document.

First annual reviews for reapproval or those requiring wider discussion are presented to the Panel by the supervising social worker who has made the assessment, including written representations from the applicants. The report will have been shared with you prior to panel. You will be invited to attend panel.

Second and subsequent reviews will be considered by the annual review panel – carers can attend the annual panel should they wish.

Termination of Approval

If you make the decision to give up fostering, your approval will be terminated. If you are considered no longer suitable, either through the review system or because of an incident which causes concern, the matter will be considered by Fostering Panel. Panel can recommend the deregistration of carers in the following circumstances:

a) You no longer wish, or are not able, to continue fostering; this should be put in writing and will be accepted at panel
b) Your conduct as a foster carer is found to be unacceptable;
c) You have abused a foster child, or another member of your household;
d) Allegations of abuse against you or another member of your household cannot totally rule out the possibility that you may have abused a child;
e) You, or any member of your household, hold a criminal offence under a category which makes it illegal for you to continue as a Foster Carer;
f) You move away from the area;
g) Your circumstances change in terms of your own or your family’s health; or
h) Your relationships within your family change in any way;
i) Where a major change of approach is required that is not possible to achieve;
j) Any other concerns arise that we do not feel can be resolved.

You are given 28 days to appeal against the decision.
Appeals and Complaints

The Independent Review Mechanism (IRM) for fostering was introduced in 2009 as part of a wider package of measures to improve the approvals process for foster carers and to encourage more people to come forward to foster. It responds to concerns from stakeholders that the current approval process is insufficiently independent and brings fostering in line with adoption where there has been an IRM (adoption) since April 2004. The IRM (fostering) was announced in the White Paper, Care Matters: Time for Change. Powers to make regulations implementing the IRM (fostering) were introduced by the Children and Young Persons Act 2008.

The IRM is not an appeal process, nor is it a higher appellate authority. The function of the panel is to review anew all the documents and information relating to a ‘quality determination’ and make a recommendation to the fostering service provider about whether or not a person is suitable, and act as a ‘Local Authority foster parent’ (which includes foster carers approved by independent fostering providers) or a recommendation about the terms of approval, as the case may be. The final decision about the individual’s approval/terms of approval will continue to rest with the fostering service provider.

Persons seeking approval as a Foster Carer and existing Foster Carers have two options in response to a fostering service provider’s proposal not to approve them as a Foster Carer, or to terminate or amend the terms of their approval.

1. They may either accept the proposal.
2. They can appeal against panel decision by submitting written representation to the agency decision maker, within 28 days of the date of the letter. The matter will be referred back to their fostering panel for a review of the decision.
3. They can apply to the Secretary of State for a review of the qualifying determination by an independent review panel (IRM)

Individuals must choose between option 2 or 3 – they cannot do both.

If the individual chooses this third option, the review panel will review all the information that was provided to the original fostering panel and make a fresh recommendation about the suitability of the individual to be or to remain approved and/or about the terms of the approval, as the case may be.

When the review panel has made its recommendation, the agency decision maker will be required to take this, along with their fostering panel’s original recommendation, into account when making their final decision about approval or the terms of the approval.

Supervision

Foster carers are managed and supervised by supervising social workers from the Foster Care Team. The supervising social worker’s role covers a variety of activities ranging from advice and encouragement, the practicalities of equipment and finance, and assisting carers in their task appropriately. Records are kept of both contact and supervision visits and the supervising social worker will discuss with you difficulties and problems that arise unannounced visits will be made occasionally and at least annually.

Support Groups

The role of the support group is to provide a regular structured forum where foster carers can meet to offer mutual support and to develop further skills as foster carers. Support workers will work with the support group to identify any areas of support or training still needed, and assist the group to respond to those needs.

The support group will present the opportunity for carers to keep in touch, and to share thoughts and feelings about fostering with one another. It is an aim that carers would be able to assist one another in examining any difficulties or problems that have arisen in placement.

Times and venues of groups are published annually within the group. The importance of confidentiality is stressed in detail in Section 10. As you can see, there are only certain people with whom you can discuss your Foster Child.
There will be an agenda for each meeting and matters needing to be taken forward will be notified by the support worker.

There is an expectation that issues discussed, within the support group, will remain confidential to that group. Additionally, it is not expected that children’s background details are shared within the group. Of course, general information will be raised and ways of tackling problems will be discussed, but this will remain confidential to the group.

**Costs**

Attendance at the support group is seen as an important part of the overall support offered to carers.  
We will reimburse your travel costs at the current fostering rate and any car park expenditure you incur. You will need to discuss any necessary childcare arrangements and associated costs with your supervising social worker.

**Training**

Training is an integral part of a fostering career and begins during the preparation and assessment process. There are many courses run over a period of twelve months, sometimes during the day, sometimes in the evening. Sessions last between 2 and 4 hours. Sometimes training is by external trainers, at other times by members of the Department. We have a very strong expectation that all carers will attend as much training as they can and supervising social workers will address this on their visits. Safe care and safeguarding courses should be completed and there is an expectation that these will be completed within the first 12 months of your approval. The reason for this is that the safety of Looked After Children is compromised if you are not aware of the issues and care for children in a safe manner.

Carers who do not take up this training may be withdrawn. If there is a genuine reason why you cannot attend training, other arrangements for sharing the training material with you can sometimes be made.

The department meets the cost of training carers and our expectation is that carers will take advantage of it. You will agree to attend training as part of your agreement with the department.

**CWDC - Children Workforce and Development Council Standards**

The Children Workforce Development Council closed on 31st March 2012, and the work of this department transferred over to the Department for Education.

The Training Support and Development Standards (TSD) were developed by CWDC in order to improve the training and skills of foster carers with the aim to improve the lives and outcomes of children and young people in care.

All foster carers are expected to satisfactorily complete the Standards within 12 months of approval. Family and friend carers have 18 months to satisfactorily complete the Standards.

**The Training Support and Development Standards for foster carers are:**

- **Standard 1** Understand the principles and values essential for fostering children and young people
- **Standard 2** Understand your role as a foster carer
- **Standard 3** Understand health and safety and healthy care
- **Standard 4** Know how to communicate effectively
- **Standard 5** Keep children and young people safe from harm
- **Standard 6** Develop yourself

The revised National Minimum Standards 2011 state the requirement to complete the Training, Support and Development Standards (TSD), and Ofsted will assess the progress of the Local Authority in implementing the Standards.

www.cwdcouncil.org.uk
Library

A range of books to support your interest and learning are available for loan from a growing library. Please see your supervising social worker regarding access to the library.

Moving - Carers who move within the British Isles

If you are moving to a new address elsewhere, it must be consistent with the care plan and in the child’s best interests to move with you. This may be the case if the move is a local one. In this situation, arrangements may be made for supervision of the child to be undertaken by the local authority into whose area you are moving, or the department will continue to discharge its duties.

In all cases, it will be necessary for the department to make arrangements for:-
- supervision and reviewing
- contact
- safeguarding and promoting the child’s welfare
- ensuring that the requirements of legislation and standards are met.

Significant Changes

The Foster Care Regulations require that you notify the department in writing of any significant changes in your family and household. These are detailed in the Foster Care Agreement.

The Fostering Limit

Regulations state that the maximum number of children you may foster at any time is 3, not including your own children or children you have adopted.

Any exception to this must be agreed by the department.

An exemption can only be granted for up to six days for named children and they will be monitored by the Foster Care Panel.

The Service Manager Resources must approve all exemptions.

Complaints and Allegations Against Foster Carers

Whilst Foster Carers may not expect allegations to be made against them, it is important that they acknowledge that such a possibility exists, and sadly not all allegations are unfounded. Similarly, complaints may be made about other areas of your care - by the child, their family or by the department. The decision of the department, in all cases, is made in the best interest of the child. As carers, your home and family is more open to criticism because it is exposed to regular scrutiny, and we acknowledge the stressful nature of this.

Carers must minimise the risk of unfounded allegation being made. You should try to build your own safety-net in the following ways:
- ensure you attend training sessions
- build up a support network
- attend support groups
- make use of your Fostering Network membership
- make sure you are aware of the Fostering Network “safer care” guidance
- keep a daily log of events
- keep social workers informed of events in the child’s life and your feelings
- when dealing with young people who are sexually aware, avoid situations where you are left alone and vulnerable
- discuss safer caring with your supervising social worker
- ensure a safe care statement is completed for each child and updated regularly
- ensure you comply with regulations and never use corporal punishment.

We will treat all allegations seriously because some will have foundation.

See Allegations of Abuse by Foster Carers - Safer Care Guidance document that you will have received on approval.

A child might make an allegation against a carer because:

- Something that has recently happened reminds the child of an event that took place before the child was with a carer.
- It is a way of trying to regain control over their life.
- The child sees it as a way of getting away from the placement by making a false accusation.
- The child can misinterpret an innocent action such as putting an arm around them to offer comfort.
- The child may have experienced abuse in the placement.

What can carers do to help prevent accusations being made against them:

“Safer Caring” recommends:

- Introduce a safe rule - no one touches another person’s body without that person's permission.
- Help children learn to say NO if they don’t want to be touched.
- Older children may need extra help to work out how to seek comfort from an adult without clinging to them.
- Avoid tickling and wrestling games.
- Children who are old enough should be able to bathe and wash themselves.
- Young children should be helped by carers of the same sex.
- Carers should not walk around in their underwear or nightwear.
- All children in the house should have dressing gowns and slippers and should wear them when walking around in the house in their night clothes.
- Carers should not share their bed with a child, even if the child is ill.
- Provide children with a time of warmth and affection outside the bedroom, telling stories, reading, talking or having a hot drink together.
- Children should not share beds. If children share bedrooms, clear rules should apply.
- All carers should attend the Safe Care training and will be given a Safe Care Book.

What happens if a child makes accusations of abuse against Foster Carers?

It is a dangerous idea for a foster carer to believe “this can't happen to me”. Unfortunately, on rare occasions, Foster Carers do abuse children. It is possible that greater publicity, leading to higher public awareness, had led to more cases being reported than before, but whatever the cause, proven abuse by Foster Carers, of all types of abuse, has increased.

Whatever the cause or reason behind the accusations, the department has no option but to investigate immediately. This may lead to the child being removed very quickly if he or she is considered to be at risk. The Foster Carer’s registration may be suspended pending the outcome of investigation, depending on the nature of the allegation.

Where allegations of abuse are made, it is likely that the police will be involved in the investigation. Whatever the allegation St.Helens Council will pay for independent support should you require this. In exceptional circumstances, we may pay a retainer fee whilst investigations are ongoing.

Make sure you know your rights and, more importantly, the duties and responsibilities of the police and social workers. It is also important to keep written records at this stage, it is very easy to forget details when you are anxious and distressed.

When the investigation is concluded, decisions will have to be made regarding whether there was any
cause for concern and, if there is some concern, was it sufficient to warrant removal of the child. The possibility of prosecution and whether you continue fostering will also be considered.

The most difficult situation occurs when there is no clear conclusion either way. The Foster Carer is then left in a very unsatisfactory position, neither accused, found guilty, or completely exonerated.

What is vitally important is that Foster Carers are told how the department views their case. Clear unambiguous information about what informed the conclusions and what decisions have been reached is the Foster Carer's right. If this is not made available, there is a Complaints Procedure which should be used to ensure that the information you seek is made available.

Even where allegations are completely dismissed, you must make certain that this is clearly recorded on your Foster Carer's file, which is kept by the Children and Young People's Services Department.

As part of the process, carers will be presented to the Foster Care Panel after any allegations and concerns.

**Complaints by Children and Young People in Placement**

Children who are old enough to want to make a complaint may need a lot of help to do so. Carers should understand that helping a child to complain is a positive step. It means that the child has:

- Thought about the situation.
- Decided that something is not right.
- A willingness to do something about it.

There are two different types of complaints:

1. The really serious ones which must be handled formally.
2. Those which can be handled within the home, such as moans, suggestions and problems.

What may seem unimportant to you, may be very serious to a child.

If a complaint is made, an investigating officer will be appointed.

Everyone should know what the Complaints Procedure is and how to go about making a complaint. If the information is not available, the child should be helped to find out about the Procedure.

**Advocacy Service**

As now required for all Local Authorities, an advocacy service has been developed for all Looked After Children. The service is run for St.Helens Children's Services by NYAS, who will offer support and advice to children and young people to help them voice their concerns or make a complaint. A leaflet for young people and a procedure on the advocacy service are available. For more information, speak to your supervising social worker or a member of the Fostering Team.

**Complaints by Foster Carers**

The Children's Services Department is constantly trying to improve the service it offers and values the constructive criticism it receives. We do our best to avoid problems, but when they do arise, we want to know about them.

Above all, the Council believes that you must have the right to complain, and to have your complaint investigated fully, fairly and as quickly as possible.

**Assurances**

1. Decisions taken by officers of the department will be made within the framework of Council Policy.
2. All complaints are dealt with in the strictest confidence.
3. You can appeal against the findings of any investigation.
4. The results of any investigation will be given to you in writing.
5. You are entitled to have a friend, or representative of your choice, with you at any stage.
6. Every effort will be made to help you understand the procedures and make a complaint.
Right to Complain

You can make a complaint about any aspect of the department’s services. You can complain about quality, availability or appropriateness of service. You can also complain about a decision not to provide a service.

How to Complain

Stage One - Local resolution

Initially, you should try explaining your concerns to the member of staff with whom you are in direct contact. If this is not possible or if you are still unhappy, you should ask to speak to that person’s manager. It is our experience that most problems can be resolved quickly this way.

You can use the form at the back of this leaflet or you can put your complaint in writing and send to:

Children & Family Services, Atlas House, Corporation Street, St.Helens WA9 1LD
Tel: 01744 671861
Email: childrencomplaints@sthelens.gov.uk

We understand that some people may find it difficult to complain. You may be anxious, or have difficulties speaking and communicating. If you need help in explaining your complaint, please contact the Complaints Officers, who can arrange to see you.

A Children’s Rights Officer is available to support the interests of any child in St.Helens, at any stage of the complaints process. You can contact this service on 0151 649 8700, or we will make contact on your behalf.

The manager responsible for the services you receive will look into the circumstances of your complaint and aim to resolve the problem, and write to you within **10 working days**. This response will outline what they have found and what actions, if any, they intend to take. In some cases this may take a little longer to resolve, but we will keep you informed, and aim to complete the process in a maximum of **20 working days**.

If you are dissatisfied with the response you receive at Stage 1, the agreed timescale has elapsed or you wish to make your complaint formal immediately, then you can request to move to Stage 2. This request must be made within **20 working days** of receiving the Stage 1 response.

Stage Two - Investigation

At this stage, your complaint has to be put in writing. You may wish to do this by letter, or completing the form at the back of this leaflet. You may also wish to discuss this with a Complaints Officer, who will record your complaints and write to you to agree them. Your complaint will then be registered.

After consulting with senior management, an investigating officer will be appointed. The investigating officer may be a Departmental Manager who has no direct responsibility for the staff or services you have complained about, or may be someone wholly independent of the Department.

Additionally, an independent person has to be appointed to follow the Department’s investigation. The independent person is someone who is not, and never has been, a St.Helens Councillor or employee of the Council, and who can bring an informed, yet wholly impartial element, to the Department’s investigation of your complaints.

The investigating officer will contact you to clarify your complaints and your desired outcomes, and discuss how they intend to investigate your complaint. The investigation should be completed, and you should receive a response within **25 working days** of the registration of your complaint. In some case this may be extended to a maximum of **65 working days**, but this would be discussed with you.

The investigator will prepare a written report detailing the findings and any recommendations to help resolve your complaint. The Adjudicating Officer (Assistant Director) will write a response to you to inform you of the action he/she intends to take, based on the report.

If you are still unhappy following the response from the Adjudicating Officer, you can ask to move your complaint to Stage 3. You must complete and return the ‘Request for Review Panel’ form included with the response, within **20 working days** of the receipt of the response.
Stage Three - The Review Panel

You will need to let us know, in writing, what it is that still concerns you and we will arrange for your views to be heard at a Review Panel.

The Review Panel will consist of three independent people who have no connection with Children and Young People’s Services or St. Helens Council. They will have no previous involvement/knowledge of your complaint. The Review Panel will look at how your complaint was investigated and what the Department has done. It will not reinvestigate the complaint, nor will it consider any new complaints. You will be invited to attend the Review Panel and you can make representations to it. You may also bring a friend, relative or advocate along to support you.

The Director of Children and Young People’s Services will write to you within 20 working days of the date of the Panel meeting, outlining what actions the Department intends to take in response to the Panel’s recommendations.

What if you are still unhappy?

The Review Panel is the end of the complaints process, but if you are still dissatisfied then you may take your complaint to The Local Government Ombudsman Advice Team by telephoning: 0300 061 0614 or 0845 602 1983.

Alternatively, you may write to: The Local Government Ombudsman, PO Box 4771, Coventry CV4 0EH.

You have the right to approach the Ombudsman at any time, but he/she will usually expect you to have used the Council’s procedure before he/she will investigate.

Newsletters

Brief information about events, and notifications, are sent to you quarterly. You may send any items for inclusion in the newsletter to the Team Manager, Foster Care Service.

Foster Care Forum

This is an opportunity for carers to meet with managers in the department to represent Foster Carers’ views and to contribute ideas for the development of the service. The meetings are held quarterly and are usually in the Town Hall or Atlas House.

Fostering Support Workers

These workers can support carers who are most in need of support.

Transport

Additional funding may also be available to allow carers the use of a minibus when required. This will be for those families who find it difficult to accommodate Looked After Children in their own transport. It is also expected that carers will help in transporting children to school and to contact.

Support for Carers

We want to support you in as many ways as we can. We know the fostering task can be difficult and support will be given in a variety of ways. We expect you to co-operate with this support, which may be through training or other practical support, especially if we believe it is in the best interests of the child. We can arrange respite care for you if the child you are caring for is especially challenging, or in some circumstances additional allowances (subject to certain conditions - see Finance Document).

ID Badges for Foster Carers

These will be provided for you. Proof of identity is becoming commonplace and will be requested often in public buildings, hospitals etc.

Pastime Keycards

Foster Carers are eligible for these if they don't already have one. Leaflets are available from the Fostering Team.
Section 3
Children’s Services Department

Structure of Children’s Services
Cabinet Member and Chief Executive of Council
St. Helens Council
Cabinet Members and Chief Executive of Council
Director of Children and Young People’s Services
Andy Dempsey

Senior Assistant Director, Children's and Young People’s Service.
Jason Pickett

Service Manager – Adoption, Foster Care, Residential

The Fostering Team
Kath Bell - Team Manager
Jenny Pickering - Team Manager

Social Workers
Tracey Lyon
Eddie McGowan
Sarah Porter
Wendy Smith
Caroline Kienstra - Part-Time
Debra Wilkinson
Jeanette Murphy - Part-Time
Michelle Partington - Part-Time
Sheila Bennett - Part-Time
Victoria Arnold - Short-Term

Andrea Duncan - Senior Admin Assistant
Cheryl Duckworth - Clerical Officer
Lindsey McCarthy - Finance Officer - Part-Time
Joseph McNally - Admin
Shannon Wilson - Admin
What Foster Carers can expect from the department

The National Minimum Standards for Fostering Services and Fostering Services Regulations 2011 provide a clear framework for the operation of the Foster Care Service. You can have your own copy of the Standards and Regulations. The policies and procedures of the St.Helens Foster Care Service are in place to fully implement the Standards and Regulations.

Fostering Network

All our foster carers are full members of Fostering Network, a national foster care organisation. Membership provides many benefits including:

• One voting right per family/individual to the Fostering Network members’ issues and elections.
• Legal expenses insurance.
• Legal helpline.
• Discount of 50% for publications.
• Access to the fostering network helpline.
• Access to the information helpline.
• A welcome pack upon joining, followed by a publication pack. The latter contains various signpost information leaflets, a copy of the Fostering Network memorandum and articles of association, foster care finance (regular updates provided).
• Quarterly issues of foster care magazine and family finder.

Mentor

Newly approved carers will be linked with a mentor, an experienced foster carer who will guide and support you during the early days of fostering. Details of the mentoring scheme, including becoming a mentor yourself when you have gained experience, are included in your training profile.

Fostering Support Workers

For carers who are finding the demands of fostering great, a Fostering Support Worker may be able to assist. The worker may take the child out, or whatever support helps you most. As there are a very limited number of workers, we will have to prioritise who we feel needs their services the most. Where the crisis has subsided, the support worker can then be reallocated to another carer.

Access to Records

The department operates an access to files policy. You are very welcome to see it and contribute to it if you wish. Sometimes, information is provided to us about yourselves, such as your references, which are confidential, and obviously we would not be able to let you have access to those.

Further details about access to records are available from your supervising social worker.
The Role of the Supervising Social Worker

The role of the supervising social worker is to supervise and assist foster carers in the task of looking after children placed with them by the local authority.

(a) This role will be carried out via regular meetings or telephone contact with the carer(s) and, where appropriate, family members.

(b) The worker provides a link between the carer and the organisation to ensure that statutory regulations and national standards in relation to foster care policies and procedures are maintained. The supervising social worker will also represent carers’ views back to the department.

(c) Carers will be assisted by the supervising social worker to identify their skills, strengths and weaknesses and be encouraged to participate in training and in carers’ support groups.

(d) In consultation with the child’s social worker, the supervising social worker will advise and support the carer in relation to a particular child and/or family situation, e.g. how to manage difficult behaviour, preparation for moving on, contact arrangements etc.

(e) The supervising social worker will advise and assist the carer in preparing for reviews, conferences, giving evidence in court, and any other meetings.

(f) The supervising social worker will review the approval of carers annually, or at any time when there has been a significant change of circumstances, in accordance with Standards and Regulations.

(g) The supervising social worker will advise and assist the carer in recording information concerning the child in placement, both in terms of care planning and in providing a record for the child of their time in placement.

(h) The supervising social worker will negotiate between the carer and child’s social worker where difficulties or misunderstandings arise.

The supervising social worker will arrange for the provision of equipment and allowances.

Visiting Frequency

Your supervising social worker will visit monthly within the first 12 months. Some visits will be supported by the Fostering Support Worker. If felt appropriate, these visits will reduce to three-monthly after the 1st year. Depending on length of the child has been in placement.

The Children’s Social Work Teams and the Role of the Social Worker

The local authority has a legal responsibility to provide and safeguard the welfare of children. Every child looked after by the department has a social worker who is responsible for planning for the child’s future.

Social workers are responsible for working with you as carers to carry out the care plan. The sharing of information is particularly important - about the child, the family, your doubts - anything which affects the placement.

The child’s social worker should visit within the first week and then six weekly in the first year. After the first year, this could be reduced to intervals of not more than three monthly. Frequency should be discussed at Statutory Review.

Young People’s Team

The Young People’s Team works with young people aged 14+. It is responsible for aftercare. It has an important role in the planning aspect of work with young people accommodated.

Youth Offending Service

This is the team dealing with young offenders. They can also support young people on the edge of approval.
Children with Disabilities Team
The team works with families who need support to care for their children with disability. The Fostering Team has one supervising social worker who oversees the short break carers.

Connexions
Support and advocacy service for young people, aged 16+.

Before a Placement is made
When a social worker from the fostering service contacts you about a child, you should be provided with full information about the foster child and her/his family to enable you to protect the foster child, your own children, other children for whom you have responsibility and yourselves. This will help you to decide whether you are able to accept the placement. You are not under any obligation to accept a placement. However, several refusals of children you are approved to accept will mean that a review of your situation may be necessary.

When making up your mind - think about your own circumstances - abilities, space, effect on the family relationships etc. The duty worker will also be thinking about these things and hopefully a match can be made.

When planning or making a placement, the way in which the particular skills and expertise of foster carers can meet the child's needs will be taken into account.

There are two routes to placement:
1. Emergency.
2. Planned.

In an emergency, in office hours, there is little time to plan or match children's needs to particular carers. Any carer with a vacancy will be considered. When it is out of hours, the same procedure applies, although it will not be the child’s social worker who does the work, but the out-of-hours worker.
Section 4

When a child is placed

Background Information

When a child is placed in foster care. In Foster Care it is the duty of the department to provide as much information as possible about the child. The carers should be given a Placement Information Record. The child’s social worker is responsible for giving carers this document at the time when the child is placed. The Placement Information Record provides baseline information for carers in an emergency and details of the child’s background history, family, the child’s previous experiences and the reasons why they need to be looked after.

If the above information is not available at the time of the placement, because it is in an emergency, you should expect to receive it very shortly after placement, as the department have a duty to provide carers with as much information as possible about the child within 5 days of placement.

Information is vital for you in order that you can care for the child. The more you know about a child, the easier it will be for them to settle and feel secure. Carers are reminded that information about a child or young person and their family is confidential.

When there is time to plan, we try to find the most suitable placement. The child’s needs will have been carefully assessed and a care plan will have been written out. Usually, we try to place children near to their homes and their families and with their siblings, if appropriate. We also have to satisfy legal requirement that the child’s racial, cultural and linguistic backgrounds are met so far as is practicable. A child’s religion, likes and dislikes should be taken into account. In all placements, a child’s wishes and feelings, subject to their understanding, are listened to.

Where practicable, each child has the opportunity for a period of introduction to a proposed foster carer so she/he can express an informed view about the placement and become familiar with the carer, the carer’s family, and other children in the placement, and the home, neighbourhood and family pets, before moving in.

All carers should have an information sheet on file about their families and home, which can be handed to the child/young people. (This incorporates Minimum Standard 9.7)

Legal Position

If the child is accommodated under Section 20 CA1989, their parents hold parental responsibility for them. If there is an interim Care Order, they hold joint parental responsibility with the Local Authority; you need to know this and have a copy of the legal documentation. You cannot give consent to an operation, you cannot change the child’s name or religion, consent to marriage or take them abroad without permission etc. Unless parents agree under delegate powers, consent will be discussed as part of the placement plan meeting and subsequent reviews.

Equipment and Clothing

If the placement is planned, there should be time to provide you with the necessary equipment. All equipment is on loan from the department. Any concerns about equipment should be discussed with your supervising social worker. If you buy equipment yourself, you must consult with your supervising social worker first. An initial clothing allowance of up to £75 will be allocated if a child is placed without adequate clothing.

We have a contract with a company who will be able to supply you with the necessary equipment within 24 hours.

A child may not have many of their own belongings, but you must make sure they are kept safe - they are a link to the child’s past. Their clothes and toys may not be your choice or standard, but they are part of the child’s home life and will be very important to them.
Suggested Clothing and Equipment Needed for Children Looked After

**Babies:**
Nappies
3 babygrows
6 outfits
Underwear/Vests
Outdoor clothing

**Young Girls:**
Coat
2 dresses
1 pair trousers
1 sweater
1 cardigan
3 T-shirts
Underwear
2 pairs pyjamas
4 pairs socks
3 pairs tights for winter
1 pair shoes
1 pair trainers
Outdoor clothes

**Young Boys:**
Coat
3 pairs of trousers
2 shirts
2 T-shirts
3 sweaters
Underwear
2 pairs pyjamas
Socks
1 pair shoes
1 pair trainers
Outdoor wear

**Teenagers**
School Uniform and 3 outfits for out of school

**Girls:**
Dress
School skirt
3 blouses
2 cardigans
Tie
Blazer/Jacket
Coat
Underwear
Nightwear
Socks
2 pairs jeans
2 tops
Shirt
School shoes
Trainers
Outdoor wear
PE Kit
- Skirt/2 pairs shorts
- Top
- Plimsolls
- PE socks
School Bag

**Boys:**
4 shirts
2 trousers
2 sweaters
School tie
Blazer/Jacket
Coat
Underwear
Socks
Pyjamas
School shoes
Trainers
2 pairs jeans
2 sweaters
1 pair trousers
2 T-shirts
Outdoor wear
PE Kit
- 2 pairs shorts
- T-shirt
- Plimsolls
**Equipment**

**Babies:**
- Cot
- Mattress
- Buggy and Cover
- Stairgate(s)
- Fireguard
- Potty
- Highchair
- Reins
- Sterilisation Kit
- Duvet - for over 12 months of age only
- Duvet cover x 2
- Sheets x 4
- Wardrobe/chest of drawers
- Cooker guards may also be required on occasions

**Older Children:**
- Bed
- Pillow
- Bedding (2 changes)
- Wardrobe/chest of drawers
- Other equipment may be considered if appropriate - please speak to your Supervisory Social Worker

**Insurance**

There are three types of insurance that carers need:

1. **Personal protection**
2. **Household buildings and contents**
3. **Legal**

Membership of Fostering Network gives individual members legal insurance as part of their membership fee. There is also a legal 24-hour helpline for immediate advice from regional offices.

As part of their membership of Fostering Network, carers are entitled to £38,000 legal expenses cover against civil and criminal cases caused by a carer’s fostering duty.

Most people would normally have the other two types of insurance for themselves anyway. We strongly advise foster carers to gain insurance cover which includes a personal liability clause. Carers’ insurance needs to cover the cost of damage to their property by the children in their care.

**Names**

Names are important because they are part of our sense of identity. What the child or young person calls you must be discussed first. It is not acceptable that a child, having left their birth parents, should call you Mum and Dad. This gives them a false idea of the relationship they have with you. Each child’s situation is different, so discuss it with the social worker first. Similarly, do not change or abbreviate the names of any children placed with you, unless the child is happy with this.

**Accepting a child into your home**
Ideally, all placements should be planned. Meetings between the carer, the child and the family and the social worker should be the basis for building a good plan for the child. We aim to acknowledge everyone’s positive role even at a time when they feel low. Links between child and family will ensure they can return in the future.

Everyone should meet at the carer’s home for introductions if appropriate. The child should see their bedroom and get to know the family. Visits should become longer each time and perhaps overnight stays could happen for older children. This is often a major hurdle and stressful for the child. Meals can also be tense times. Remember to remain very sensitive and patient, familiar things and smells are very important, hence toys and clothes should not be discarded or immediately washed.

Some children are resilient and, with reassurance, cope well. There are many different reactions - rejection of you, challenging your authority, aggression, demanding attention. Others may distance themselves and withdraw. Some may sleep badly and become unwell. Everyone needs to work together to help the period of adjustment. Given time and patient but firm handling, the difficulties should ease. The strength of these feelings will depend on a number of things, for example how old the child is, whether this is the first upheaval in their life, or whether their life experiences have been happy or unhappy, and these are outside your control.

The settling in process can be frightening for a child - but it is within your control. Some children arrive with little warning. Every family is unique in its lifestyle, so it will take time for a child to settle. Remember to reassure them about their parents - talk about why they are with you, allow them time and space and to express their feelings, even angry ones. Don’t expect things to change quickly. There are three steps in the adjustment process:

1. Honeymoon period - referring to the first few weeks or months. The child may be trying to make a good impression. Sometimes they feel so bad they are afraid that if they show how they really feel, you might send them away. They may be so depressed, they don’t care anymore. Even children who seem contented may not be able to express their feelings.

2. Withdrawal - as they relax, they may need time to get their thoughts together. Try not to intrude at this time. This may be the hardest behaviour to manage because the child is not able to give you anything on which to develop your relationship or help them.

3. Acting Out - the child may now become more challenging - they will take the lid off their feelings and spill them in all directions. No one will know how long this will last. Try to remember that your job is to help them find safe ways to express these feelings and reassure them. Their behaviour may make you angry and you need to find a safe way of expressing your feelings too.

Some reactions to being in a foster placement:
- Behaviour expected of a younger child
- Homesickness
- Confusion
- Insecurity
- Testing out
- Withdrawn and uncommunicative behaviour
- Indiscriminate affectionate behaviour

Your supervising social worker is there to help you through this difficult time - remember, discuss the difficulties as they emerge and keep a record.

Your Own Family

Your own family will also take time to adjust. Your children may feel deserted by you because your time is devoted to another. Your children may copy bad behaviour. Pets may respond negatively. Keep your own expectations of yourself realistic.
The home you are providing may be quite different from that which the child is used to, such as:

- the house may be heated in a different way
- there is different bedding
- clothes may or may not be expected to be folded or put away on hangers
- eating habits are different and there are different mealtime rules in the house
- some people use a cup or a mug
- talking with mouth full is/isn’t accepted
- interrupting when someone is speaking is allowed/not allowed
- many children from single parent households may find it strange if there are two carers
- do you have to ask or wait to be invited to help yourself to a biscuit.

Practical things might be different when the child walks through the door of the home:

- size of house
- beds and bedding
- furniture
- curtains
- carpets
- toys
- food and where it is kept
- language/communication
- garden
- relaxed atmosphere/formal atmosphere
- pets/no pets

A child will notice these differences, and it may cause silent worries.

Some ideas to help children cope with the differences without changing or losing their own identity:

- what was their lunchbox like? Would they like a similar one, or a different one?
- did Mum or their previous carer walk them to school or did they go on their own? - age appropriate
- jobs around the house - are they used to helping? Would they like to help?
- pocket money - did they get any?
- pets - both the carer’s and the child’s. Did they have a pet? Do they like pets?
- play - were they used to noisy play? Did they go to play at friends’ homes?
- comforter - has the child got one? What is it called? Smells are particularly important to children and they usually hate their comforters or soft toys to be washed. Older children may have a comforter but may be embarrassed about anyone knowing.
- clothes - if the child is old enough, let them help you choose what to wear and to select new clothes with your help. Don’t throw away children’s clothes that they bring with them.
- hair - don’t cut the child’s hair or change their appearance without discussing this with the parent(s) and getting their consent. For some families, e.g. Sikhs, there are religious prohibitions on cutting hair.
● a child may be uncomfortable bathing/undressing in front of a stranger - be sensitive and find out what the child is used to.

● school - enable them to go to the same school if at all possible, and discuss any difficulties in doing this with the social worker.

**When the child arrives:**

● start the way you mean to go on

● be understanding

● accept them for who they are

● be super-aware

● make sure you have checked the information given to you by the social workers telling you about the child; ask, if you need more information

● tell the other child(ren) about the new child - keep them involved

● have a welcoming tea where everyone can meet each other

● all children's needs are different. What works for one child may not work for another

● remember, the child has parent(s) and family; talk to the child about them

● if you know, continue with the routines the child is used to, such as bedtimes, and use similar words and phrases.

**Placement Planning Meeting**

This should be held within 5 working days of placement of a child being placed in your care. Your supervising social worker will have arranged a foster placement meeting with yourself and the child's social worker and family member. If appropriate, this could be held in your home. You will all contribute to a written foster placement agreement. The meeting will consider the reasons for the placement and the expected duration. The child's history, health and education, any further equipment you may need. Contact arrangements will be discussed. Your safe care policy will be reviewed in light of the child's needs. The meeting will give you an opportunity to ask for information, advice and guidance.
Section 5
The Child in your Home

(a) General Health

The Role of the Foster Carer

Statutory guidance on promoting the health needs of looked after children, November 2009, provides a statutory requirement to arrange for a healthcare plan and regular assessment for looked after children and young people. These arrangements ensure that medical problems are identified and action carried out. Children may have previously undiagnosed health conditions that will affect other aspects of their life, so healthchecks are important. This also allows sensitive issues to be raised in a non-threatening way. The required frequency of medical examination and health assessments is as follows:-

- On entry into care during the first 4 weeks – in-care medical.
- 0-2 years - medical six-monthly.
- 2-5 years - nurse-led health assessments six-monthly (Health Visitor).
- School age - nurse-led health assessments yearly (School Nurse).
- Out of school/Post-16-nurse-led health assessments yearly (LAC Nurse).

In addition, the Fostering Services Regulations 2011 includes a requirement that the child’s personal history, including health, must be made known to foster carers. This information should be given to the child’s social worker and to foster carers when the placement agreement is drawn up. For children under 5, parents should give the red booklet “Personal Record”, which they have had since the child’s birth, to the foster carer so that health records can be maintained. Should the child not have a red medical book, a blue one will be provided by your supervising social worker.

Each child is different, and attending to the health needs of the whole child must be done in a relevant, appropriate and sensitive manner.

Looking after a child’s health needs is one of the most basic of parenting responsibilities. Good healthcare requires a positive approach to general health monitoring and developmental progress. However, this has proved difficult to maintain for some children who have experienced a number of moves.

Foster Carers will be expected to work with the child’s family and social worker in fulfilling their responsibilities to ensure that a proper child health surveillance programme is maintained and to promote the physical, social and emotional health and development of the child.

Delegated authority will be clearly defined in the Placement Plan to authorise certain kinds of medical treatment, if a child is subject to an interim or full care order.

It remains the right of the parents to be fully involved in all decisions relating to the health of their child and, where practicable, they should play a part in it.

GP Registration

GP registration is a matter for the parents unless the child is on a Care Order. The child should remain with their own GP. Children could be registered with the foster carers’ GP, but only in exceptional circumstances. The GP should know that the child is being looked after.

Medicals/Health Assessments

Foster carers need to know the health plan for the child they care for. All the health information you will need to know should be in the Placement Information form, but make sure you have the following:

- medicines being taken – why, how and dosage
- known illnesses and allergies.
- any appointments that the child has.
It is your responsibility to take children to health assessments when requested to do so. Depending on their age and level of understanding, children cannot be medically examined and treated without their consent. It is the responsibility of the doctor/nurse to decide this.

**Prophylactic and Preventative Treatment**

Immunisations and dental checks are essential and it is your responsibility to make sure this happens. However, certain treatments which seem routine may need special permission - so check it out first with the social worker.

**Accidents and Illnesses**

Any accident requiring medical intervention must be reported to the department - to the social worker for the child and your supervising social worker immediately on the appropriate forms.

**Serious Accident and Illness**

Serious illness or the necessity for urgent medical treatment has to be notified to us immediately. The social worker will inform the parents.

**Where to get more advice**

**Safety of Young Children**

A health visitor (from your local family health clinic or your GP).

**Home Safety**

A Home Safety Officer (at your local council offices).

**Fire Prevention**

A Fire Prevention Officer (look up “Fire” in the telephone book and call the enquiries number).

**First Aid**

British Red Cross
St. John’s Ambulance Association
St. Andrew’s Ambulance Association (in Scotland)
Local branches are listed in the telephone book.
See your telephone directory/internet for local numbers of the above services.

**Dangerous Products or Services**

Trading Standards Officer (in the telephone book).

**First aid courses are offered by the department**

**Medical Treatment – Aspirin**

During June 1986, the Committee on Safety of Medicines made public details of a research project which showed that aspirin may be a contributory factor in the development of Raye’s Syndrome in some children.

Raye’s Syndrome is a rare disease, but has a mortality rate in Britain of about 50%, and some of the survivors suffer brain damage.

Following this announcement, the DoH has advised local authorities that aspirin should not be used to treat symptoms of diseases in children, unless prescribed by a doctor for a specific disease.

Foster carers should not give aspirin to children under the age of 16 years and if they have young persons over the age of 16 years, they should advise them of the dangers which may follow taking aspirin. People with asthma should not take aspirin.
Infectious Diseases (Universal Infection Control)

Control of infection can only reliably take place when exactly the same (universal) precautions are taken in every instance in which direct contact with a potentially infectious substance is likely.

This applies not only when working with children in your own home, but in all situations and places of work.

Rather than identifying “high risk” groups, the emphasis should be on applying the same infection control procedures for everyone and regarding all blood and body fluids as potentially infectious.

Using, as a matter of course, good hygiene procedures at all times, the likelihood of infection is minimised.

The body fluids requiring special care are:-
- blood and blood products;
- urine;
- faeces;
- vomit;
- semen;
- vaginal secretions;
- amniotic fluid;
- breast milk.

The above guidelines apply to HIV and AIDS as well as Hepatitis B/C and other infectious diseases.

You should routinely follow good healthcare practice and the policy of universal precautions when there is a spillage of body fluids.

HIV and AIDS

AIDS (Acquired Immune Deficiency Syndrome) is a condition caused by a virus known as HIV (Human Immunodeficiency Virus). The virus attacks the body’s natural immune system, making it unable to fight infections. Present evidence suggests that 30-50% of adults who have HIV will subsequently develop AIDS.

The virus associated with AIDS is a weak one and can only be transmitted by:-
- the transfer of infected semen or infected vaginal fluids during heterosexual or homosexual intercourse;
- the transfer of infected blood, e.g. on shared needles used for intravenous drug abuse.
- an infected mother to her baby in the womb. These babies carry maternal antibodies for the first two years of life. Caring for such babies should be geared to the assumption that they are potentially infected. It cannot be established whether a baby is infected for at least 18 months.

Whilst the number of infected children in the UK remains low at present, it becomes increasingly possible that such children will be placed with foster carers. Also, since it is not possible to be completely sure of all the background and experiences of any child or young person, it is vital to adopt high standards of hygiene in all placements. These standards are as follows:-

1 Personal Hygiene Procedures

- Hands must be washed after handling any body secretions.
- Towels, face flannels, razors, toothbrushes or other implements which could be contaminated with blood must not be shared.
- Never share toothbrushes, gums often bleed.
- Minor cuts, open or weeping skin lesions and abrasions should be covered with waterproof or other suitable dressings.
Sanitary towels must be placed in the waste disposal unit or incinerator. Tampons may be treated similarly or flushed down the toilet. Disposable nappies should be burned or double wrapped in polythene bags.

2 General Hygiene Procedures

Cleaning: normal cleaning methods should be used. No special disinfectants are necessary for toilets, wash hand basins, or sinks.

Surfaces which have been soiled by body secretions should be wiped with bleach diluted 1:10.

Crockery and cutlery can be shared. Utensils can be hand washed in hot soapy water or in a dishwasher or dish steriliser.

Spillages of blood, vomit and bodily waste should be cleaned up as quickly as possible. Preferably, use disposable gloves. If, however, you use non-disposable gloves, they should be washed in hot soapy water after use. Ensure any cut or wound you may have on your hands is covered with a waterproof plaster/dressing.

If disposable aprons are available, then wear one.

3 Accidents Involving External Bleeding

Cover up any exposed cuts or abrasions you may have with a waterproof dressing before treating a casualty, and wear disposable gloves.

Blood splashes should be washed off the skin with warm soapy water.

Wash your hands both before and after applying dressings.

Most of these standards of hygiene should become second nature in all families. However, some foster carers will know that children in their care either have the HIV infection and have come from circumstances where the risks are high. These foster carers should expect to receive help, support and advice from a range of local specialists via the child’s social worker. These specialists will give advice in testing, management and confidentiality - all of which need careful consideration to balance the needs of the child with the protection of those around him/her. We do not know the HIV status of all the children we place. This means you may have to cope with uncertainty.

If you do know of a positive HIV status, you must respect confidentiality implicitly. For all children placed, there is no expectation of an HIV test being undertaken unless there are very clear reasons for believing that it would be in the child’s best interest to be HIV tested. If this situation arose, the permission of the parents would be needed (and the child, depending on age and understanding). If the child is on a Care Order, the permission of the Director must also be obtained.

Our advice to foster carers, therefore, is that the basic hygiene procedures and universal infection control procedures should be used at all times for dealing with all children in your care, including your own. In this way, the risk of any infection being transferred will be minimised.

Information and understanding of HIV and AIDS must also be seen as a vital part of any child’s age-appropriate sex education, so that young people in your care are aware of the risks as they grow and develop. The aim is to help them become responsible adults who are concerned about reducing the spread of the virus, behaving sensibly without ignorance, prejudice or fear.

Hepatitis B and C

Are 2 of the 3 types of viral hepatitis, which cause infection of the liver. Hepatitis C can cause serious illness, though the majority of those infected recover fully. A small number of people continue to carry the virus in their blood, about 1 in 800 in Britain. Babies born to mothers are generally defined as chronic carriers and may show poor weight gain and jaundice. Hepatitis C is a virus which acts more like HIV. There is also a higher incidence of serious illness than Hepatitis B.

The virus is present in blood and body fluids and so the rule of infection is the same as for HIV, and, consequently, prevention and control of the spread of the virus depends on all the standards of
hygiene mentioned previously. It is transmitted by sexual contact, infusion or injection with contaminated blood or other blood to blood contact, and mother to baby.

Vaccination against Hepatitis B is available, though not a necessary requirement. However, should you feel worried or concerned about the risks to yourself or your family, discuss this with your supervising social worker, the child’s social worker and your GP.

**There is no vaccine available for Hepatitis C**

Hepatitis A is less serious than Hepatitis B, but also attacks the liver. It is transmitted in human faeces and contaminated food and drinking water. The incubation period is about 3 weeks. It causes sickness, diarrhoea and stomach pains, but is not serious to otherwise healthy people. Sufferers usually recover completely in a few weeks and one attack usually gives full immunity.

**There is a vaccine against Hepatitis A**

There is little data in the UK on the risks of Hepatitis A in relation to occupation. Of the groups which may be vulnerable, only those who work with children who are not yet toilet trained or who might bite a carer are relevant to foster carers.

**Sex Education, Sexuality, Sexual Orientation and Contraception**

There are many complex issues to be considered. They include legal considerations relating to the age of consent; potentially different moral and religious views of young people, their parents, carers and social workers; ignorance of the facts of life and sexually transmitted diseases.

There is need for clearly defined roles about who should be advising the young person in the light of the above. This can be discussed with your supervising social worker and could be included in a placement agreement, especially when there is particular concern about a young person’s sexual activity.

Carers are expected to discuss sexual matters with young people when appropriate. Carers need to be knowledgeable and confident about discussing contraception, sexual preference and identity and the consequences of unprotected sex. Carers will be advised and trained in this area. If a young person is sexually active, they should be encouraged to seek advice from an appropriate source. These include the Teenage Action Zone (at the NHS Drop-In Centre in Bickerstaffe Street), the young person’s school nurse or one of the LAC nurses. The Teenage Action Zone is geared up specifically to give non-stigmatising care. Staff there will decide whether the young person is able to give his/her own consent.

**Drugs**

The misuse of drugs, both legal and illegal, can damage a child’s health - sometimes the damage is permanent. Young people need accurate advice and information in language they can understand. Young people need the help of their carers to develop an informed attitude. You should be caring in the same way as a responsible parent, advising and discouraging.

‘Illegal’ drugs are controlled under the Misuse of Drugs Act 1971, which places them in different classes depending on the penalties associated with offences involving the drug. For the following drugs, it is an offence to possess them or to supply them to someone else without legal authority, i.e. when prescribed by an authorised medical practitioner:-

- Heroin and other opiates.
- Cocaine.
- Amphetamines and other stimulants.
- Cannabis.
- LSD.
- Barbiturates.

It is likely that foster carers will at times be asked to care for a young person who has experimented with drugs and is being helped to give them up if they have become users.
Under the Intoxicating Substances (Supply) Act 1985, it is an offence to supply, or offer to supply, solvents to persons under the age of 18 if the supplier has reason to believe that they intend to misuse them. However, as most parents and foster carers know, this is an extremely difficult law to enforce.

**Alcohol, Drug and Solvent Abuse**

Youngsters who are upset and troubled are especially susceptible to others who may persuade them to try drinks, drugs or solvents. They do so for many reasons: to “escape” from a painful experience, seek attention or identify with their peers. In particular, adolescence is a time to experiment and rebel.

Before jumping to any conclusion, or making accusations, ask yourself whether the behaviour you are worried about is an adolescent phase or mood swing. The symptoms can look the same.

**The most common types of drugs**

(a) Amphetamines (sometimes called speed) are usually in pill form and do what they say, give one speed, i.e. energy.

(b) Cannabis: the most widely used, comes in black or brown lumps of resin, or like grass. Also known as hash, dope, weed, head, grass, ganja, gear, hashish, score, draw, marijuana, puff, bash or pot.

(c) LSD: usually as pills, causes lurid daydreams and can leave a feeling of despair after the high.

(d) Cocaine: white powdery appearance, can be sniffed or injected.

(e) Crack: refined cocaine, using other chemicals such as baking powder, is usually smoked and rapidly addictive.

(f) Opiates, e.g. Heroin: white or brown powder, which can be injected, smoked or sniffed.

(g) Ecstasy: usually in capsules or tablets.

(h) Solvents and gases, e.g. cleaning fluids and lighter fuel - can be sniffed to produce effects similar to alcohol.

**Symptoms In General**

- Unexplained sums of money vanishing, or pocket money unaccounted for.
- Sleeps a lot, and when awake is dozy and uncomprehending.
- Slurred speech, forgets simple words.
- Secretive.
- Distant behaviour, or suddenly changeable and erratic.
- Odd smell about the body.
- Unreliable timekeeping.

**What to do to help**

Seek advice and information from the Young Person’s Substance Misuse Team on 01744 673025 and enlist the help of your social worker, supervising social worker and other outside organisations. It is very important to establish the extent of the abuse and the reasons why the young person is taking drugs, as this will determine the way to help them confront the problem.

If a child or young person needs medical assistance, go to your GP, or Walk-in centre, or the Accident & Emergency Department. If you have reason to believe a young person is experimenting with drugs or other substances, or that they have an alcohol problem, you should inform their social worker of your concerns. It would be a good idea to keep a record of your observations of the young person’s behaviour if you were suspicious but had no proof.

In an emergency, if the young person has lost consciousness, do not panic or startle them. Make sure they’ve got fresh air, then turn them on their side, and try not to leave them alone, because of the danger of inhaling vomit. Telephone 999 and call an ambulance. Collect any tablets, powders, aerosols, etc. that may have been used and take them to hospital for the doctor to see.
Hospitalisation

If the child needs to go into hospital, inform the supervising social worker and the social worker for the child.

Going into hospital is frightening and, added to that, they are going to experience a further separation from people they know.

Stay with them in hospital if you can, without neglecting your own family. We may be able to provide assistance if this means additional costs or the need for extra help.

Allergic Illnesses

Asthma, Eczema, Hayfever and Allergy

Asthma affects the lungs, making it difficult to breathe, and is by far the most common chronic illness in childhood.

For those with the condition, asthma attacks are usually brought on by contact with pollens, feathers, animal fur, house dust and house mites, and chest infections and colds. Allergy to food is a less common cause. Other factors may be, vigorous exercise, emotional upsets and sudden changes in temperature.

There are two treatments, ‘preventers’ and ‘relievers’. Please ensure you know how to use the inhalers (practice nurse/school nurse will advise).

Hayfever causes sneezing and running eyes and nose. This may be as a result of a particular pollen and occur annually when that pollen is about.

Eczema

This is quite common and can be from a little dry skin, to skin which is extremely dry, sore, itchy and sometimes infected. The right treatment will go a long way to relieving this. The health visitor or school nurse will provide advice as will your GP’s practice nurse.

Allergy is an abnormal reaction by the body to substances, often harmless, which are breathed in, swallowed, injected or come into contact with the skin. Some allergies are severe and require immediate treatment. Ask when a child is placed if this is the case.

Bed wetting

Many children under the age of seven bed-wet and this is normal. For those who have always done so and are older treatment is available. Health visitors/school nurses and carers can refer the children to the specialist nurse in the incontinence service. For some children who have previously not wetted and day-wet or soil, there may be other reasons.

Dental Care

Dental care should begin as soon as teeth appear.

The age at which a baby can have the first tooth coming through can vary from birth to 18 months or so. In most babies, they begin to appear from about the age of 6 months and usually all the baby teeth are through by about the age of 2 years. There are 20 baby teeth altogether.

The lower middle teeth usually come first.

Teething does not cause illness, although it may cause discomfort.

- Tooth decay is avoidable.
- Restrict sugar-containing foods and drinks to mealtimes.
- If a child is thirsty between meals, give water or very diluted unsweetened fresh fruit juice.
- If a feeder is used, put only plain water in it.
- If a dummy is used, NEVER put a sweetener such as sugar, honey or jam on it. Do not give baby a bottle to suck to go to sleep.
If it is necessary for the child to take medicine, ask your doctor or chemist for a “sugar-free” one. If not available—a child’s teeth and gums should be cleaned after taking medicine.

- Clean teeth thoroughly at least once a day.
- Always brush teeth before going to bed.

Children need help to brush their teeth properly until they are about 7 years old.

Fluoride makes teeth strong. Use fluoride toothpaste. Do not get children to rinse their mouths after brushing. This gets rid of the fluoride you have put on their teeth.

**Regular Dental Checks**

Introduce the child to a dentist at their first birthday. Dental care will be raised at each child’s review.

**Eye Care**

A child with a lazy eye (squint) should have an eye-test. A child will lose vision if it is left untreated. Treatment varies, but may include eye exercises, patching the good eye to make the lazy one work, occasionally an operation is suggested.

See your child's health visitor or school nurse re a referral to the eye clinic if you have any concerns. Sudden difficulties should be referred immediately.

**Foot Care**

Shoes or slippers are not needed until a baby starts to walk.

- It is important to make sure that there is always plenty of room for the child’s toes in the shoes and/or socks, otherwise the toes may be bent and permanently damaged.
- “Babygrows” are very useful items of clothing but can be harmful to a child’s feet if they are too small. Make sure they are regularly replaced.

Children’s shoes should be checked for size every 3-6 months. Their feet should be measured by an approved specialist in a shoe shop.

**Growth & Development**

Most children grow at a regular rate. This may not happen if the child has been ill, or inadequately fed.

Some children may also put on too much weight or lose weight when unhappy or if they are given an unsuitable diet. This will affect their self-esteem and health in adulthood.

A record of a child’s weight and height may be kept by their health visitor, family doctor or school nurse. It is a good idea for carers to measure the children too, and put this in their red book.

**Hearing**

Some young children often have continually runny noses and catarrh. The catarrh can block the passages leading to the middle ears. If this happens, the child’s hearing may sometimes be affected.

In younger children, a hearing problem may lead to delayed speech/language development. It may also cause listening/attention difficulties, all of which may persist in later life.

Poor hearing makes it difficult for a child to understand the teacher in class, which may lead to behaviour and/or learning difficulties. Other children may also ignore them. You may be able to spot a hearing problem if the child:

- turns up the volume on the television.
- shouts rather than speaks.
- does not come when called, if not facing you.
- does not form words correctly.
- behaves very boisterously/disruptively.
Research has shown that having a walkman/personal stereo in the ear for more than an hour a day will cause hearing loss which cannot be put right later. Loud music can also affect hearing. It is essential that children do not listen to i-Pods etc. for long periods, especially at high volume. The health visitor/school nurse can arrange for a hearing test.

**Immunisations**

It is easy to protect most children against infection with a simple course of injections. Every year, several children die unnecessarily from dangerous diseases.

**Sunburn**

It has now been proved that spending too much time in the sun can cause skin cancer. Babies under one year (and preferably all children under 2 years) should NOT be exposed to the sun at all. They should be shaded with a hat and clothes.

Different companies use different numbers for suncream. Check with the pharmacist about the best to use. Apply regularly and after bathing and swimming.

Everyone’s skin can burn, but people with fair skin, usually those with blonde or red hair, are particularly vulnerable. African/Caribbean and Asian skins also burn and need protection.

**Periods**

Many young girls will start their periods at 10 or 11 years of age, others will start much later. Whenever it is, they need to be prepared, both physically and mentally. The need to know about:

- sanitary towels and tampons - they should always have a packet stored in their bedroom so they are ready for the start of their periods.
- period pains.
- vaginal discharge that starts sometime before their periods begin.
- the many bodily changes that will be occurring at that time.

Help them to look forward to this new phase in their life.

An easy to read book on ‘growing up’ would be a useful addition to your library.

**Personal Hygiene**

Make sure children know about the need to wash thoroughly. They should also wash their hands after using the toilet.

Changing into clean clothes regularly is essential. Children also need to be told of the consequences if they do not! With the changes that take place in both boys and girls during puberty, it is particularly important that personal hygiene is stressed.

It is a good idea to have a basic first aid book in the house. The Health Education Authority’s book ‘Birth to Five’ is also very useful.

**Death of A Foster Child**

In the event of the death of a foster child in your care, you will need to be clear about whom you should inform and what action you should take.

The following procedures will help you at a time when you may be confused and distressed:

1. Contact the relevant emergency services - doctor, ambulance, and police. Dependent upon the action they take, ensure that you know where the child is being taken.

2. Immediately notify the child’s social worker by speaking to them personally. If they are not available, speak to their supervisor or a Duty Officer. Do not leave a message - insist on speaking to someone as a matter of urgency.
If the death occurs out of normal working hours, you should immediately notify the Emergency Duty Team. Tel. 03450500148

3. The social worker will take responsibility for informing the child’s parents and anyone with parental responsibility. They will also notify senior management.

4. The social worker will discuss with the parents the arrangements they wish to make about the funeral. Following the death of a child, any legal Order on that child is no longer in place and the responsibility returns to the parents. This is a distressing time and, sometimes, parents and carers can disagree about funeral arrangements. It is the parents’ right to make decisions on these matters.

5. Depending upon the parents’ wishes, you may be involved in the arrangements for the funeral.

6. The Department will make a worker available to offer you and your family support and keep you informed of the procedures and the arrangements. This will usually be your supervising social worker.

7. The Department has a legal responsibility to inform the Secretary of State in writing of the child’s death. They may request further information, and it may be necessary to conduct a formal review of events that happened before the child’s death. The Department also has to inform the Health Authority and the Commission for Social Care Inspection.

8. In the event of a sudden death, there is likely to be an inquest, which you may be required to attend.

(b) FOOD

Diet and Exercise

This does not just mean losing weight, it means thinking about what children eat, how much they eat and why they need certain foods.

The connection between diet and health is now well-recognised.

Try to find ways of getting a child to eat well and healthily; your health visitor or school nurse will be able to give you further help.

It is well-recognised that children are less fit than in the past. This is due to a changed lifestyle. Regular exercise is essential for everyone. It can be running, jumping, bike riding, swimming or any other type of exercise the child enjoys.

Simply walking to and from school or playgroup can be good for everyone. The time can also be spent talking to the child.

Getting children to walk everywhere rather than putting them in the ‘buggy’ or car because it is quicker is strongly recommended.

Diet and Mealtimes

All children need meals that provide them with enough protein, fat, carbohydrate, vitamins and minerals to ensure that they grow to be healthy. It is a demanding task, however, to provide interesting and healthy well-balanced meals for children, especially when some have very definite views about what they will eat. Mealtimes can easily turn into a battle. Good healthy eating habits need to start early, but foster carers often have to deal with a child whose eating habits have developed in a deprived or unhappy atmosphere. Even where this is not the case, a child may refuse to eat unfamiliar food when they have just left home. All sorts of behaviour are possible, overeating, hoarding, stealing, finickiness, refusal, vomiting.

Whatever the case may be, it is always best to avoid confrontation; find out what the child’s eating habits and preferences are and only introduce new eating experiences gradually, at the child’s own pace.

This is especially important for children with disabilities who may need special diets or help with eating.

Some children you will care for may need different diets for religious, medical or cultural reasons. You should ensure that you are given full information about the child’s dietary needs before placement whenever possible, so that you can prepare for the child in advance. You may need specialist advice, this can be obtained from your health visitor or social worker.
Providing culturally varied meals can be an interesting experience for all the family and can help encourage all children to try different foods.

There are, of course, some sensible ground rules to make sure that eating is a pleasant experience for everyone in the family; these include:

- Making mealtimes a pleasant sociable occasion when adults and children can eat together.
- Encourage independence of choice and allow children to feed themselves as soon as possible.
- Take into account a child’s food likes and dislikes.
- Never force a child to eat, or trick them into eating more when they say they have had enough.
- Try not to give sweets and crisps as in-between snacks, try fruit as a substitute.
- Appetites and tastes differ.
- Do not automatically expect the same manners; children learn by example and it is easier on everyone to reward good behaviour.
- Try not to express your own dislikes about food in front of children, it often puts them off trying something new.

When it comes to buying, storing, preparing and cooking food, there is no shortage of information about these subjects. The seemingly frequent changes of view about what constitutes a healthy diet: can, when looked at sensibly, reveal a few simple rules that guide us towards healthy eating. Information is available from the Health Visitor/School Nurse.

**The general rules are:**

Cut down on fat, sugar and salt.

Provide meals which have more fibre-rich foods.

Provide plenty of fresh vegetables and fruit.

Variety and moderation seem to be the key things to remember.

As a child grows up and moves into adolescence, food may again emerge as an issue. Giving a choice is even more important along with opportunities to prepare meals. Of course providing a choice of food can be expensive and time consuming, but young people need to learn about budgeting as part of their preparation for independence. Choice for them in this case includes not only what they eat but how much they can afford.

**Food Safety & Hygiene**

The ten main reasons for food poisoning are:-

- Food prepared too far in advance and stored at room temperature - Remember, always store food in a refrigerator.
- Cooling food too slowly before refrigeration.
- Not reheating food to high enough temperature to destroy food poisoning bacteria.
- Using cooked food contaminated with food poisoning bacteria.
- Undercooking.
- Not thawing frozen poultry for long enough.
- Cross-contamination from raw food to cooked food (i.e. blood from a defrosting chicken dripping onto cooked food).
- Keeping food hot. It should be kept above 63 degrees centigrade.
- Infected (dirty) food handlers.
- Use of leftovers.

Good food safety therefore depends on good standards of personal hygiene and proper storage and preparation of food. New food safety legislation now properly requires a more comprehensive
monitoring of those who prepare and serve meals to others. Generally, these regulations cover shops, cafes, restaurants, mobile food stalls etc. but they also require childminders to be registered with the Environmental Health Department.

Under the 1992 legislation, foster carers do not have to register. Nevertheless, most of the requirements for good food safety are practical commonsense and it is in everyone’s interest to observe them.

**Food Sense Checklist**

- Take chilled or frozen food home as quickly as possible.
- Keep your fridge/freezer at the correct temperature - buy a fridge thermometer.
- Cook food thoroughly.
- Do not eat raw eggs.
- Observe microwave standing times.
- Store raw and cooked foods separately.
- Check “use by” dates on goods, use food within the recommended period.
- Do not reheat food more than once.
- Keep pets out of the kitchen. Wash hands after handling them.
- Keep your kitchen clean and dry, wash and dry utensils between preparation stages.
- Always wash your hands with hot soapy water before preparing food.
- Raw food, particularly meet and poultry should be kept below cooked food in the refrigerator.

**(c) HEALTH, SAFETY & HYGIENE**

**Hazards in the Home**

We all think of home as a place where we can be safe, but every year one in five children has an accident at home which is serious enough to need the doctor or to go to hospital for treatment.

This is not surprising when we consider that homes are designed and furnished by adults for adults, with their comfort and convenience as first priority. It is important to remember that children are not little adults. Introduce a child to the adult environment and it soon becomes apparent that things have to be changed around a bit.

Although both children and adults can have accidents in the home, the most vulnerable period for children is the time between a baby starting to crawl and about the age of four when they are more able to recognise the main dangers.

Children learn through exploration, their natural curiosity and lack of fear are the strongest and most positive factors in their learning process, they are imaginative, daring and inquisitive. Of course, it is precisely these factors that puts them at the greatest risk.

The first safety rule is PREVENTION; so while children are very young they need to be safeguarded against risk of injury from everyday hazards. These include, kettles, cups of tea, climbing aids such as chairs and stairs, electrical gadgets and power points, fires, glass, DIY and garden tools, chemicals, drugs and cleaning materials.

The second most important rule is to TEACH children to recognise and cope with the dangers around them. The learning process has to be gradual, related to the child’s age and ability whilst not inhibiting their natural inquisitiveness.

Children with disabilities may not be able to recognise danger and their needs will have to be anticipated. For example, by taking simple safety precautions and not leaving dangerous equipment or cleaning materials unattended.

Children with disabilities may need greatest safety precautions taken in order that they receive the maximum encouragement to learn from exploration. Foster Carers may need to be more imaginative in their adaptations to the home in order to help children who have a learning disability or limited mobility.
Some of the hazards that children need to be safeguarded against include:

- Choking and suffocation
- Falls
- Scalds
- Poisoning
- Burns
- Drowning
- Cuts
- Play accidents, e.g. children on bikes, skateboards, climbing frames

and of course, children on the roads and in cars are very vulnerable.

Foster carers should discuss the child’s requirements prior to buying child safety equipment, furniture and toys for children, it is important to be safety-conscious. Look for items with the British Standards Kitemark or the European standard symbols, usually prefaced with an E followed by the registration number. All equipment purchased through our supplier, ‘Zero 6’, will have all met these standards. (see seat belts/car safety).

Our Expectations

When a child is placed, the responsibility for their everyday safety becomes that of the foster carers. Like any responsible adult, you must take proper care of the child both inside and outside the home, and with regard to the child’s age and understanding, guiding and instructing them in the everyday hazards of life.

What the department (and the law) expects is that foster carers will exercise commonsense and, if in doubt, ask themselves what is reasonable care. If unsure, ask the advice of the child’s social worker or your supervising social worker.

The legal provisions relating to health and safety are extensive and complex. It is essential to bear in mind the differentiation between criminal and civil liability.

Legal liability for claims of negligence lies with the foster carer and not the approving or responsible authority. The Occupiers Liability Act 1984 imposes a “common duty of care” upon an occupier, i.e. a duty to take care as is reasonable, depending on the circumstances of the case, to ensure that any visitor will be reasonably safe while using the premises for the purpose for which they are permitted to be there. There is a special duty of care where children are concerned.

We expect carers to meet high standards of health, safety and hygiene. Carers should be enhancing the development of those children and young people they care for, by working in partnership with parents and ensuring equal opportunities for those children and their families.

All carers are given a copy of the Health and Safety Checklist, drawn up for foster carers by the Environmental Health & Trading Standards Section. This checklist will form part of the assessment and review process for all carers.

It is the responsibility of the supervising social worker to ensure that all existing carers have a health & safety pack and are aware of the need to provide a safe environment.

At the Annual Review, the supervising social worker will address the relevant issues.

The Issues for Foster Carers

1. The Fostering Network guidance for foster carers on reasonable and prudent practice states that we all have a clear responsibility to ensure that the basic requirements of health and safety of children and young people are met.

2. It is important to positively promote healthy lifestyles and raise the consciousness about health risks.

3. Issues of health and safety will now be incorporated into the assessment and review processes for all carers. There is a legal framework concerning liability for negligence and carers can be found
legally liable. It is the responsibility of the agency to offer appropriate health and safety information and training.

4. We cannot overestimate how sensitive issues of health, safety and hygiene are. As an agency, we must not lose sight of the need to set clear standards to ensure children’s safe and healthy development.

**Pets**

There is a need to balance the problem of dangerous pets with the evidence that domesticated pets have a therapeutic value. There are a number of health risks associated with pets. It is our responsibility to guide carers about hygiene - like regular worming and keeping outside areas free of fouling. In line with the childminders’ guidance, we have to ensure carers know and adhere to the following:

(a) Pets are healthy, e.g. regularly wormed.
(b) Pets are kept under control.
(c) Feeding bowls and litter trays are not within reach of children.
(d) Gardens are free from pet urine and excrement.
(e) Carpets and furniture are kept free of pet hairs.

The safety of children fostered in a family with dogs must be considered carefully. It is always a possibility that a dog may attack a child, the dog may be provoked or merely perceive a threat.

Your pets can help children settle when they move into your family. Sometimes children feel safe with a dog or cat that doesn't answer back and like to talk to them and tell them things. Equally, children may feel jealous of pets, resenting their place in the family and can behave spitefully towards them, sometimes when no one is looking.

It is important to remember that children’s experiences of animals may be very different from those of your own children and family. They may have seen animals teased and abused and may think that this is an acceptable way to treat them.

Don’t leave children you are looking after in a room alone with a dog or cat, even for a short while. No matter how docile and relaxed your family pet may be, they may naturally respond angrily to a sudden action from a child, which hurts or shocks the family. Do not risk this.

We will have talked with you about your pets during your assessment as foster carers. Please let us know of changes in their health or temperament that may affect the care of a child.

**Lifting and Handling**

The Manual Handling Operations Regulations 1992 came into force on 1 January 1993 relating to the safe handling of loads. The Royal College of Nursing has produced a Code of Practice which may be a helpful guide to practice, indicating for instance, that a single person should not lift more than 30 kilos (5 stone). This may be of particular relevance if you are caring for a child with a physical disability.

Again, your supervising social worker should be consulted who can put you in touch with sources of advice.

Any carer involved in lifting should have attended the Department’s short course on Manual Handling prior to taking a placement. These courses are run on a regular basis. You are advised to attend so that you know how to lift properly and do not put a strain on your back.

**Seat Belts/Car Safety**

You may be facing considerable dilemmas about how best to transport children safely if you have more than the 2.4 children that most car manufacturers envisage in their designs! The position about potential overloading is often of concern. As far as insurance is concerned, it appears that while overloading of a vehicle would not necessarily negate cover under a motor insurance policy, it would certainly be considered in the event of an accident, with the possibility of contributory negligence, depending on the circumstances. The issue of safe transport should be discussed with your supervising social worker. We expect children to be suitably restrained in cars.
Leaflets setting out the legal requirements are available from your supervising social worker. The Department is able to meet the cost of installing restraints in your car when you start fostering and will provide the seats necessary on loan. For carers replacing their vehicles, we would expect you to purchase a vehicle with suitable seat belts or meet the cost of installation.

**Keeping Children Safe**

Children should always sit in the back seat of a car. Babies and children should always be securely strapped into car seats for every journey, no matter how short. No car ride can ever be completely safe, but if a child is using the right safety restraint, the likelihood of being injured in an accident is reduced by two-thirds.

Rear-facing infant carriers should never be used in the front of cars fitted with passenger air bags. Children should never travel in the boot area of estate cars unless the model of car is specifically designed to take passengers.

All car seats and restraints must comply with either British or European Safety Standards.

Make sure that your car is properly fitted, as incorrectly fitted seats can be a danger and offer little or no protection. A reputable garage can help you there.

For the first few months, a baby will need the extra support and protection of a head support cushion. Make sure seat belts and harnesses are positioned low on the child's hips to avoid abdominal injuries in the event of an accident.

Never buy a second-hand car seat, as the protective structure may be invisibly damaged, which could prove fatal in the event of an accident.

Always replace the child's car seat as they grow. A car seat that is too small will not offer adequate protection. Car seats must be appropriate to the weight and age of the child and be purchased from Mothercare where trained staff will check that the seat fits your car. You need to ensure the car seat is suitable for your vehicle. This is not obvious to the untrained eye so do not assume that a seat fits without getting it properly checked.

Never carry a child on your lap in the front or rear of a car, even with a seat belt. It is not only illegal, but also highly dangerous, as in the event of a crash you could crush and kill the child.

NEVER LEAVE THE CHILD ALONE IN THE CAR, EVEN IF THEY ARE STRAPPED IN.

**Alcohol**

The use of alcohol in foster homes should be considered in terms of positive health promotion as well as the risks associated with intoxication.

The Government is committed to reducing alcohol-related harm and the Health of the Nation White Paper sets out targets in this area.

Legally, the Children and Young Persons Act 1933 prohibits alcohol being given to a child under five. It is an offence for a person to be drunk in the charge of a child under 7. We would expect carers not to be drunk in the charge of any child at any time.

Carers have a responsibility to encourage positive health promotion through modelling the sensible use of alcohol.

Alcohol will reduce concentration and impair responses and this can lead to unprofessional conduct. Many children will have experienced trauma associated with alcohol misuse.

**Smoking**

Over the past few years, considerable effort has been made to raise public awareness of the many different and adverse effects of smoking on health. The responsibility on local authorities is to promote the welfare of any child looked after, and therefore to take a proactive approach to ensure the child's health is safeguarded.

Young people under 16 should not be sold cigarettes and tobacco! Very young smokers should be
encouraged to break the habit. Rules about when, where and by whom smoking is allowed in and around your home should be clear. Carers are asked not to smoke in front of children under 10 years of age. People who do smoke will not be considered for children under 5.

We will ensure that all carers know about the effects of passive smoking and will be encouraged to give up smoking.

Carers who smoke will have this issue considered by the Medical Adviser and the Panel at assessment and review.

**The Effects of Passive Smoking on the Health of Children**

**Infancy**

Sudden Infant Death Syndrome or cot death occurs most commonly during the first six months of life. About 2 per 1,000 babies are affected and this results in 1,200 to 1,400 cot deaths each year in England. Smoking by carers during this period increases the risk of cot death. The Department of Health has issued clear advice in relation to cot deaths that there should be no smoking anywhere near a baby.

During the first year of life, digestive and respiratory illnesses occur more frequently when parents or carers smoke.

Studies have shown an increased risk of bronchitis and pneumonia in infants whose parents smoked. The risks were doubled in the first year and were highest when both parents smoked, lowest when neither smoked. Children with chest infections who are admitted to hospital are nearly all of parents and carers who smoke.

**Older Children**

In this group also, some respiratory symptoms appear to be caused by passive smoking. Studies also suggest that by this time other adverse effects of earlier smoking can be demonstrated, including impaired lung growth and slower developmental progress.

For older children, parental smoking has been shown to be associated with cough in non-smoking children. The effect is greater when both parents smoke. Other effects include an increase in the number of sore throats. Possibly of greater concern is a reported association between middle ear problems and parental smoking and, since middle ear problems may affect listening and learning skills, the children concerned may be significantly disadvantaged. This association is reflected in another report which related the degree of snoring in children with the number of cigarettes smoked by their parents.

**Active Smoking in Children**

There is clear evidence that the earlier regular smoking is established, the greater the risk of subsequent lung cancer. Early smoking is also associated with more immediate health problems. For example, children who smoke are at risk of respiratory illness, cough, and phlegm production and may result in reduced school attendance. Given the adverse effects of smoking in children and young people, it is important to consider the process by which they become smokers.

This Children's Charter is supported by over 80 different organisations throughout the country and sets out the following aims:

Children have the right to:

- be free from the effects of tobacco when in their mother’s womb
- be brought up in a home that is smoke-free
- expect that doctors, teachers and all those caring for them will set a good example by not smoking
- schools, youth clubs and public places that are smoke free
- be taught about the impact of smoking on health and wellbeing
- be taught how to recognise and resist pressure to smoke
● not be sold cigarettes and other tobacco products
● be helped to remain non-smokers by the high cost of cigarettes
● be free from any form of tobacco advertising and promotion
● live in a community where non-smoking is the normal way of life for all age groups.

For advice on quitting smoking, contact your practice nurse (GP or child’s health visitor/school nurse)

**Fire Risks**

Introducing additional children into your family requires that special attention be given to the risks of fire and evacuating your household in the event of fire. We ask you to install smoke alarms.

**Supervision**

Children under 8 should never be left unsupervised in or out of doors.
Children 8-16 should not be left on their own, unless agreed in the Placement Agreement.
Young people over 16 can be left alone, with the consent of the person with parental responsibility and the social worker.

**Safety in the Home**

**Accommodation**

The following items require attention at approval and review:

a. Windows are fitted with locks. Catches should be out of the reach of younger children.
b. Safety gates are used properly.
c. Stairways are safe - i.e. handrails and banisters.
d. Glass doors are protected by plastic film.
e. Fireguards are fitted, where appropriate.
f. There is adequate floorspace, free of hazards - where children can play.
g. There is safe storage and protection of ornaments and glassware, and plants, etc.
h. The use of free-standing paraffin or calor gas fires is prohibited.
i. Low level electrical sockets are covered.
j. Dangerous liquids, etc. and equipment are stored out of the reach of children.
k. There should be no outstanding building work - this represents a hazard.
l. Carers’ homes should be safe, clean, warm, and well ventilated.
m. Bedroom space must be adequate.

**Bathroom and Toilet**

a. There are adequate toilet and washing facilities.
b. There is provision for soiled nappies, if appropriate.
c. Medicines are out of the reach of children.
d. Water temperatures can be controlled so that children are not at risk of scalding.

**Kitchen**

a. Facilities are adequate.
b. A fire blanket/extinguisher is available.
c. Flexes are not trailing.

**Garden**
The garden is fenced and secure.
It is clean and safe to play in.
Water containers and ponds are securely covered.
Garage doors, sheds and greenhouses can be locked.
Play equipment is safe and secure.
Dustbins are covered.
Drains and manhole covers are clean and secure.

Toys and Equipment
There are sufficient toys and of a suitable range for younger children, if appropriate.
All toys and equipment are safe and clean.

Safety and Accident Prevention
Preventing accidents:
Burns and scalds:
Do not drink or eat anything hot with a baby or child on your lap. Beware of dangling kettle and iron flexes, tablecloths and protruding panhandles.
Always have fireguards in front of all fires when in use.
Falls
Only use bouncing chairs on the floor. Use straps for high chairs and pushchairs and provide and use stair gates.
Do not use baby walkers.
Ensure rails round landings and upstairs windows are in place and working.
Choking and Suffocation
Plastic bags, ribbons and strings should be kept away from young children. Do not use cot bumpers or pillows for babies under 1 year.
Young children often put small objects including peanuts into the mouth, nose and ears - be vigilant.
Cuts
Glass doors and low windows must be protected.
Don’t let young children walk around carrying anything made of glass, or other sharp objects including pencils.
Watch out for lolly sticks or pencils in mouths.
Keep knives and scissors stored safely.
Poisons
Medicines must be kept in a locked cabinet out of reach of children.
Household and garden chemicals must be stored safely.
Know your plants, berries, seeds and toadstools.
Teach children not to put anything other than food or drink in their mouths.
Drowning
Babies and young children can drown in the bath - take care. Be vigilant with children in paddling pools or in the sea. Ponds should be fenced or covered.
Teach children about the dangers of water and to swim as early as possible. Remember, children can drown in just a few inches of water.
Electricity
Provide safety covers for electric sockets.
Beware of worn flexes on any appliance.
Provide a cooker guard if children are very young.

**In the Car**
Special baby seats, car seats, seat belts, booster seats, carrycot belts must be used. Check regularly for wear or fault.

**On the Road**
Use walking reins or hold a toddler’s hand.
Teach children how to cross the road safely using a crossing.
Cycle helmets and cycling proficiency are essential when riding bikes. Make regular safety checks on the bike.
Be sure the child can be seen when walking or riding - fluorescent clothing.

**In the Garden**
Fencing and gates must be secure and designed to prevent children climbing over or opening.
Children’s toys such as climbing frames and swings should be checked regularly.
Pits should be covered when not in use and children supervised whilst playing.

**In the home**
Never leave a young child alone in a kitchen.
Keep matches and lighters out of reach.
Alcohol should be stored safely away.
Do not fill bottles with anything other than that for which they should be used.
Teach children safe cooking habits from an early age.
Tidying up should be part of every activity for children and adults. In this way, stairs will be kept clear, dangerous objects won’t be left lying around and unsuitable toys will not be left near young children.
Take care with DIY, both when doing it and afterwards by ensuring things are safe and tools carefully collected and put away.
Smoke detectors should be checked regularly.

**Outward bound courses/activities**
If any foster child is to attend an Outward Bound Centre, or attempt any activity which involves dangerous pursuits, such as canoeing, climbing, hill walking, etc. the foster carers responsible need to ensure that the Centre/instructors are appropriately registered and qualified.
This approval is registered by the Department for Education and Skills, and all approved centres will have a copy of this document.
Carers organising such holidays/activities, that involve foster children, should discuss the details with the child’s social worker or their supervising social worker, prior to making any definite bookings.

**Finally**
Talk to children about what to do in an emergency such as a fire. Teach them how to telephone 999.

**Inappropriate Relationships**
All children need to know about the dangers of inappropriate relationships and Looked After Children are no exception. As part of your general care of children, teach them that their bodies are private and that they must never go off with a stranger, even if that person has said it’s ok with you. Discuss these
matters with the child's social worker as each child's history is different.

(d) CARING FOR BABIES

Cot Death
There is no sure way to prevent cot death, a rare occurrence, but studies have shown that the following precautions reduce the risk. Current NHS guidance suggests that babies under 6 months should sleep in the same room as their carers.

Babies should be laid down to sleep:
(a) on their backs or
(b) on their sides with the lower arm forward to stop them rolling over. **DO NOT** put anything behind them to keep them in this position.

Do not be worried that babies might be sick and choke if laid on their backs, there is no evidence that this happens. If a child has a particular need they may need to be in a different position. If you are at all worried then speak to your health visitor or doctor.

The right sleeping position is only important until babies are able to roll themselves over in their sleep. Once they can do this, it is safe to let them take whichever position they prefer.

Temperature
Babies should be kept warm, but they must not be allowed to get too warm. A baby temperature gauge should be obtained.

Use lightweight blankets which you can add to, or take away according to the room temperature. Do not use a duvet or baby nest which can be too warm and can easily cover a baby’s head. All bedding should have a British Standard Safety Mark on it.

Recommended Developmental Reviews
Health and development checks are usually done by the family doctor and the health visitor. Young children should be seen at 6-8 weeks.

Sometimes the regular developmental review is included when the child has a statutory medical examination. Carers should check that this is the case. Parents need to be consulted about these reviews and may wish to be present or take the child.

It is very important not to miss developmental checks as these are occasions on which health problems, such as dislocated hips, vision and hearing impairment, and speech, language and learning difficulties are first noticed. Prompt and early treatment is essential to prevent problems later on in the child's life.

“Milestones”: Infants aged 0-1 years, 1-2 years

Babies develop according to a recognised pattern. “Milestones” are the ages at which a child first smiles, sits, crawls, walks, etc. It is a good idea to keep a record of when Milestones are reached. This information may be very helpful when assessing a child’s development. It is also of interest to the child as he or she grows up and may be included in the life story book.

The personal child health record (red book) includes the times of developmental reviews.

(e) CHILDREN WITH DISABILITIES

In General
About one child in twenty has a disability of one kind or another. Many of the disabilities are quite minor and hardly incapacitate a child at all. Others may be more serious, requiring specialist treatment, and, in very rare cases, such as multiple disability, specialist care. Some children will require surgery and/or treatment; the severity or length of treatment will depend on the seriousness of the disability. Other children may need remedial or rehabilitative help over a longer term and this can bring its own special stresses for both child, family and foster carers.

Very occasionally, a child may need help to understand and cope with a parent who is terminally ill, and to come to terms with bereavement. Equally important is the fact that foster carers may need counselling and support to help them look after a child who is seriously ill or who may be dying.
In most situations, foster carers will be given information about the child’s health needs at placement. It is not uncommon, however, for foster carers to discover that a child has a special need after placement which, for one reason or another, had not been previously identified.

The family GP and health visitor, along with the child’s parents, and social worker, need to be consulted in order that the appropriate treatment is provided and proper plans made for how each person will be involved.

Children from particular ethnic groups may be at risk of inheriting certain diseases, for example, thalassaemia and sickle cell disease. Neither disease is contagious, but children with these diseases do require special care and treatment.

Useful information can be obtained from GPs, health clinics and specialist organisations.

It is likely that children with serious disabilities may be more likely to need occasional alternative family care as their condition, often in itself, causes stresses that create difficulties for families. For this reason the Short Break Scheme has been set up, whose aim is to provide regular respite care to families who have a child with a disability.

Some carers may need specific training and we will provide this, e.g. sign language.

Some children will be entitled to extra benefits - we can advise you of these e.g. DLA.

Fostering a child with a significant disability can be a very tiring, time-consuming and isolating task - trying to balance family commitments with the child’s needs. You will need close and regular support from your supervising social worker, who may be able to arrange some respite care (particularly if the child is placed with you long-term).

Sharing the tasks with parents will also help. For example, taking the child on frequent out-patient appointments to hospital.

The department is responsible for providing any specialist equipment, adaptations and aids to daily living needed to provide the child with stimulation and a degree of independence.

Privacy is important for the child, but they should not be restricted or excluded from main areas of the house.

The Department is also responsible for ensuring that the accommodation is safe and that access to entrances and exits are suitable for a child with disabilities in the event of a fire or other emergency.

Particular skills and a sensitive approach are needed for working with children with special needs or disabilities and their families, not just in dealing with the effects of the disability, but the disadvantages and discrimination which the child is likely to suffer.

How carers can help children with disabilities

● obtain as much knowledge regarding the special needs/disability as possible
● have high but realistic expectations of the child
● stress the good things a child can do
● praise the child, reassure them
● encourage the child to take part in a wide variety of activities
● help/teach them to play
● help the child to mix with others
● help them become as independent as possible
● don’t treat them differently
● talk to them, discuss, explain
● sometimes, children with special needs need firm boundaries - set them
● be patient
● social skills may also need to be taught such as eating, drinking and using the toilet.
Speech and Language Problems

In many ways, what a person achieves in life depends on how well they communicate. In other words, learning to communicate is of great importance to everyone. Too often, problems occur because people cannot talk to each other. Our whole education system is based on language, both spoken and written. It is therefore never too early to start to help a child develop language skills.

Language and Talking:

- should be fun
- should be natural
- should take place all the time.

Do not try to change what children have learned already - they will learn by example. If a carer who is worried that a child’s speech and language is not as it should be, the carer can contact the health visitor/school nurse who can offer specialists to help.

What is important is that a child’s language and vocabulary has had a chance to develop outside the home.

- looking at and reading books
- talking about events and everyday activities
- experiences such as visits, cooking, playgroups/toddlers’ groups/school/clubs
- mixing as much as possible with other children.

As a rough guide:

- At 18 months, a child should have 9-20 words.
- By 2 years, around 50 and beginning to put two words together.
- By 3 years, quite chatty, starting conversations, asking questions, speech becoming clear with continued increase in language skills throughout the early years.

Many people misinterpret a speech and language problem as laziness or being naughty.

- does the child have difficulty following instructions without visible clues such as pointing?
- does the child not hear if spoken to from behind?
- does the child have a problem understanding what is being said?
- does the child have difficulty expressing ideas in words and rely on non-verbal communication such as pointing/taking you to things?
- does the child rely on a brother or sister to translate for them or not bother to try to understand?
- is the child’s speech difficult to understand in comparison to children of the same age?

If you think there is a problem, ask for help sooner rather than later.

One in twenty children will experience what appears to be stuttering or stammering. To help them come through this without developing a permanent stammer, do not react or tell them to slow down. Ignore it. These periods of stammering sometimes start as a result of major life changes such as starting school. Most will stop within three months but if not - seek advice.

How carers can help children develop speech and language skills

- talk to them as much as possible;
- include them in conversations;
- ask questions;
- be patient; wait for their answers;
● listen to the child and respond;
● say the correct sentence/word;
● do not put them under pressure or demand speech.

The more talking and repeating correctly children hear, the more confident they will become and their speech and language will develop naturally.

Watching TV alone or with other children will not often help develop children's language skills. They may be entertained but they will not develop language skills unless an adult sits with them and talks about what they have seen afterwards.

**Accents and Dialects**

Accents and dialects are very valuable parts of everyone's heritage and must be respected, preserved and valued.

Children must learn to communicate in the same way as the community in which they belong. This may sometimes be difficult for carers to accept.

The National Curriculum requires that all children should learn standard English and be able to use different language styles depending on the situation, as we all do every day.

As children get older they often pick up words, phrases and language that may upset their parents/carers. This is a natural part of their development and if ignored will usually soon disappear.

**Management of Behaviour**

**In General**

Disciplining children to develop an awareness of danger and respect for the needs of others, as well as helping them to develop appropriate self-control, is a daunting responsibility for all parents. Most parents use the experiences of their own childhood as a basis for the skills they need to bring up their own offspring, and follow especially the models provided by their own parents, families and friends. The way in which children's behaviour is managed, and the means by which they gradually develop and take responsibility for themselves, varies from family to family. All parents have the right to exercise responsibility for their children in their own way. This is a private matter, provided that the child's legal rights to protection from physical or mental injury or abuse are not violated.

For children in foster placements, behaviour management is far more prescribed.

All children misbehave at times and present unacceptable behaviour; all of them require some form of control and accept that sanctions are a consequence of inappropriate behaviour. Sanctions and control are therefore seen as essential elements in the maintenance of good order and discipline. Their exercise, in conjunction with routines and a consistent approach, offer considerable security to children.

The message to the child should be clear - "We accept you as a person with rights, feelings and individuality; we reject those things you do which make trouble for yourself, or for others, and which keep you from growing as a competent, autonomous human being".

Caring for children also involves controlling them, defining the boundaries beyond which behaviour is unacceptable and disciplining them when these boundaries are over-stepped.

Positive discipline can begin at around the age of three years, when children can understand what you want and can choose whether to do as you ask or not. By about five, the child can both understand what you want and why, so that they do not need telling all the time and your control continues even when you’re not with them. After a few more years, your control becomes the child’s self-control. Good discipline won't be outside orders anymore but the encouragement of the inner discipline we call “conscience”.

Children learn how to behave by watching, listening and talking to the adults who care for them. Children develop their values from what adults are like as people (with everybody, not just them) and base their behaviour more on what you do than what you say. So the more you treat a child as a real and valuable person, the more they will behave like one.

It is well-documented that children need strong boundaries, which can bend and be flexible, but which
will not break under pressure. So clear, consistent rules which are based on fair, reasonable principles are vital to secure family life. In most families these fundamental principles evolve as children grow and develop. However, as foster carers, you have the problem that you have to integrate a newcomer into your family who is unlikely to share all your discipline values. So whilst you are keen to make this newcomer welcome and comfortable, you perhaps fear enforcing too many “rules”, but also fear abandoning your fundamental principles which your own children live by. These conflicting fears are perhaps an unnecessary burden for you; if you can view your “rules” and “boundaries” as positive, your newcomer will feel more comfortable and secure.

Whilst it is, therefore, important to establish the “rules”, which underpin your family life, with your foster child; there are some issues to remember:

- Since your foster child is new to your home, they will not know or understand your rules unless you explain them.
- They will not have lived with these rules for as long as your own children and so will not keep them immediately or necessarily easily.
- You need to remember that some of the ways you organise your family life may be very different to your foster child’s previous experience and so where these differences do not challenge your fundamental principles, you may be able to negotiate a compromise.

In summary, you need to establish a hierarchy of rules, stand firm on some and be flexible on others. All this is only difficult in so much as it feels unnatural to analyse and scrutinise a family lifestyle which has evolved over years. When you are trying to introduce a newcomer, they have to catch up with and understand this and so they need your help. You will need to be clear about your family rules and expectations.

The purpose of punishment should be to stop a child from infringing the rules, not to vent your anger and frustration. So when considering punishment, “effectiveness” should be the keynote. A second and equally important feature should be “fairness” - you need to be satisfied that the child understands what they did wrong and that their punishment feels fair and reasonable.

To fulfil the two demands of “effectiveness” and “fairness”, the following ideas might prove helpful:

- The fact that punishment will be the result of some misdemeanour needs to be stated, e.g. “if you do that again, I shall have to send you out of the room until you are ready to behave properly”.
- Punishment has to follow the wrongdoing reasonably closely in time; so that the wrongdoing and the punishment are linked in the child’s mind.
- Punishment should fit the wrongdoing, for example; “if you scribble on the wall, you must help clean it off before you go out to play”.
- There needs to be stages in punishment, so that you don’t reach your final sanction too early and thereby feel you have no control. For example, if your foster child is doing something wrong, explain why that behaviour is not acceptable and firstly you may tell them to stop; you might then raise your voice; you might then go over to the child and remove them from what they are doing, and at any stage in this process the child may stop the offending behaviour.
- Expectations of behaviour and the punishments for misbehaving must be appropriate to the age and experience of the foster child.
- As a foster carer involved in disciplining someone else’s child, it is important to take into account the child’s previous experiences of discipline/punishment. This is especially important for children whom been neglected or abused; for them, being isolated in a room may remind them of old fears and unhappiness.

Finally, it is important to remember that children, in the main, do want to please and seek their love, approval and attention.

Misbehaving may be a way of gaining your attention. If you tend only to respond to bad behaviour and not when the child is playing happily, they will soon learn how to get your attention!

If you experience continued difficulties with managing a child’s behaviour, you should feel free to
discuss this with either your supervising social worker or the child’s social worker before it becomes completely unmanageable. They will be able to offer practical ideas of management, also perhaps help you to understand the behaviour and finally simply offer a “listening ear”.

We need to be clear in our thinking about managing behaviour to avoid using threat or force in any way. Behaviour management should not be based on punishment. Training is available in parenting skills and CAMS consultations.

Why Corporal Punishment is not allowed

Corporal Punishment - What The Law Says

The Fostering Services Regulations 2011 specifically state that no corporal punishment can be administered to a child in foster placement. This is one of the matters that you agree to when you sign the Foster Care Agreement.

What is Corporal Punishment?

Corporal punishment includes smacking, hitting, slapping, pushing, pulling or shaking of the foster child, or using an implement (e.g. a belt, hairbrush or slipper) to punish a child. It also includes continually shouting or being verbally abusive or using threatening and intimidating behaviour. This is not an exhaustive list - see “Allegations of Child Abuse by Foster Carers" document. Using the minimum necessary physical force to protect a child from danger is not corporal punishment.

Control Measures

It is widely recognised that the best way to control children’s behaviour is by setting a good example, and rewarding good behaviour. Foster carers should endeavour to make and maintain positive relationship with young people and, wherever possible, maintain control through these relationships. Foster carers have a responsibility to challenge unacceptable behaviour and make efforts to manage the behaviour of children without the use of more formal measures. Children need to know what is expected of them in a manner appropriate to their age and understanding.

Unacceptable behaviour that should be challenged includes:

- Aggressive behaviour
- Abusive, sexist or racist language or behaviour
- Bullying
- Alcohol/drug/solvent abuse
- Inappropriate sexual behaviour
- Malicious damage to property

Many children looked after by you will go through some of these behaviours from time to time, often as part of their distress or as a result of past experiences. Whilst being understanding of this, the children still need to know what is acceptable. With the help of the child’s social worker, you should try to encourage the child to work through their feelings and emotions in a more acceptable way.

Permitted Disciplinary Measures

Sometimes, you might have to use methods of discipline to manage or modify a child’s behaviour.

The following measures are acceptable:

- Extra jobs around the house.
- Restriction of treats or outings, or regular activities.
- The use of a proportion of the child’s pocket money to pay for damages, etc. - this shouldn’t be more than 2/3 of the total amount of weekly pocket money.
- Earlier bedtime or coming-in time.
- Confiscating possessions that are a nuisance or a risk to others.
f. Grounding to the home: this may be necessary if the child has been going to places he/she should not have been, or mixing with people that puts them at risk.

- The grounding should not be more than 24 hours;
- The child should not be grounded by being locked in;
- Older children should not be physically prevented from leaving the building, unless there is a clear risk to themselves or others (see section on physical intervention);
- Children should not be denied access to a telephone;
- Food and drink should not be restricted.

**Example:** Separating the child for a while

- This should only be for very short periods and no longer than 15 minutes, two or three minutes is more appropriate for a very young child;
- Food and drink should not be restricted;
- Children should not be locked in rooms.

If you have any queries about how to handle any aspect of behaviour, contact your supervising social worker.

**Methods of Discipline which aren’t permitted**

a. As stated earlier, any form of corporal punishment.

b. Deprivation of food and drink as a punishment. This doesn't mean where foster carers limit access to food and drink in their role as a good parent.

c. Deprivation of sleep by keeping children awake during the night (or day, for younger children) - this doesn’t mean getting children up for school in the morning!

d. Requiring a child to wear distinctive clothing or a distinctive hairstyle.

e. Deprivation of medical or dental treatment.

f. Deprivation of heat or light.

g. The use of prescribed medication to manage behaviour.

h. Deprivation of access to a telephone. This doesn't mean lengthy social calls which you would restrict in your role as a responsible parent.

i. Altering planned contact with family members as a punishment.

j. Being disrespectful to the child whilst carrying out the disciplinary measures. We all have a responsibility to report the use of disciplinary measures which aren't permitted to any Social Services member of staff.

**Other issues**

Sometimes, it may be necessary to search a child’s room, possessions or clothing. This should only be done, especially with older children, if you believe that the child has an item which is illegal, is the property of another person, or that there is a risk of harm to the child or to others. This should be done with the child present, wherever this is practicable.

Intimate, physical searches of a child should never be carried out! If you have cause for concern, contact the child’s social worker immediately. In some extreme cases, with older children, if there is immediate concern, you may need to consider informing the police.

**Physical Intervention**

Only in extreme circumstances e.g. to prevent harm to a person or property, should carers physically intervene in situations involving children. It must be used in the context of care, never as a punishment.

When physical intervention is required, carers should always:

- Preserve the child’s safety and dignity;
- Only use the minimum amount of force necessary to secure control or manage the situation;
● Inform your supervising social worker and the child’s social worker, so that the incident can be recorded centrally;

● Make sure that others are kept safe, e.g. physical intervention must be used if there is a danger to others.

When is physical intervention permitted?

● When a child is attempting to harm themselves or others.

● When a child is damaging property.

● If a child is behaving in a destructive manner and other ways of managing the situation have proved ineffective.

N.B. You should have reason to believe that there would be a risk of harm to the child or others if you did not intervene.

● If a child is attempting to abscond and as a result of this there is likely to be a risk of harm.

Types of physical intervention that must never be used:

a. Striking a child - this includes punching, slapping, kicking, butting;

b. Biting or punching a young person, or pulling a child’s hair;

c. Throwing objects at a child;

d. Holding a child by the neck or throat;

e. Twisting or bending a child’s limbs or fingers in a manner that causes them pain;

f. Restricting a child’s breathing in any way;

g. Any action that causes pain or suffering to a young person.

Physical intervention should only be used as a last resort. It is acknowledged that the use of physical intervention places considerable demands on carers. Every episode will be monitored by the Team Manager and discussed with you by your supervising social worker. Constant review of practice will enable carers to feel supported.

The social worker will, where appropriate, go through the principles of control measures and physical intervention with each child.

Guidance

If you have to use physical intervention, there are a few general points to be aware of:

a. if possible, the child should be told what will happen if their actions continue;

b. remain aware that every effort should be made to prevent the child being injured;

c. as soon as the child calms down, the intervention should stop.

Using physical intervention

Carers can physically intervene in any of the following situations:

a. A child is trying to harm themselves or others.

We have a responsibility to prevent children hurting themselves or others, and carers should physically intervene to prevent this.

b. A child is damaging property.

Carers should distinguish between an isolated incident which happens in a moment of anger or more widespread destruction of property. In the latter case, the use of physical intervention may be appropriate, whilst an isolated incident might not be.

c. A child is being disruptive or destructive.

This may include repeated spitting, verbal abuse, attempts to damage property. You need to have tried other ways of controlling the child before resorting to physical intervention, e.g. verbal warnings, or you might be required to intervene if that is the only way of controlling the situation.
d. A child tries to run away and is likely to be at risk of harm.

Often children ‘run away’ to the bottom of the garden, to cool off. Physical intervention should only be used if you think the child will put him/herself at risk by running away. You’ll need to take account of the child’s age, ability, needs and emotional state, and the time and circumstances in which they are trying to run away.

What types of physical intervention are permitted.

Making sure that no one gets hurt is the main priority. If physical intervention is required, you can:

a. stand in front of a child to prevent injury to others;

b. hold a child with their arms by their sides, in a sort of ‘bear-hug’, until they calm down;

c. hold on the floor, by holding arms and legs to prevent the child lashing out. Take care not to restrict breathing in any way;

d. hold an arm to prevent a child cutting themselves or hold their head to prevent head banging;

Should physical intervention be used, please record the event and inform your Supervisory Social Worker as soon as possible.
Safeguarding

Definitions of safeguarding

Child Abuse

Abuse is the repeated maltreatment or neglect of a child by an adult or other child which results in injury or harm or emotional distress.

Categories of Child Abuse include:

Physical Injury:

Actual or likely physical injury to a child, or failure to prevent physical injury (or suffering) to a child, including deliberate poisoning, suffocation and Munchausen's syndrome by proxy - includes shaking, smothering, beating, burning, deprivation of food or other necessities.

Emotional Abuse:

Actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill-treatment or rejection. All abuse involves some emotional ill-treatment. This category should be used where it is the main or sole form of abuse - it includes not providing love, praise, and physical contact like cuddling.

Neglect:

The persistent or severe neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold or starvation, or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive.

Sexual Abuse:

Actual or likely sexual exploitation of a child or adolescent. The child may be dependent and/or developmentally immature. This includes incest, indecent assault, sexual intercourse or involvement with pornographic material.

Child abuse has no boundaries and is not affected by class, race, culture, wealth or intelligence.

Child abuse and the Internet

Contact made initially in a chat room is likely to be carried on via email, instant messaging services, mobile phone or text messaging. There is also growing cause for concern about the exposure of children to inappropriate material communication technology, e.g. adult pornography, and/or extreme forms of obscene material. Allowing or encouraging a child to view such material will warrant further enquiry. Children themselves can engage in text bullying and use mobile camera phones to capture violent assaults of other children for circulation.

Where there is evidence of a child using ICT excessively, this may be a cause for concern more generally, in the sense that it may inhibit the development of real world social relationships or become a factor contributing to obesity. It may also indicate either a contemporary problem or a deeper underlying issue which ought also to be addressed.

There is some evidence that persons found in possession of indecent photographs/pseudo photographs of children are likely to be involved directly in child abuse. Thus, when somebody is discovered to have placed or accessed such material on the internet, the police should normally consider the potential likelihood that the individual is involved in the active abuse of children. In particular, the individual's access to children should be established, within the family, employment contexts, and in other settings (e.g. work with children as a volunteer or in other positions of trust), if there are particular concerns about one or more specific children, it may be necessary to undertake s47 enquiries working closely with the police, ensuring appropriate notification to the Internet Watch Foundation of concerns about possible child pornography and other illegal materials on the internet.

The following procedure should be followed, and strictly adhered to if suspected indecent pictures of children are discovered on a computer hard drive or disc.
Keep mobile phones away from computer equipment – they can interfere with machines.

If machine is switched off, do not switch on.

If switched on, do not attempt to shut down programmes or the machine-record accurately any on-screen messages and switch off power at mains outlet.

Ensure computer is secure – do not permit any examination of the computer – do not move or disconnect any cables – secure the room in which it is housed, if possible.

Secure any floppy disks, and other media [e.g. tapes], if possible, in existing containers.

Contact the Police immediately.

Ensure that any computer manuals are available to the Police.

Ascertain, if possible, all persons who have had access to the computer, for information of the Police.

Training now available via our Training Section on E safety.

FOSTERING A CHILD WHO HAS BEEN SEXUALLY ABUSED

The term ‘sexual abuse’ covers a wide range of sexual activities, which are punishable offences within the law. Included within these are incest, anal intercourse, interference, indecent exposure and supplying pornographic material. Children who are victims of sexual abuse will have widely differing experiences, from inappropriate touching to full vaginal and anal intercourse.

If a child has been sexually abused it will be difficult for them to talk about what has happened and to discuss the feelings that it has aroused. Therefore, it is essential that all adults concerned with children have the ability to communicate and discuss sexual matters openly and without embarrassment. Discussions and attitudes to sex will be part of any foster carer assessment procedure.

The history of a foster child is usually not known in depth by the social worker and may not be given to you by the parents. The child will also take time to acquire the confidence to be able to talk about private matters. Children who have been abused may find it difficult to trust adults or may approach adults indiscriminately.

The effect of sexual abuse, like other forms of abuse, can remain for life. Although an adult may be able to come to terms with having been abused, it may nevertheless affect their behaviour if they lack confidence and self-esteem, and it is particularly likely to affect their capacity to maintain a stable sexual relationship.

Children who have been abused behave in very different ways depending on their personality. Some will act in sexual ways, some will become very aggressive, and some will become even more withdrawn. However, there are some behaviour patterns, which might make you suspect sexual abuse as a possible cause for concern. The following list is not exhaustive, but will give some clues:

- Actual signs of physical assault in the genital area, e.g. bruising, bite marks, itching, pain when passing urine, sore vagina or anus.
- Infections, e.g. sore throat (infection from penis to mouth), venereal disease, recurring urogenitary infections.
- Chronic ailments, e.g. headache, stomach ache.
- Difficulty in walking or sitting, or what appears to be periods starting which do not recur - all these may indicate some damage to the vagina or anus.
- Indications that the child has blocked himself off from the body sensations and feelings, e.g. a tendency to curl up in a foetal position as if back in the womb, wetting or soiling or deliberately holding back when there is need or desire to go to the toilet. A child may be stiff in stature.
- Pregnancy.
- Overdose or drug problems.
- Sleeping problems, they may have nightmares, wear a lot of clothes in bed, have difficulty getting off to sleep or want to lock themselves in their bedroom.
A baby may cry and stiffen excessively when its nappy is changed.

Sexually acting out or unusual behaviour, including mock intercourse, excessive masturbation in public places, an awareness of sexual activities which would not be expected, sexually provocative or promiscuous behaviour and flirtatiousness.

Lack of trust in adults, which in girls may come out as an aggressive behaviour towards male teachers in school.

Children may be isolated from their peers, particularly because of their experiences and partly because the abuser kept them in the house as much as possible.

Changes of behaviour, often noticed in school. Even a child being excessively good.

Eating problems - the child may over-eat or may become anorexic.

the child may not like normal physical affection, as in the past these have led to sexual contact.

Strange reactions to presents, because in the past gifts from adults have been associated with sexual activities.

Self-mutilation, e.g. cutting up, picking at skin.

If a child displays any of these symptoms, it should be recognised that sexual abuse could be a possibility, discuss your concerns with a social worker. The pace must not be forced as it could become difficult for the child to talk about it at all. A physical examination may confirm some forms of abuse, but it will not disclose, for example, masturbation by the adult in the presence of the child.

Children rarely lie about being sexually abused. It is difficult for them to talk about it and, when they do, the adult whom they are trusting must believe their story. Often the effect the abuse has on children in later life depends on the reaction of the person they told first.

It is therefore vital:

- to let the child know you are listening.
- to believe the child.
- to reassure the child that it is not his or her fault.
- to say that the perpetrator was wrong.
- to tell the child that he or she was brave to talk about it, and you are pleased they did.
- to tell the child that he or she will be protected.
- tell them what you will do next and you understand their mixed feelings.

Hold the child's hand but do not cuddle them. Sit or kneel close to them and allow the child to come to you. If at any time you are touching or holding the child at their invitation, be aware of any stiffening or flinching, if this happens - relinquish your hold at once and tell the child you are sorry, you had not remembered that they might be sensitive.

It is important to make this explicit as the abused child very quickly loses trust and can misconstrue an innocent gesture.

The child may well begin by asking that the information be kept confidential. It is impossible to agree to this, and therefore it may be helpful to say, before the child starts, that you cannot keep it a secret and that you will have to do something about it. Because it is a difficult subject, telling you is going to be difficult. It is most important to remember exactly what the child says and record this as soon as practicable able to do so.

If the child is giving you sexual details, check out the words they use for the genital areas and don't correct them. Do not ask questions who, what, where, when – listen.

If this is the first time information about sexual abuse has come to light, or there is additional information, tell the social worker immediately. Let the child talk naturally about what has happened in their own time and at their own pace.

If this is the first time that the child has told of the abuse, he or she will probably have to talk in detail to
the police, but at such an interview, you could be asked to be present. The police involvement will be organised by the social worker.

A police interview may involve a thorough medical examination. This can often be done at a hospital or surgery rather than at the police station. This can be yet another frightening experience for a child, and you should try to explain why this is necessary and what is likely to happen.

How can foster carers meet children’s needs in a practical way?

Although the following list of suggestions is just as important for any child who is living away from home, some aspects are vitally important for a child who has been sexually abused. They are included in detail here because this is a difficult, sensitive area of work and one in which foster carers are increasingly being asked to cope and where they may need extra help to carry out the task.

Children taken away from their own homes lose their own territory. However welcomed and cared for they may be in their substitute home, it is not their own place so they do not feel safe when they first arrive.

Safety depends on having your own familiar territory and familiar belongings.

Keep with the child as many of their personal possessions as can be gathered up. This is especially important if the child you will be caring for is from a different race or culture as the foster home may not have toys, clothing or toiletry articles that are familiar to the child.

Where possible, use the child’s own clothing, a slept-on pillowcase which will smell familiar or perhaps a bar of soap from home.

For a young child, the unwashed cardigan of her/his mother which s/he can wear on top of her/his own clothes when indoors or take to bed for comfort will help comfort and reassure the child.

Bedtimes present special difficulties since the abuse may have occurred there.

Foster carers need to help the child to determine who will be sleeping where, take them all over the house, help them to draw a map of the home. Show the child where they will be sleeping. If the child is in a room of their own, make out a notice for the child which says “this is ______’s room. Please knock and say who you are.”

Let the child give permission to people to come into their sleeping space. If they are sharing a room, consider using a piece of string to mark out territory to separate individual space. The child would then give permission to anyone who wanted to step over the boundary. This may sound extreme, but a sexually abused child has an urgent need to recover self-respect and control over what happens to them.

Privacy should be ensured in the bathroom. Care should be taken not to touch the sexually abused child when they are undressed. The child should be told that no one will touch them unless they have said they may.

The following suggestions help:-

● a sleeping bag which the child can zip up. (This encapsulates the child).

● Taking a familiar object to bed.

● A cuddly blanket.

● A torch.

● A drink beside the bed.

When the child goes to bed, spend 10 minutes uninterruptedly listening to the child’s description of their day, thoughts, fears.

Remind the child of what will happen on the next day - this removes some of the fear of the unknown.

For the sexually abused child, the following is especially important:-

● Do not touch the child, but tuck them in.

● Blow a kiss goodnight.
- Check whether they want the light on or off.
- Check whether they want the door open or closed.
- Remind the child where they can call you if they have night fears.

If the child calls out in the night, stand at the door and say who you are and ask if it is OK to come in.

Let the child choose what they want. That way they will begin to regain control over their own body and what touches it - a decision that has not previously been theirs.

When a child with learning, physical or sensory disability is being cared for, it must be remembered that physical contact may be the primary means of communication. Where a child has been sexually abused, the foster carer needs to be extra sensitive to the child's needs and wishes. Privacy and respect need to be carefully considered, especially where children need a lot of physical care. A foster carer should ask permission before helping with intimate care, i.e. toileting and feeding. There should, of course, be "proper" physical contact between the carer and child as would be expected between "good" parents and their children.

Where an abused younger child needs to share a bedroom, care needs to be taken to ensure that each child does not feel they are being singled out for special treatment.

Confusion is inevitably one of the child's greatest problems; feelings for the abuser swing violently between hatred and love. Foster carers can be very important in helping a child deal with this confusion.

Anger and revulsion felt by many carers towards abusers make it difficult for them to feel sympathy for anyone who loves the abuser. It is important to remember that foster carers may only be able to see the damage that has been done, they have never received loving kindness from the offender. The foster carers need to be careful not to give the message that it is wrong for the child to have good feelings about the abuser.

Foster carers often want practical ways of helping the sexually abused child cope with their feelings about the abuser. You could suggest that the child writes a list of:-

- Any good things the parent/abuser did.
- All the bad things he or she did. Explain that the bad happens alongside the good. Bad does not cancel out good, the good still happened, but that does not make the bad bit alright.

Where a child has been sexually abused, foster carers might expect to find disturbance and distress. In addition, there may be difficulty in accepting food or drink; sleeping disorders and anxiety might also be expected. When you consider what might have been forced on the child, it is not surprising that she or he might be reluctant, or unable, to cope with normal daily experiences, normal that is for children who have not been abused.

Evidence suggests that abuse/neglect can restrict normal development in some areas of a child's behaviour. This may not be immediately apparent and may only be exposed as relationships develop. Some children get "stuck" at earlier stages of development because they have missed the experience necessary to mature. Such children can be helped by allowing them to regress to earlier stages for a while before they are gradually encouraged to progress to more age-appropriate behaviour. This is relatively easy for pre-school children but not for older children where the outside world expects their behaviour to match their physical size, at school, for example.

In this situation, it is important to balance the opportunities for regression with the opportunities for age-appropriate behaviour. Some children demand what feels like excessive attention and affection - they can often be greedy for example or have tantrums at the slightest frustration.

It is possible that children who have been abused sexually will involve other children in inappropriate sexual activity or may be sexually provocative especially towards the foster father. Both these situations need careful handling and must be discussed immediately with the child's social worker.

Powerlessness is a feature of being a victim and the feeling continues for a child who is then removed from home. It will therefore be important, as soon as is appropriate, to encourage a child to make age-appropriate decisions. This would increase feelings of autonomy and help them experience personal responsibility in an appropriate way. Hopefully this may help reduce the tendency to take on the “role of
victim” in the future. Your task in these situations is to share in helping to repair some of the damage which has undoubtedly been done. It is important to keep in mind that the child may be confused about so many aspects of normal family life and relationships, that the task will be frustrating and often confusing for you too. At the outset you should also be prepared for repair to be slow and sometimes hard to detect, but your consistent understanding and caring will be having its effect.

Protecting yourself and your family

The growing awareness of the extent of sexual abuse has caused everyone to be cautious when showing physical affection to children, although we know how important good physical contact is for the well adjusted development of children.

Foster carers need to be very aware of the complex issues involved in caring for sexually abused children, and a great number of children in our care have been sexually abused.

The problem is the unknown - often we do not know whether a child has been sexually abused, often we do not know when and where the abuse took place, often we do not know the “trigger” to reawaken memories of the abuse. Therefore, we must be careful and adapt our care accordingly, and what each family considers normal healthy teasing and touching may give very different messages to the child.

There are a number of issues to note:

- children who have been sexually abused can have very sexualised behaviour and to respond inappropriately to this could make the child or your family very vulnerable.
- children who have been sexually abused may not have had loving physical contact and may misinterpret your caring physical contact. A cuddle or an arm round the shoulder may give a very different message to an abused child, as may a kiss goodnight.
- family acceptance of members appearing scantily dressed may be very difficult for a sexually abused child. You will have to think about and adapt your rules of privacy.
- a sexually abused child may have a pattern of behaviour that they know will please the parent, and this creates a very vulnerable situation to everyone, and it may be better that the child is not left with only one carer if this pattern is emerging.

If you care for a child who has been sexually abused, discuss your concerns freely with your supervising social worker - feelings about the child, what has happened to them, and about the abusing adults. You must sort out your own feelings first before you can help the child.
Section 7

Education, learning and leisure time

The Importance of Play

Play is the earliest way in which we develop an ability to deal with life experiences by creating situations then learning how to cope with them. Most parents understand that play is fundamental to their child’s successful learning process.

Foster carers will usually have had considerable experience in devising ways that help children to learn through play. Some of the children they care for may have limited experience of play or little access to suitable and appropriate play materials. It is therefore all the more important for foster carers of these children to help them make up for lost opportunities.

Play doesn’t have to depend on expensive toys, but it does require imagination and good ideas. Children have a rich imagination and will often adapt familiar objects to suit their purpose in play.

The age of the child will determine to a great degree the play materials that should be used. For example babies learn by looking and touching, so bright objects with interesting shapes need to be provided to encourage them to watch and reach out. They learn by listening too, so music from the radio, singing to and conversation with babies is vital.

Babies with sensory or visual loss will need extra help in order that they can enjoy and learn. Advice can be sought from the health visitor, GP or specialist social worker.

Toddlers, with their abundant energy and enthusiasm, usually need little encouragement to explore their surroundings. A great deal of attention needs to be paid at this stage to ensure safe play. (See Section on Home Safety.) They do need to be provided with a good variety of safe, small, bright objects.

All young children like company and, of course, they learn to speak through listening and talking to parents, carers and other family members. Songs and games (like nursery rhymes) and play with fingers and toes are enjoyed by all children.

As children grow, it’s safer to let them play with water, sand, paints and crayons. They learn to draw and colour or make things out of cardboard. Children need supervision to prevent accidents to them, and carers will want to prevent the house getting painted and drawn on too!

Messy play provides good learning opportunities, but the benefits are minimised if a child is inhibited by anxiety about the mess that’s made in the process.

Children with special needs may develop more slowly than their peers. This may mean that care needs to be taken to ensure the child has suitable opportunities to learn through play. It is important to provide materials that are safe and appropriate for the developmental stage, but also important to remember their need to learn skills and develop through play.

A wide variety of toys, games and books are now available that help create positive pictures of all cultures in our society. It is especially important for foster carers to be sensitive to children’s needs when selecting play material, for example, to choose dolls which reflect the child’s origins or books to promote positive images of the range of cultures.

Under 5’s

There are many activities carers can do with children which will help them to develop physically, emotionally, socially and mentally. These might be:

Physically - ensure the child:
- gets a well-balanced diet
- has regular sleep
- has plenty of exercise
- has a warm, safe environment with regular habits such as mealtimes, bedtimes
- is safe from risk of physical harm or extreme stress
- ideally lives in an atmosphere that is unpolluted by cigarette smoke
Emotionally/Socially - help the child to experience:
● being with caring adults and other children
● physical closeness and affection and touching which in no way abuses a child’s trust
● routine and flexible caring
● the security of belonging
● a sense of personal identity and self-esteem
● feeling valued
● being praised for an achievement
● problems of anger and to learn self-discipline and control of that anger

Mentally - enable children to:
● have a wide range of experiences
● visit many different places, both locally and farther away, if possible, to explore, investigate
● learn and practise different skills
● set achievable goals
● accept failure as just another of life’s experiences
● develop language, communication and motor skills
● learn through play, reading, talking and listening

Play is vitally important for all children. Many children in care may never have played. Learning goes on constantly and reading need not be confined to books. Use the many opportunities around you:
● comics and magazines, television
● shops, signs, advertisements, notices
● instructions on packets/cartons
● recipes
● road signs
● check if there is a Toy Library in your area

It is important that these opportunities reflect the mixed ethnic and cultural makeup of our society.

Try to create an environment in which learning can occur naturally. It will enhance a child’s self-esteem.
● make opportunities for the child to hear about adults’ experiences and their lives. Children usually love this
● let the child experiment within a safe environment
● set targets/goals
● join in
● above all, encourage and praise

Most children will benefit by joining one of the many pre-school or mother and toddler groups that are available for children of pre-school age.

**Education of Looked After Children**

Looked After Children have the same rights as all children to education, including further and higher education, and they should attend school in the normal way.

In May 2000, the Government issued guidance on the education of Looked After Children because they were seriously concerned about the children's performance and attainment. In the past, education was perhaps not given as high a priority as it should have been but now we see this as one of the major key areas in children's future development.

All Looked After Children should have a Personal Education Plan. This will detail what the educational needs of the child are and who is responsible for helping to implement them. These will be short and longer-term goals and the PEP will be a significant part of the child’s care plan.

The National Curriculum has been much criticised but it has set down a whole set of guidelines so parents and carers know what a child will be taught and should know at a given age.

**Out of School**

Carers should ensure that a child is out of school as little as possible.

This may mean suggesting that planning meetings, reviews or life story work take place after school.
It may also mean that the carer has to personally take the child into the school building to ensure they arrive.

Carers should:
- support the child in every way, not just when there is a problem.
- ensure the child gets any additional help they need, especially if they have changed schools several times.
- see the teacher regularly.
- go to Open Evenings, with parents, if possible.
- know what the child’s homework is - it is usually recorded in their homework book; show an interest and help if asked, but the child must become responsible for doing it themselves.
- have a quiet place available where the child can work.
- fill in reply slips and return them straight away.
- show an interest; read to or with the child; talk and discuss; make plans; cultivate good working habits.
- talk about the child’s education with the parent(s).

Carers should **not**:
- compare the child unfavourably with others of the same age.
- encourage fighting back aggressively if another child attacks. If possible, it is better to avoid or ignore the other child.
- allow late nights beyond normal bedtimes, except for special occasions or at weekends.
- tell their troubles to the child. Children do not understand, and cannot help. It makes them distressed and insecure - and then you will have another problem such as a child not wanting to leave the carer to go to school.
- be disappointed, irritated or show your anxiety if the child is slow to learn. That will make it even harder for them to learn.

**Which School?**

This is a matter of careful discussion between you, the child’s social worker and the child’s parents if appropriate, but there are many things for you to take into account and different needs to be balanced.

If it is possible and appropriate for the child to continue attending the school they attended when they were at home, this will cause the least disruption and therefore prove to be the best alternative, especially if the placement is clearly short-term.

The foster carer will be responsible for taking and collecting the child unless there is an exceptional reason why this cannot be managed.

School is an important part of the child’s life, and they spend a large part of the week there. How they get on at school is a useful indicator of the general state of wellbeing.

Often children who have experienced difficulty at home and perhaps are part of a chaotic household, do not achieve as well as they might if they were given support and encouragement. It is well documented that children perform significantly better at school when their parents take an active interest and involvement in the school. As foster carers, it is important to view education in as broad terms as possible. Children do not go to school simply to learn to read and write but rather this is their first arena for independent, social relationships. A child’s ability to make a good friend, to be helpful, co-operative, thoughtful, active, interested and interesting are vital lessons to learn, and the importance of development in these areas should never be underestimated. It is also important to remember that education represents a wide range of subjects and whilst children are rarely good at everything, they invariably show interest in at least one area and, whatever this is, it should be nurtured and encouraged.

**Problems**

A child may be anxious about what to tell the other children about not living with their own mum and dad.

Sort out with them the way they want to tell their story.

- Emotional difficulties may make their behaviour stand out from the other children. They may not have friends and be lonely or unhappy. Enlist the help of the teacher and help to improve their self-confidence in other ways, keeping your home a place where they can feel loved and accepted.
• Concentration problems will affect performance; problems associated with this are day dreaming, over activity, attention-seeking.
• Enlist professional help. Help them catch up at home, but not so it makes home a place of tension too.
• Non-attendance - refusal or truanting. You will need to work closely with the school - do not deal with it on your own.
Remember to notify the social worker of problems. Teachers will be invited to reviews and the school will provide a report for these meetings.

**Starting School**

The following checklists are guides to what children should be able to do by the time they start school. Some children with special needs may take longer to learn some of these skills. Children will integrate better if they can master simple tasks and so learn to become a little more independent.

Practical - can the children:
• dress/undress themselves, including buttons, belts and shoe laces?
• hang up their clothes?
• identify their own clothes?
• recognise and pack their own school bag?
• recognise and use their own lunchbox?
• unscrew and tighten their drinks bottle and use knife, fork, spoon correctly?
• go to the toilet unaided, including redressing? If a child is a boy, can he use a urinal?
• wash their hands properly, so that when they paint at school they can wash all the paint off?
• blow their noses/have tissues?
• dispose of rubbish in a bin?
• use hearing-aids or inhalers, or care for their glasses? Carers should ensure the child wears these to school or brings them into the school.
• say their full name and, as soon as possible, their address?

Emotional/social - can the child
• quickly settle in at new places such as playschool?
• sit still for 5-10 minutes?
• share and take turns in a game?
• recognise boundaries at home such as switching off the TV when told, or going to bed at suitable bedtimes?
• listen, understand and reply?
• play alone and with others?
• respect the property of others?
• respect their own property?
• respect ALL people, including girls respecting boys and boys respecting girls, and also people who may be different from themselves in some way such as those wearing glasses, using wheelchairs or having different coloured skin.
• recognise that other people’s way of doing things may be different from theirs, but it is NOT wrong unless it is harmful.

Sometimes the language/speech of a child is understandable at home, but at school a different language is required. Carers need to help the child accordingly.

**If a child has to change schools, how is the new school chosen?**

If the child/young person needs to change school, the carer can nominate their preferred choices and discuss with the social worker. Applications will be made to the local authority and once the school place has been made, a transitions meeting will take place prior to the child starting. Being “in care” already increases a child's feeling of difference and isolation. Try to ensure that these feelings will not be increased by the choice of school.

It is extremely important that a change of schools is managed well.
Children may worry about:
New teachers new lessons, new buildings/classrooms, new children, missing old friends being youngest instead of oldest
Intrusion
Getting it wrong
Going to wrong room
Fear of being bullied or belittled
Not making friends
Loss of self-esteem
Status

They may exhibit:
Restlessness
Sleeplessness
Dreams/nightmares
Disruptive behaviour
Endless talking

Education of children with special needs
To help carers understand what is going on, some of the phrases and key words have been explained. Detailed information is available at: www.sthelens.gov.uk/what-we-do/schools-and-education/sen-the-local-offer/guidance-for-parentscarers.

1. Special Educational Provision – means providing help that is extra or different from what is generally made available in LA (Local Authority) schools.

2. LMS - Local Management of Schools (or LMSS = Local Management of Special Schools) means that the money available and the decisions regarding the way education will be provided has been given to the schools and governing body.

The duty of every LA is to provide full-time, free education for all children up to the age of 16 and up to 19 for those young people who want it. It is the parent(s)/carer's duty to ensure the child attends school. It is also the Local authorities’ duty to ensure that children are educated where possible in mainstream schools.

This depends on four conditions:
• That views of the parent/carer have been taken into account
• That the child’s needs can be met
• That what is provided will not affect other children
• That it is an efficient use of money available

The Local authorities also has a duty to ensure that children with less significant difficulties also have their needs met. It is the governing body of schools that is responsible for ensuring that these needs are identified and met. Schools must now publish information about policies, and state the roles of governors, heads, special educational needs (SEN) co-ordinators and other teachers.

What is an Educational Health Care Plan?
An EHCP is a document provided by the LA which describes:
• The development of the child from an educational health & social viewpoint.
• Any special needs which may hamper progress, e.g. problems with memory or learning difficulties.
• Desired outcomes for the child.
• How these outcomes can be achieved by providing any specialised equipment, resources, support or specialist teaching.

How does a carer know if the child needs an Education Health and Care Needs assessment?
If the child is under five years of age, your local health authority must advise if the child has, or is likely to have, special needs. This will probably be the doctor or health visitor.

Developmental checks at the clinic are one way in which a child’s needs can be identified and followed up. That is why it is so important for the child to be taken along for checks.
Can Carers ask for a child to be assessed?
If a child is under two years, his/her special needs may be assessed if the parent or social worker asks, but carers could suggest it. This may not be a formal assessment. If it is then agreed that specialist provision will be needed, a formal assessment will be carried out.

What does the LA do?
The aim of the LA is to provide support so that the educational settings can meet the child’s needs. They must also help the whole family with advice and support.

What happens when the LA decides to complete an education, health and care needs assessment?
Teachers, specialist, carers/parents and any other interested parties are invited to give their comments on the child. A child and his/her parent and carer should attend all the meetings and examination of the child.

When all reports are received, a decision is made as to whether an EHCP will be issued or not. Mainstream schools are able to meet the needs of most children. St.Helens LA often provides funding for a child with SEN without an EHCP.

Schools can refer to the Provision Agreement Panel to request funding if appropriate.

The department for Education has published a booklet for parents. The book also advises on how to complain if anyone is not satisfied. This can be found on the St.Helens local offer website.

www.sthelens.gov.uk/sen-the-local-offer

Writing a report for the EHCP
It is a good idea for carers, parents and social workers to write the report together for the EHCP. There is a template to complete but you could consider the following points:

The early years: do you know what the child was like as a baby? Was everyone happy about progress at the time? When did you first feel things were not right? What happened? Did anyone receive any advice to help - from whom? Were there any significant events or changes that affected the child in these early years?

What is the child like now?

General health
Physical skill
Self-help
Communication
Outside activities
Relationships
Learning
Playing & learning
Behaviour at home
Behaviour at school

The general views: how does the child compare with others of the same age? What is the child good at? What does the child worry about? Is the child aware of difficulties? Is there any other information you would like to give, such as advice or reports from other people?

Children Excluded from school
Taking positive action and avoiding delay should be the shared priority of all those caring for children. It is unacceptable for children and any young people to be out of school except in very exceptional circumstances. Prompt and positive action should be taken to identify potential and existing difficulties and to ensure appropriate support is available.

In order to stress the importance of education to young people and provide a structure to their day carers should take the following action when a young person is not attending school for reasons which are not authorised:

• A young person should be woken at the normal time and not allowed to lie in.
• Every effort should be made to engage young people in education activity
• Where possible, schoolwork and assistance should be provided.
• Young people should not be permitted to leave the building during school hours, except when they are undertaking a planned legitimate activity.
• Young people should not be allowed to watch TV or play computer games during school time.
• If a young person receives a fixed term exclusion – a planned timetable of appropriate activities should be drawn up.

**Hobbies and Leisure Time**

As children get older, they will start to develop particular interests which should be encouraged. These will help them to develop their own individuality. It will also help them later in life as they become independent.

Children should be given opportunities for all sorts of play both before they start school and afterwards. Children will find life more fun if they have interests outside the home. It will:
• help them build self-confidence, give them a purpose, something to aim for and to achieve.
• help them make new friends and build a new identity.
• give them somewhere different to go.

Many children will need a lot of help and encouragement to find interests they like.

You should help the child make full use of the leisure facilities available within your local neighbourhood, if they wish to do so.

Involvement in activities such as sports, youth clubs and afterschool pursuits develop the child’s individual interest and social skills and thus stimulate their general growth and development. Additionally, the ability to make use of available activities can be an important part of a child’s efforts to establish a successful, independent existence later on.

Whenever practicable and unless there are good reasons against it, the child should be encouraged to maintain their contacts with their previous community/neighbourhood, particularly if they are likely to return to it on leaving you.

**TV/Computer Games**

There is a great deal of debate at present about the pros and cons of children watching TV and playing computer games. There is, however, very little absolutely concrete evidence on either side.

**What is known is:**
• if a child has a tendency to have epileptic fits, then TV or computer games may start them off because of what is known as 'flicker fusion'.
• if you ask children from 6-16 years, they will tell you that some computer games make them feel frustrated and even violent.
• it would seem that watching violence on TV may also give a child violent feelings or desires to experiment.
• watching TV and playing computer games means a child is inactive; is not talking to other children or adults; is not getting fresh air; playing with others, or getting exercise.
• a child may have difficulty discerning fact from fiction.
• some TV programmes billed as for children are totally unsuitable in their use of language and presentation.
• children may be entertained and contained by noisy, colourful programmes, but that is all.

Computer games can help a child with number work or reading; certainly will help their hand-eye co-ordination and can give many children a great deal of pleasure.

Watching TV can also be pleasurable; can teach children about current affairs, wildlife and nature and many other interesting topics. It can also fill a need for lonely children, as they feel the presenters are their friends.

**What carers can do**
• select very carefully the TV programmes and video games the child should watch or play and help the child to learn to choose selectively.
• never leave a child alone for very long watching TV.
• sit with them; discuss what has happened and what you both have seen, think and feel about the programme.
• agree on the amount of time in a day a child may sit in front of a screen.
• plan other activities to replace screen-watching.
• encourage the child to play with other children; to run about or enjoy fresh air.
• censor the videos or computer games a child has access to. Some people are not always careful and leave unsuitable material lying around.
• show an interest in the computer games; use them with the child; talk about them. In this way, unsuitable material should not be brought into your home.
• be aware that the child may be under pressure from his or her peers to play particular computer games or watch particular TV programmes.
• talk with parents about which TV programmes the child watches.

**Holidays**

Normally, children will go on holiday with their foster carers. We need to know your dates and your plans well in advance. Children may also go on holidays with schools and clubs like brownies or cubs. In these cases, the social worker must be consulted about these plans.

**Children should not be taken on holiday out of school term time.**

For a child to travel abroad, the department must have the permission of the child's parents or the Director of Social Services. The social worker will arrange the passport, this needs to be done well in advance.

It is not legally possible for you to sign a passport application. For an accommodated child, the parents have to sign/give permission, and without this the child cannot travel. For children on Care Orders, parental consent is not essential - but it is good practice to request it.

We need to know where you will be going on holiday, i.e. an address and contact number in case we need to contact you in an emergency.

If a child’s birth certificate is not available, a letter from the CYPS Department will usually do. If the child is not a naturalised British subject, it is important to apply early for a passport as embassies may need to be involved.

In order to obtain medical treatment abroad, a form CM1 from the DSS is needed. E111 is a certificate of entitlement to medical benefits.

The child should have the recommended vaccinations, providing the necessary consents have been obtained.

**Your Own Holidays**

Foster carers will be expected to take foster children on holiday with you but we realise that fostering is a stressful job and affects not only adult carers but also their children. Sometimes a break between placements can act as a “holiday” for carers, but we understand that there are times you will want to be on your own. Do not worry about raising this.

Generally, the alternatives to a family holiday are to:
• Negotiate a separate holiday for the child.
• Arrange with the young person and their family for them to spend time together.
• Arrange for other adult members of your family to care for the child.
• Arrange with other carers to take the child - there are limited options for this.

Make all these arrangements with the child’s social worker and supervising social worker. Children must not be taken out of school to go on holiday.
Babysitters

It is necessary for foster carers to enjoy outside interests - and attend foster carers’ training. Once the child has settled, you can of course leave them, as you would your own child, with a reliable babysitter. It is always best if the child knows the person who is babysitting and feels comfortable with them. Please discuss any babysitting arrangements you make with the child’s social worker or your supervising social worker before organising it. When considering a babysitter, you need to take account of:

- The age of the babysitter.
- Experience.
- How well you know them.
- The vulnerability of the babysitter.
- DBS may be completed if this is a significant adult.

Generally, young people under 16 should never be left alone, and over 16 at your discretion and after consultation with the social worker. These arrangements are outlined in the Foster Carer Agreement. See procedures for babysitting.

Overnight Stays

Children need to feel able to stay with their friends and we do not wish to impede this, but we have responsibility to ensure their safety.

Foster carers should act as a ‘reasonable parent’ and decide if a child can stay at another address overnight. The carer should take into consideration the vulnerability of the child, past events and traumas and make all reasonable enquiries to satisfy themselves that good care will be provided for the child.

- Address - telephone number
- Who will be responsible for the child
- Personally speak to the responsible adult and visit to satisfy themselves that they are suitable as a temporary carer
- Know when the child is coming home
- Transport arrangements
- Check with child’s social worker
- Sleeping arrangements

Overnight stays with Foster Carer, family members – See Overnight Stay Policy.
Section 8

Children from different religions and cultures

In General

The Children Act 1989 requires us to take a child’s racial, religious and cultural needs into account both when determining a care plan and when deciding on a placement. Our aim is to match a child’s needs with an appropriate family, but this is not always possible. Whilst trans-cultural placements will be a reality for some time to come, it is important to acknowledge that these placements require special thought and consideration. Foster carers are committed to helping children settle into their homes. They work to help the child fit into their family and community. At the same time, the child also wants to achieve an equilibrium in their disrupted life and they may already have a negative image of their race and might be quite content to fit in and identify with the culture of the foster family. However, the reality is that they are different because they come from a different background which may involve special diets, religious observance and family custom. The confusion which may develop for the child is obvious, in these circumstances.

A child’s cultural background is fundamental to their identity and, as such, needs to be maintained and encouraged and you, as foster carers, can help in this and reduce potential confusion. You will need to be committed to the notion that this is a special task requiring careful consideration.

Practical ideas about how Foster Carers might help encourage Cultural Identity

The practical ideas that follow have four important aims:

• To promote the child’s cultural identity;
• To give the child positive images of their identity;
• To prepare the child for the society in which they will be growing up;
• To learn about and share in the child’s culture.

The following is a list of some of the ways in which you can actively involve yourself in your foster child’s culture. The list is by no means definitive but does include some important ideas:

• Find out about special dietary rules.
• Find out about essential cultural customs, like hair and skin care.
• Make sure you have a stock of appropriate toys, books, etc.
• Find out about the rules of religious observance.
• Involve yourselves and the child with other families who reflect the child’s heritage.
• Encourage the child to keep contact with members of their original community and to introduce you to them - where this is appropriate.
• Learn about the historical foundations of the child’s culture and share these with the child.
• Be aware of racism in the language you use and examine your attitudes to it. Help the child find ways of coping with it.
• Encourage the reading of literature from authors who reflect a child’s race/culture and the watching of television programmes directed towards ethnic minorities.

Remember, you must respect parents’ wishes and encourage all children to value their background and care for the child in accordance with the parents’ views. Birth parents may be greatly distressed if their child breaks food laws or the observances of religion.

Religion

We ask you as carers to care for a child’s spiritual and moral wellbeing as well as their physical and emotional development.

We ask you not to impose your own religious beliefs upon the children, but making them familiar with some of your beliefs may help them to develop their own ideas as they get older.

You can never change a child’s religion.
Language

If you need an interpreter service, one is available, and the child’s social worker will arrange this.

Helping with Discrimination

Children may respond to discrimination by feeling ashamed, angry, rejecting, and it may lower their sense of self-worth.

For them to feel comfortable, you need to feel comfortable too. Help them to understand the nature of prejudice and prepare them to meet it and support them when they have to cope with it.

It is your duty to take positive action to combat discrimination on the grounds of race, religion or language.

Conclusion

Making these efforts will tell the child that their culture is valued by you and that the differences between you are manageable. The efforts will be rewarded by a much more real understanding of the child in your care.

In considering some of these ideas, they may be very familiar to you and you can probably think of other ways in which you might be able to involve yourselves in the child’s culture.

In conclusion, the important principle in working with children from different cultures is to acknowledge that it requires special commitment, knowledge and skills, which need to be developed, if they are to grow up with a positive image of themselves.

Support and training on diversity is available via your Supervisory Social Worker.
Section 9

Emotional Development

Life History Work

How does Understanding the Past Help?

If you have lived and grown up in the same family throughout your childhood and you still feel you belong to that family, then you will probably take for granted all that you know about yourself and your family. This body of knowledge evolved naturally as you grew up and represents your understanding of where and how you belong to your family and wider community. Your knowledge will have been extended by personal memories, good and bad, photographs, anecdotes and family folklore. All this is the foundation on which you built your self-image and become an adult.

Most children whose lives have been disrupted have had sad and painful experiences. They have a right to know about these and to understand the reasons for what happened to them. Children, particularly young children, seem to live in the present and forget the past. If a child has had a particularly unhappy past, you as foster carers may be tempted to try to protect them by encouraging them to forget the past. Though memories will fade in the long-term, curiosity - the deep need to know about their parents and understand the past in search of a true identity - will almost certainly surface, particularly when the children are in their teens. The sad times were part of the child’s life and by trying to ignore them, you may find yourself unable to share other information about them and their development which may not be contentious and positive. So helping children understand their past is not simply explaining all the bad things that happened, but putting those bad things into context alongside other information about them and their family.

As foster carers, you will be the first people to take over the care of the child from their parents. At this stage you may not know how long the child needs to be looked after, but regardless of this you will share in a part of the child’s history. So it is important that you find ways of documenting this history, whether the child returns home or has to move on to permanent substitute carers. his is particularly important for young children who change and develop very quickly.

Ways in which you might document this history

By writing down regularly - on a daily basis - information about the child’s development, when they walked, talked, what toys they liked, what food they liked, etc. When deciding on what information you should store in trust for the child, think about the sorts of things your own children asked you about.

By taking photographs and/or using a video (with the child’s agreement) on a regular basis and on special occasions. Photographs of you and your family and of the child’s parents and family may all be very important in the future. Write the date, location and names of people in the photo on the back.

By keeping mementoes of places you visited, holidays you shared, some playgroup pictures, school reports etc. These offer tangible evidence that the child had many experiences and provides a record of them.

By carefully recording factual information - take the full address of the playgroup or school he/she attended.

By recording the contacts they had with their family and keeping information about their family; from what they look like to what they were good and bad at. This is especially important if the child is not returning home, because it will help them understand why this was not possible.

This information can be gathered together and formed into the child’s “Life Book” which they can help put together. The information/book belongs to the child and should go with them when they leave your care. It is probably a good idea, therefore, to arrange for a copy of the information to be given to the child’s social worker to be kept on the child’s file. The other important task for you as foster carers is to talk with the child, in a way they can understand, about the fact they are not living at home and the reasons for this. It will be important for you to give them words to help explain their present circumstances and to allow them to accept those circumstances. In summary, your task will be to help the child in your care feel comfortable with their past. An interactive CD is available.
Children’s Personal Possessions

Children ‘looked after’ often do not have the personal items to retain as they grow into adults. We all have certain treasured items from our childhood and ‘looked after’ children need these as much as, if not more so, than anyone else.

For children who are unclear about their history and who may be moving on to a permanent placement or adoption, this is particularly important. The social worker is likely to engage the child in ‘Life work’, which enables them to make sense of their past experiences (particularly of young children). To do this effectively, the information you are able to give them is often crucial. Photographs of children as they are growing up are especially important, as they can change so much in a short period of time.

During the child’s stay with you, it would be helpful if you could keep the sort of things that you might have kept for your own child, and the list is endless. Some examples are:

- a first pair of shoes
- hospital tags and first photograph
- a first drawing or message to you
- photographs
- mementoes
- cinema tickets
- a favourite T-shirt

Please try to retain these items on behalf of the child, who relies on you and other adults to realise the later significance of these things.

Children Looked After should have a drawer or a cupboard in which they can keep their personal items - in some cases, you’ll need to keep them for the child. If you need additional storage space to provide this, please contact your supervising social worker.

Children should be allowed, depending on their age and ability, to have a reasonable degree of choice about their own clothes, which should be stored appropriately.

All children and young people should have their own supply of toiletries.

Making and Keeping Friends

We all need friends, so it is important that children have as many opportunities to make friends as possible. Friendship means.

Giving
Taking
Listening
Laughing
Joking
Being with
Confiding
Talking
Playing
Sharing
Being able to say sorry
Not gossiping

Friends are very important. Carers should:
- Arrange lots of opportunities for the child to play with others.
- Help them to share and take turns with favourite toys and games.
- Try not to get involved if they argue; children can usually sort things out themselves.
- Be ready to offer sympathy and a listening ear afterwards.
- Make sure that the child has the chance to meet other friendly adults, too, and can answer them politely. Many children will make a special friend of an adult such as a grandparent.

Many of the worries children mention relate to friendships:
- Falling out with friends.
- Losing friends.
• Changing schools and missing friends.
• Moving on and not seeing friends again.

Children need help to keep friends too. Carers could:
• Invite friends to tea.
• Get the child to telephone their friends.
• Get the child to write letters to their friends.
• Make sure a child who moves on leaves a new address/telephone number.
• Help the child organise a meeting of old friends.
• Allow the child to go to stay with a friend if that is possible (see overnight procedure).
• When a child first arrives at your home and you are being given information about the child, ask about the child’s friends, who they are, and where they live. Try to help maintain these friendships.

Coping with Crisis

The word ‘crisis’ conjures up different things to different people.

To a small child, it may be a crisis if an ear falls off a favourite teddy or they can't undo a tin or box.

To an older child, a crisis might be if their Gran died or their pet cat was run over by a car.

What is dreadful one day may be fine tomorrow.

Everyone is different and we all have our different ways of coping with crisis. Some children will cry so it is obvious they have a problem, others will bottle it up. Their unhappiness may show with health problems such as:

Physical symptoms:
• feeling the heart is beating quickly
• pains and tightness in the chest
• indigestion and wind
• stomach pains and diarrhoea
• frequent passing of urine
• tingling feelings in the arms and legs
• muscle tension, often pain in the neck or low part of the back
• persistent headaches
• migraines
• skin rashes
• difficulty focusing
• lack of self-care and poor hygiene

Psychological symptoms:
• unreasonable complaints
• withdrawal and daydreams
• missing school
• accident-prone and careless
• poor work, cheating and evasion
• over-eating or loss of appetite
• difficulty getting to sleep and waking up tired
• feelings of tiredness and lack of concentration
• irritability

Many of these may be just normal growing-up symptoms but if they persist, the child may have a problem. Both child and carer could be referred to the Emotional Well-being Panel to offer further support.

How to help them cope:
• let them know you care
• be available
• be a good listener
• reassure them
• suggest positive steps such as:
  - talking to their friend, teacher or relative
- taking part in a physical activity
- giving themselves a treat
- make them feel secure
- help them become independent
- help them to look at things from all sides
- get them to have a medical check-up. Many problems vanish when they find they’ve nothing physically wrong with them
- if it’s an emotional crisis, help them to cry
- have somewhere private so they can talk or cry without being heard or interrupted
- be aware
- be tolerant
- be concerned
- be understanding
- be patient
- be honest and discreet.

**Sexuality and Sexual Orientation**

The Children Act guidance suggests that, for every young person, the experience of being cared for includes a recognition of their need for sexual education. As well as practical advice, this must cover the part that sexuality plays in a sense of identity and the emotional component of sexual relationships.

For each young person, developing sexual identity is part of who they are and must be recognised. Young people may be faced with confusing messages regarding sexuality and sexual orientation. We have to take a positive approach to provide the information that young people need to help them to develop their sexual identity and that will help keep them safe, emotionally and physically.

**Sex Education**

Most children are gradually prepared at home for the changes in their own body and feelings. If you are the people closest to the child, you will need to guide them through the difficult area of sexual relationships.

**Sexual Precocity & Promiscuity**

Some children learn to use their sexuality to stimulate the interest of the opposite sex at an early age. Sometimes they are copying their parents’ behaviour and may not have experienced a normal parent/child relationship. Sometimes they will not know that their behaviour is inappropriate. Promiscuity is a difficult problem. Some children feel deprived of love and feel unsure of their attractiveness and so love-making helps them to feel wanted.

Your job is to explain the dangers both physically and emotionally - sexually transmitted disease, unwanted pregnancy and the devaluation of themselves and their partner.

It is an offence for an adult to have a sexual relationship with a young person under 16.

**Pregnancy**

Whether planned or unplanned, pregnancy needs to be dealt with sensitively. Hopefully, you will help a young woman in your care through her pregnancy and support whatever decision she makes about her baby. She may need help to decide whether to keep her baby, ask her family’s support or consider adoption, but it is her decision to make. If a young man in your care is about to father a child, he will have feelings too. He must know that he can talk to you. He may also need legal advice.

**Abortion**

The termination of a pregnancy requires careful counselling as it can have serious emotional and physical effects.

**Homosexuality**

Confusion over sexual identity is common to adolescence. Some young people, however, do recognise that they are gay or lesbian and will need your help to put them in touch with groups of young people and counsellors who can help and support them. All young people need to feel comfortable with their sexual identity and it is your responsibility as their carer to help them achieve this.
Listening and Being Listened To

A good communicator should not lie or build up false hopes. They should be trustworthy, reliable and honest and most especially, a good listener.

You cannot listen to children all the time but you can often spot those who have something important to say by a change of behaviour or mood.

Some simple listening rules:
• Never be too busy to listen. Children have important things to say at the most inconvenient time of day.
• Listen to what is being said. Give the child your entire attention.
• Don’t anticipate what will be said next. Wait and listen. That way you’ll be sure.
• Keep your thoughts to yourself as to what is being said. Don’t let your mind jump away from the topic.
• Pay attention to both what is being said and how it is being said.
• If you have a question, make a note of it unless it disturbs the child. Ask the question at the proper time. Don’t interrupt or write while the child is actually talking. Asking questions can certainly help but they require careful handling and good timing.
• If you disagree, don’t get angry. Wait until he/she is finished. He/she may say something that makes your anger unnecessary or even embarrassing.
• If the child is continuing for a long time, jot down a few notes when there is a pause or when the child has finished speaking. This will help later on in remembering what was said.

Listening is as much an art as speaking, both require patience, both require attention.

A good listener will usually be listened to because they will have taken care to listen and will have thought about what they want to say.

If you want to talk to a child:
• Plan the time and place to suit you both and if possible, tell the child in advance. Don’t choose a time when a favourite TV programme is on!
• Plan what you want to say.
• Jot down the main points.
• Have a pen and paper ready to make notes.
• Tell the child at the start what you want to discuss.
• End by saying what is agreed and what action is to be taken.
• DON’T GOSSIP or pass on what you have heard to others.
• Show you are listening by eye contact, nodding or use of body language.

Respect confidentiality/privacy unless you feel the child is at risk of significant harm.

If you feel you must pass on something you have been told:
• tell the child, explaining the reasons WHY, what you will do and how you will do it
• why you are taking that particular course of action
• when you will be doing so
• at all times, help keep the child informed of what is happening
• be honest
• never make promises you can’t keep.

A child should know that the carer is always open and honest with the social worker.

Self-Respect, Self-Esteem, Self-Confidence

Everyone needs to be valued, to feel special, to feel important. By treating children looked after as individuals, working and caring for them, you will build up their self-confidence.

By making opportunities for children to succeed, you will build up their self-esteem.

No matter what difficulties a child has had in the past, they need to know that you expect them to overcome these difficulties; that they must become responsible for their own life and behaviour.

Treat them with respect and gradually they will learn to respect you and others around, and also to respect themselves for what they are.
Children have to learn that real friends like them for what they are, NOT because they are slim or wear the latest fashion clothes. Sadly, children are often discriminated against because of their looks or their clothes. To have self-respect and to build up confidence, a child must understand and know themselves and what makes them ‘tick’. Children must realise that they should take responsibility for their own actions.

**Values**

The Children Act was introduced to ensure that children are helped in all sorts of ways so that they learn to become responsible, caring adults. Government advisers on the National Curriculum in schools have now issued a set of guidelines stating that teachers work in PARTNERSHIP with parent(s)/carers to see that children are able to make responsible decisions in their lives.

What this means is that both groups should be encouraging the children and expecting support from each other.

Children should learn to:

- know the difference between right and wrong
- tell the truth
- keep promises
- share
- respect the rights and property of others
- act considerately
- help those less fortunate and weaker than themselves
- take personal responsibility for their actions and self-discipline.

What does all this mean? It means that you, as carers, will need to work with the children to help them develop their own sense of values.

They should also be taught to reject:
bullying, cheating, deceit, cruelty, prejudice, discrimination, sexism, gossiping.

Many children complain if someone cheats on them, yet a little later these same children will cheat on others. They need to learn about standards, about what is acceptable and what is not acceptable, and to think about how others feel and not just about themselves.

As they grow up, children will become aware of issues such as:
damage to the environment, drinking alcohol, smoking, bloodsports, divorce, abortion, loyalty, sexuality.

Group discussions, family discussions, reading newspapers and watching particular television programmes are all ways that can develop a child’s beliefs.

Children all need to understand that other people may have different values from theirs, such as religious and/or family values. These must be respected.

Of course, children will always question why things are as they are, and will test the boundaries. There needs to be boundaries so children know where they stand, so they have something to rebel against and so that they have something to keep them in good stead for the future.

**Privacy and Confidentiality**

As children grow up, they have a wish for secrecy; a desire for privacy and confidentiality. Many parents and carers find coping with this difficult.

This is a very natural part of growing up and should be respected. Children being looked after often hate the thought that they are talked about or that what they think they have told someone in confidence is being passed to someone else. They also hate to think that their file can be easily read by others.

We all want our privacy to be respected and children are no different. Children should be encouraged to knock on your bedroom door before entering, and in return you should do the same for them.

Children need their own space where they can leave things as they wish knowing they won’t be gone through or examined.

Carers will also have their own personal belongings - respecting privacy should be a two-way process. Privacy and confidentiality can be a good area for discussion.
Some secrets cannot be kept - if you are worried that a child has suffered or is likely to suffer “significant harm”, you may have to take the matter further, but the child needs to know what you intend doing and why, and to be kept informed.

**Bullying**

Bullying can be defined as the behaviour of one person or group which causes distress to another person or group. A precise definition is difficult but the key factor is the distress caused to the victim, i.e. the person(s) being bullied defines it as such. Types of bullying generally fall into three broad categories, physical, verbal and indirect. It is important to note that young people may experience bullying which involves elements of all or some of these categories.

Physical bullying involves the actual threat of physical harm. This may involve hitting, kicking, over- boisterous play-fighting, taking possessions or being threatening and intimidating.

Verbal bullying may involve name-calling, insulting remarks and persistent teasing or mocking with the intention of humiliating or distressing the victim.

Indirect bullying includes spreading malicious stories/rumours, inciting a young person to bully another and excluding people from social groups.

Bullying may often be a result of a perceived difference between the bullies and their intended victim(s). This may be on appearance, race, religion, colour, gender, sexuality, disability or differences in social background.

Children and young people may be reluctant to indicate that they are being bullied because of their belief that this will only make matters worse and increase the level of bullying they are receiving.

Foster carers must take account of this and ensure the protection of the victim and develop confidence in children and young people in order that they feel able to report bullying. More details are contained in the Council's anti-bullying policy.

If you feel any child you are caring for is being bullied, you must inform the child's social worker immediately.

**Separation**

There are many different types of separation which will trigger acute feelings of loss.

A child who is looked after may be separated from and miss:

- Parents
- Brothers/Sisters
- Other family
- Pets
- Friends
- Belongings
- House/Garden
  (especially if pets are buried there)

Moving house with your family is said to be more traumatic to children than their mother having a new baby. Moving to foster carers must be an even greater trauma for children as it involves all sorts of losses and separations.

It will be the same if the child moves on from you to a new carer or back home.

How carers can help children who have to move:

- have a warm, welcoming environment for them
- tell them about your house rules, mealtimes, activities, privacy, etc.
- get them to bring as much as they wish and can, including clothes, toys, mementoes
- ensure that the toys, books, etc., which you have, reflect a view of Britain’s multi-cultural society
- carers can talk about themselves and about the others in the house to the children
- if the children want to talk - LISTEN. Don’t ask too many questions
- if children are moving on, tell them as much as you can about what to expect
- tell them you will be very happy for them to come to visit you (if this is agreed with their social worker)
• some carers organise a celebration when a child is leaving. In this way it helps:
  - the foster carer’s child(ren) to accept and come to terms with the leaving of the foster child that they have become fond of
• The child to realise that they are important and what is happening is for the best
• Life work.

**Bereavement**

It is sensible to talk about death from quite an early age. The loss of a pet may help in discussing this issue.

What does it mean?
What causes it?
What happens afterwards?

Carers could talk about the ageing changes that occur throughout life; how illnesses cause different changes; and why people die.

**Death**

If carers know someone close to the child is likely to die, then the child should be prepared.

Carers might explain the meaning of words such as:
• death
• bereavement
• burial/cremation
• funeral
• mourn
• cancer
• Aids

If the child is old enough to understand, carers could also talk about the feelings and emotions of the different people involved; how different people will react in different ways.

When a death occurs, carers may also need to remind the child what the words mean and also explain, probably more than once, what is happening.

Rituals around death vary depending on the culture or religion. The carer may have to get more information so he/she can help and support the child.

**What happens afterwards?**

The better prepared children are, the more control they will have. The most common complaint of children bereaved is “I wasn't included”.

On hearing the news of the loss of someone they know and love, children might feel a sense of shock and disbelief - a numbness.

This may be followed by:
• misery
• anger
• questioning
• sadness
• self-blame
• blaming others

If children know in advance that the loss is to occur, they will have time to prepare themselves mentally. The impact of the loss is much greater if the loss is sudden.

When the time is right, talk to them or let them talk to you:
• talking helps to dispel mistaken ideas
• talking helps to make sense of the loss

Children will feel pain. Don't try to get them to get over it too quickly. There is no set time that bereavement lasts, and children can take as long to recover as adults.
The pain will recur again - at birthdays; anniversaries; at Christmas; at holiday times and at other times that were special for the particular family.

Some children may want to go to the funeral service, others may not. Some may want to visit the cemetery or crematorium, others may not, whatever their wishes, these should be respected and, if at all possible, acted on, it may be necessary to check that the child understands the occasion, if they wish to attend.

Carers may also need to be alert to rituals and symbols that different religions or cultures practise and use - “Caring for Dying People of Different Faiths”, Julia Neuberger, may be useful. Help the child find practical things they can do, such as collecting mementoes or photographs, or writing down how they feel.

You could perhaps suggest there is something they want to keep such as a sweater or a pair of slippers. Let them choose.

Remembering the person is important, so too is feeling proud of that person.

Children can develop new relationships such as those with foster carers without destroying other relationships. Children need to know this; how to make room for that relationship; to realise that nothing will take the place of the person, only that things will be different.

Losing a pet they have loved can be just as traumatic for a child as losing a loved one. Just buying a replacement probably won't solve the problem.

Be open, be frank, talk and listen.

**Divorce**

Divorce or separation is very much like death to children in many ways. They may be losing someone they love. The children often blame themselves.

A child will need to be prepared for what is going on and be allowed to be involved in discussions if they are old enough to understand. A carer should not take sides.

A form of grieving may also take place. Be a good listener. Talk to the child. Be prepared.

**Going into Hospital**

Separation also occurs either when the child, a parent, relative, close friends or carer goes into hospital. Whoever it is, the child needs to know:

- why they or someone else is going into hospital. It is not a punishment. They are not being sent away. They are being taken to hospital to be made well again/to help ease their pain/because the doctor thinks it is best.

What should a child be told before going into hospital?

- what will happen
- explain that some people and children stay in bed all the time, have their meals in bed and use a potty in bed instead of going to the toilet
- tell them who they will meet, doctors, anaesthetists, nurses, porters and other people who work in the hospital to look after people who are sick
- if children are going to have an operation, simply explain that they will have a special sleep. When they wake up they will be sore, may have bandages on them but that they will gradually get better. If they are old enough to understand, you may, or the doctor may, give them more details. Tell them you will be there all the time they are asleep
- be honest and accurate about how often you will see them AND don't make promises about how soon they will be out of hospital
- be calm and reassuring.

In many hospitals it is now possible for the parent, carer or someone close to the child to say with the child overnight.

Permission for an operation must be obtained from the parent and the social worker, depending on the child’s legal status. You will not normally be able to give permission yourself - you must seek the required permission.
What should a child take if he or she is going to stay in hospital?
- toothbrush, toothpaste, brush and/or comb, soap, flannel
- CLEARLY MARKED dressing gown, night-gown, slippers and normal day clothes
- toys, games and books to remind him or her of home
- some young children may also want to bring a comforter with them.

What to tell the hospital staff:
- any particular names a child might use, for instance, what the child calls his/her favourite comforter
- any rituals a child may have to get off to sleep
- special dietary needs
- medicinal needs such as an inhaler
- that you are the foster carer - they must liaise with the child social worker regarding the medical.

How will the carer or the child know what will happen?
Most hospitals are much better than they used to be at explaining what will happen and what to expect. Many also provide useful booklets to read at home. If you have a worry or a query, please ask the nurse or doctor. They will be glad to explain anything to you.

What should a carer tell the child when leaving the hospital?
The hardest part of all is leaving!
- when carers leave, they should tell the child they are going and when they will be coming back
- carers should tell the nurse when this will be, so he/she can comfort or occupy the child
- carers should never pretend that they are going outside for a few minutes, when they are actually leaving. This will cause the child even more stress.

Some books the carer and child might read are:
- "Why, Charlie Brown, Why?" by Charles M Schulz
- "When Someone Has A Very Serious Illness" by Marge Heegaard
- "When Your Mum or Dad Has Cancer" by Ann Couldrick
- "I Have Cancer" by Althea
- "When Someone Special Has Motor Neurone Disease"

**Sleep**
No two children need exactly the same amount of sleep but regular sleep in essential. You cannot make a child go to sleep at night but he/she is more likely to sleep if he/she had:
- plenty of exercise and fresh air
- plenty of play and things to do in the day

Make going to bed a happy time - it helps to have a bedtime routine. Here are some ideas:
- a quiet time before bed
- a warm bath
- a goodnight story, song, talk and cuddle
- a favourite toy
- things to look at in bed until sleepy.

If the child wakes in the night - reassure him/her firmly and quietly.
It is best not to talk or play or to give drinks because he/she will enjoy this and is more likely to go on waking up.

If the child always wakes early, leave sturdy picture books and safe toys for him/her to play with.
If the child is awake a lot and you feel tired or worried, talk it over with your health visitor or school nurse.

Research has shown that children who have been under stress or who have experienced loss or separation may not sleep well ("Through the Night" by Dilys Daws). It may just be that the child is used to very different sleeping arrangements to what others consider ‘normal’.

Patience, understanding, talking and listening are the best tools. Gradually, the child should develop better sleeping habits.
If, however, things do not improve or the child continues to have horrendous nightmares, it may well be you will need to seek professional help.
Children under 16 should not sleep on a different level from the adults in the house. The risks of fire and unauthorised entry at night mean that carers must be close at hand to ensure the safety of children and young people.

Advice is available from the Sleep Nurse.

**Toilet Training**

**Wetting - Daytime**

Most children are more or less dry by day by the age of 3, whether they have been trained or not. But lots of children go on wetting at night for some time after this. Lots of parents/carers search for some way of training children to be dry as early as possible, really because it means less work. Daytime wetting should always be investigated medically.

If you are concerned, you can discuss this with the Looked After Children Nurse.

**Bed-wetting**

Some children are dry at night by 3 years, but many will take longer. A child cannot help bedwetting. He or she is not being lazy. One in SIX of all 5-year-olds still wet the bed, especially boys. If carers are worried, they should talk to the school nurse.

If bedwetting happens after the child has become reliably dry at night, it is important to make sure that there is not a urine infection present, which needs treating, before putting it down to emotional upset.

Other support is available via H/V or School Nurse.

**Constipation and Soiling**

Make sure the child is not frightened. Reassure. Try to be as relaxed as you can be about the problem.

Make sure the child eats plenty of fibre - from wholemeal bread, chapattis, wholegrain breakfast cereals, fruit and vegetables. Baked beans, frozen peas and sweetcorn are good sources of fibre often liked by children. Also give lots to drink - clear drinks rather than milk. All this will help to prevent constipation.

Soiling is often associated with constipation. If a child becomes frightened of the toilet, they can ‘hang on’ to their stools. This makes them constipated. A doctor can help by giving a child a mild laxative.

Constipation, soiling pants or smearing of excreta sometimes happens when a child is upset about something. All you may be able to do is help the child feel as happy and secure as possible day to day, and wait for the problem to pass. But if it continues and you are worried, talk to your health visitor, doctor or social worker.

**Leaving Home and Transitions**

Youth or ‘adolescence’ is a key period of transition in our society. Childhood is seen as a period of dependency on the adult world - a dependency which is physical, emotional and economic. Adulthood in contrast is a period where we are seen as independent, a state where we can ‘look after ourselves’ and often have others who in turn are dependent on us. We can see youth then as a period of transition between these two key periods of our lives - a time of change as we move from childhood to adulthood.

Youth is a period of great excitement and challenge. It is a time of life when we have new experiences and build our identity and self-image.

It is evident that the experience of young people ‘looked after’ is sometimes very different from the experience of children and young people cared for within their birth families. Those ‘looked after’ are more likely to have experienced loss and change, less likely to have educational qualifications and more likely to have suffered deprivation in childhood. Whilst the transition to adulthood may be difficult for young people, it is likely to be more difficult for young care leavers.

We need to be aware of the excitement and challenge of this transition. It is a crucial period of personal development and change.

During the transition from childhood to adult status, we learn from making mistakes, taking risks and rising to challenges. These opportunities should not be denied to young people leaving care.
We also need to look at what is at the end of the transition. Whilst we all speak of adulthood as being a period of independence, this concept is actually not very accurate. In a complex society such as ours, we are all dependent on others. We interact with household members, work colleagues and people in our communities everyday. It could be argued therefore that none of us are independent, as such, and that inter-dependence is a more accurate way of describing how we live.

This transition is a diverse experience for young people depending on their social and educational background, gender, ethnicity, sexual orientation and so on. We all have unique experiences of the transition depending on the combination of these factors and how they affect our individual biography.

Preparing Young People For Leaving Care

The concept of ‘transition’ is helpful in getting us to think about preparing young people for leaving care. Transition implies that leaving care should not be an event (that is something which happens on a given day) but rather should be seen as a process (that is something which is planned, gradual and takes place over a period of time).

What then can we identify as good practice in preparing young people for leaving care?

• Young people should be fully involved in all planning and decision-making which affects them.

We should be treating all young people as people in their own right, active partners in the care process. We should not treat young people as passive - they need to develop skills in independence, responsibility and decision-making, in order to become successful adults.

• Young people should be helped to develop their identity and a positive self-image.

Young people in the care system will have experienced challenges to their self-esteem and confidence, either through abuse/deprivation. Carers have a responsibility to help young people build a positive self-esteem.

At the point of leaving care, many young people are trying to make sense of their past and develop a sense of belonging. Young people who are supported in their search for knowledge of their past and their search for themselves are more likely to manage in adult life confidently and assertively.

Young people from mixed racial backgrounds have particular needs in relation to their dual heritage which need to be carefully addressed.

Young people with disabilities also require positive images - membership of groups and the use of positive images are also important here. Care practices and resources should ensure that young people with disabilities are able to participate fully.

Young people should also be encouraged to be positive about their sexual identity. Carers need to ensure that young people have access to information and advice about sexuality.

• Care practices should promote contact between young people and their families, neighbourhoods and friends.

About 1/6 of young people return to their families on leaving care and 4/5 maintain some contact with their families on leaving care. Family contacts are crucial in order for support and identity networks to be maintained. Some young people experience no contact with their family, have few friends and experience loneliness and isolation.

• Young people should be supported in developing life skills:
  - self-care
  - practical skills
  - interpersonal skills

For young people in care, there has not been a gradual assimilation of skills throughout childhood. They may struggle with these skills, so need your support and assistance.

The preparation for young people to leave care/accommodation begins early on. In the years leading up to the young person’s 18th birthday, the young person needs to be prepared for independent living. The checklist to follow gives an indication of the sorts of skills areas required for independence. You may find this a useful reference.
Many young people leave care/accommodation without adequate preparation in practical and financial skills and knowledge. These include:

- how to shop for, prepare and cook food
- eating a balanced diet
- laundry, sewing and mending and other housekeeping skills
- how to carry out basic household jobs such as mending fuses (which will involve basic electrical and other knowledge)
- safety in the home and first aid
- the cost of living
- household budgeting including the matching of expenditure to income, the regular payment of bills and avoidance of the excessive use of credit.
- health education, including personal hygiene
- sexual education, including contraception and preparation for parenthood
- applying for, and being interviewed for, a job
- the rights and responsibilities of being an employee
- applying for a course of education or training
- applying for social security benefits, if required
- applying for housing and locating and maintaining it
- registering with a doctor and dentist, optician
- knowledge of emergency services (fire, police, ambulance)
- finding and using community services and resources
- contacting the Social Services Department and other caring agencies
- contacting organisations and groups set up to help young people who are, or have been, in care
- the role of agencies such as the Citizens Advice Bureau, local councillors, and MPs
- how to write a letter of (a) praise/complaint; (b) to obtain advice.

Have they got their birth certificate, national insurance number, NHS card. Is their legal status secure?

**Self-Care Skills and Care of Dependent Child Skills**

Can this young person provide adequate care for a dependent child whilst living on their own in a flat?

Do they understand and practise basic childcare to aid the child's physical development?

What support networks do they have to provide continual emotional and practical support?

What support networks do they have to provide assistance in times of crisis?

Is there someone who can help with childminding?

**Emotional Preparation & Skills**

Help to explore feelings about moving on - positive and negative.

Feelings about identity.

Feelings about transition from being a young person dependent on others to more responsibility for their actions.

Feelings about family and relationships and support networks. Where can they go/where can they receive support in times of crisis?

Continuation of therapy/counselling if applicable.

Recognition of ongoing unresolved issues.

Emotional Skills:

- Assertiveness
- Stress management
- General coping mechanisms.

Preparation is not something which can be added onto the end of a care career. This approach is bound to fail. Preparation should be seen as a process which takes place throughout the care experience of the young person. We cannot think about leaving care, preparation and aftercare without reflecting on the impact of the entire care experience.
Moving On & Goodbye - Planned & Unplanned

Fostering placements can end for a number of different reasons, some of which are planned, some unplanned.

Most placements end positively and in a planned way with the child returning to the parents or moving into independence or to a long-term placement. In these instances, the plan for ending the placement will usually be discussed at the child’s statutory Review, so that all the significant people are aware of the plan and have the chance to comment on it.

If the child is moving to a new placement, careful preparation will be needed and the carer will have a significant contribution to make in this process.

The Department is under a duty to terminate a placement if they consider it is no longer safeguarding or promoting the child’s welfare.

The Young People’s Team will be involved with young people leaving care. The Leaving Care Act gives local authorities responsibility to have a Pathway Plan for each young person and to maintain contact with them until they are 21 years of age.

Planned Goodbyes

Many children leave care to return to their own families. If the child with you is going to do so, bear in mind that it can be very difficult for a child to settle down once more into their original family life. Many things may have changed. They are likely to make sometimes uncomfortable comparisons between their original family and their foster family. On the other hand, the young person may be leaving you to lead their own independent life.

As the date of departure approaches, children and young people are bound to have mixed feelings about the prospects. Excitement and longing to return home or lead a new life will mingle with regret at leaving the new attachments they have made, resentment at having to change yet again a way of life to which they have grown accustomed, anxiety about whether they will “make it”. Your most important task here is to reassure your foster child of your continuing concern and your support of the move. If, right from the outset, you have recognised the importance of helping your foster child accept that one day they will leave you, it will make it that much easier for you both to undertake the preparations during the final stages of their stay.

If they are returning to their own parents, try to encourage them to share with you their hopes and fears about rejoining their family, to “rehearse” with you some of the difficulties there might be in managing the homecoming and the ways in which their behaviour and attitudes might make things easier for themselves and others.

If the young person is leaving you “to make their own way” in the world, their continuing Care Plan will no doubt show that they need two essentials: help with the learning of practical and social skills and the assurance of adequate continuing support. By the day of their departure, they should be proficient in ordinary household tasks, managing money, shopping, cooking and laundry; but perhaps more important than these, they need also to have had some understanding about making friends of their own age, relating to others, asserting their own wishes tactfully but firmly, giving a creditable performance in interviews and negotiating with such people as landlords and officials of the DSS.

How they gain these experiences is a matter which will take considerable time and effort and, whilst you might enlist the help of others, you will need to take the initiative to ensure that it happens. It is vital that when they eventually leave you, they do not feel abandoned. It will help them a great deal if they know there is always a reliable, accessible adult to whom they can turn for advice. If they know they are welcome to come back to see you and perhaps stay the night occasionally, that will add considerably to their sense of security.

Wherever the child or young person is bound, if their stay with you has been a good experience, the day of their departure is bound to have sad and painful overtones for all concerned. However, the pain can be lessened and made bearable if some or all of the preparation work mentioned above has been carried out and shared between all of you; and above all if you have all faced and taken part in a reasonably long process of gentle emotional disengagement.
Unplanned Removals

Section 20(8) of the Children Act allows parents to remove a child from accommodation at any time, without prior notice (N.B. this does not include a child who is subject of a Care Order).

It is hoped that at the Placement Agreement Meeting, a plan would have been agreed about the method of ending the placement. However, there may be occasions when a parent or someone with parental responsibility decides to remove the child without prior warning.

The only ground that you as a carer have for preventing the child’s removal, is if you have reasonable cause to believe that the child is at risk of significant harm, in which case you should immediately contact the social worker or emergency duty officer (if out of office hours).

You should inform the social worker, or emergency social worker, if the parent removes the child without notice, even if there are no concerns.

Disruption

This term refers to an unplanned move. This was previously described as “breakdown” but the term “disruption” reflects more effectively the upheaval which is experienced by all concerned and does not have connotations of issues like “blame” or “failure”. Placements are rarely disrupted because of one single incident or person, but more often the coming together of a range of incidents and personalities which prove impossible to contain.

The decision to end a placement in this way is an unhappy experience for all concerned and blame should never be an issue. It is, however, worthwhile trying to understand what went wrong, so that things can be learned for both the child and the foster carers, for the future. This would be the purpose of a “Disruption Meeting” to which you might be invited, or which you may want to request. If you do find yourself involved in a disruption, then you should expect support from your supervising social worker.

All those who attend should come prepared to discuss the following issues:-
• history of the child’s care prior to the request for placement;
• identified needs of the child for accommodation or care;
• foster carers’ approval and skills to meet the child’s needs;
• the matching and introduction process;
• the placement;
• the stages of the placement and support given;
• the circumstances leading to breakdown;
• any identified learning processes for the future placement of the child;
• the foster carer’s wishes for the future.

Whatever the reason for ending, carers should help the child have positive feelings about the ending, as the process of leaving is as important as the process of arriving. Try to be honest about feelings, yours and theirs. Let them know that even though you will not be living together anymore, you still care about what happens to them. Because you have been unsuccessful with one child, for whatever reason, this does not necessarily mean that you are not good carers. It does mean that you need to think carefully about what went wrong and to avoid it happening again.

Adoption Placements

Most of what has been said about planned goodbyes applies to carers who have younger children waiting for adoption. After a family has been matched to the child, an intensive period of introduction will take place in your home. A carefully worked out plan of introductions is made in advance. The foster family can be anxious and disrupted by new people in their home. The child is disrupted by a change in routine and sense that something major is about to happen. The adoptive parents can be anxious about being in someone else’s home - away from familiar territory and trying to get on with a child who is a stranger who may become theirs. Often their own children will come with them and they can be anxious too.
Remember, this is a time to be open and honest, talk about your worries and concerns. Although a sad and difficult time - you have probably given the child an excellent foundation for future life. At the end of every placement, we ask the carer and the supervising social worker to complete a post-placement review form. This helps us to look closely at the placement and help us to match comfortably future children into your home. These forms are also useful for us when we come to do the annual review. They allow us to see strengths and weaknesses and reach informed decisions in the future about the resource you are offering.

Training is available to help carers to prepare to help themselves and the children when moving on to adoption.
Section 10
The Partnership between the Foster Carer and the Department

(a) WRITTEN INFORMATION

Forms
The most important forms you will come across are detailed below:

a) The Foster Carer Agreement - signed by you at the time of approval, and following each annual review.
b) Placement Information Record completed before the time of placement, Part 2 as soon as possible after the placement begins.
c) The Childcare Plan 1 + 2 should be completed before a placement or as soon as possible after a placement begins but well before the first review.
d) Review forms at four weeks, three months and every six months.
e) Documents for young people – your views.
f) Carer’s report.

Recording/Record-Keeping
It is essential that all carers keep records. There are several reasons, which are explained below:

It is necessary to discuss with your supervising social worker and the fieldworker what is required of you. Your supervising social worker is there to advise and help you with recording.

Carers are in a very sensitive position and will have access to lots of invaluable information. This is an extremely important responsibility and the department requires you maintain clear and up-to-date recording.

Please look at the Guidelines below, which outline your responsibilities.

Guidelines for Record-Keeping

1. All information relating to the current placement should be kept safely in the file issued to you on approval. Its contents remain confidential.
2. At the time of placement, or before, a Placement Information form must be completed, giving you information about the child or young person about to come into your home. Keep it safe in the file.
3. Keep a diary of important events and dates.
4. When a child moves on, the whole package should be returned to your supervising social worker.
5. Why keep records?
   (a) You need information in order to deal with emergencies, if a young person required urgent medical help or goes missing, the police and/or hospital will need information.
   (b) You need information to work with a young person. You may see patterns of behaviour emerging.
   (c) Information in your possession as carers is invaluable in the agency’s assessment of need. Observations and comments should be accurately recorded.
   (d) You may be required to attend court or a Case Conference or Review and you may need to report back.
   (e) You need information to help keep yourselves safe if an allegation is made.
   (f) Carers have lots of information about a child’s life and it can be converted into Life Story work.
   (g) Carers need to be keeping accurate records of life events for children, together with written details like school reports, photos, etc. Your supervising social worker will advise on the compilation of “life story work” materials.
6. Writing up Records - It is important to keep your records up to date and accurate, differentiating
between facts and personal opinion. If you do get behind, try to summarise events beginning from your last entry and bring them up to date.

The child and parent(s) should know that you make a written note of the events in the placement and the reasons for this.

**Recording Information**

It is important to keep daily records of the events in the life of your foster child. It will provide clear information when you contribute to making plans about a foster child’s future and can be useful in providing information in later life and Life Story work.

Written records could be of use in a court hearing.

**What To Record**

You should record any event or circumstance which has, or could have, an effect on the well-being or safety of any member of the foster family, including the foster child. Make a note about the following (N.B. the list is not meant to be exhaustive):

1. Children’s achievements. Include everything, no matter how small, connected with the foster child. You will need to decide what to note about any children of your own. It might be useful, for instance, to record anything about them that you think has a particular impact on the foster child.

2. Any significant changes - good or bad - in the child’s behaviour.

3. Any significant changes in the child’s health.

4. Medical or dental appointments.

5. Any medication given, prescribed or otherwise, including anything given or taken by mistake, using the appropriate form.

6. Any bruises, scratches, wounds, sores, lumps, infections, headaches, etc. Note the reasons, whether accidental or self-injury, and any witness to what happened. Note how the injury occurred on the appropriate form. If you do not know what did happen, and there is a possibility of negligence or abuse, the matter must be investigated under the local child protection procedures, and your notes will be useful for this.

7. Outside agencies or professionals contacted for advice; include the time of contact, the person’s name and phone number, and the advice given. Try and note the exact words.

8. Actions taken to deal with a possible emergency or safety hazard, such as giving first aid.

9. Absences of family members, except for regular events like going to school or work.

10. Visits from babysitters or other care-givers, friends, family members or others, including any interaction between visitors and the foster child.

11. Visits/telephone calls from the foster child’s relatives and friends.

12. Any information or complaint that has a serious potential impact on the foster child, yourself, your immediate or wider family or the agency. Any other event, information or circumstances which potentially affect the wellbeing of anyone inside or outside the household.

13. The outcome of contact visits. This is a requirement of the Fostering Service Regulations 2002. Record how the child seems on their return from contact, immediately, and later if needed.

**How to Record**

1. Keep all recorded information about each child in one place and filed in date order. Do not keep information about different children in the same section as this could result in unauthorised persons having access to confidential information which would be in breach of the Data Protection Act 1998.

2. Make clear and legible - scribbles can be very hard to understand as time goes by. Language used should be kept simple and, wherever possible, jargon and slang avoided, unless you are quoting what someone actually said.

3. Include anything that you think is relevant, even if it seems like a small detail.

4. Wherever possible, avoid opinion and just stick to facts. However, if you feel that you do need to
record opinion then make sure you clearly state that it is your opinion. As the information recorded is classified as personal data, the subject has the right to make a 'subject access request' in order to view its content. Therefore, any unnecessary opinions/comments should be avoided so as to prevent undue distress to the child.

5. Note how reliable you feel the information is, and identify clearly anything that you think might be unreliable.

6. Qualify any fact or opinion by noting its source, and identify any information that seems to contradict it.

7. Make a note of people who have witnessed events, and of information that backs up what you have recorded.

8. Make an arrangement to have your notes read, signed and dated every so often by your supervising social worker or the child's social Worker.

9. When the child moves on, pass all your notes to your supervising social worker or the child's social worker for placing on the child's file.

Where to Record

You will have been given a diary to record all the appointments in respect of your foster child and your own family's if you wish. We know that these arrangements can get complicated!

You should not keep detailed records in your diary, however, or any personal information. The diary is to help you manage your time effectively and is not intended for recording purposes.

Detailed records are to be kept in a ring binder, separating information on each child. It is important that each section is kept separate so that details of other children do not inadvertently get mixed in. If you prefer to use a cardboard wallet system of recording, this is fine.

The Data Protection Act 1998

It is important to note that records kept about a looked after child form a 'relevant filing system' and are regulated as personal data by The Data Protection Act 1998. This does not apply to your appointment diaries. This Act allows foster carers to record data in this way as they are protecting the vital interests of data subjects or others. It is imperative that the data noted is not excessive but is kept to that which is relevant. Record keepers must ensure that the records are accurate, kept up to date and that all copies are securely stored; if the records enter the hands of a third party, this is a breach of the Act and the record keeper may be liable for damages for any distress caused to the data subject as a result.

The Data Protection Act has changed the legal view about who actually owns the records that foster carers make in relation to looked after children. The Act covers both paper (manual) and computer-held records, and it gives details of (a) who can store personal records and (b) the principles that apply to information storage. Agencies that hold records must notify the Information Commissioner (previously the Data Protection Registrar) that they process personal data and are therefore a data controller. Foster carers can hold and record information on looked after children, but they hold this on behalf of the fostering agency. They have no right to be data controllers themselves. The information belongs to the fostering agency and, at the end of a placement, should be handed over to them. The Act allows anyone who has recorded information to access it at a later date should the need arise. It may, however, be advisable for the carer to keep a record of the child's name, responsible authority, date they arrived, date they left, and the date that the information was passed to the agency.

Confidentiality

As foster carers, you are required to respect confidentiality. You are in a privileged position of knowing a lot of personal and intimate detail about a child and their family. This places upon you and your family a heavy responsibility not to abuse this position. Confidential information must not be disclosed to anyone else. Written information must be kept in the box file, which we will provide. When a child moves on, the information must be returned to the social worker. Please think about this very carefully. Friends and neighbours can be very curious and you will need to avoid answering their questions. Be honest with them and say that you are not at liberty to discuss certain things with them. The child you are caring for will also be trying to work out what they are going to tell people. Together, you can decide what you can and cannot share.
Remember, the child has a right to privacy about their origins and their past experiences. However, if a child wants to confide in you on the understanding that you will not share the information with anyone else, you cannot promise confidentiality. The child must be made aware that there is certain information that you will not be able to keep a secret, e.g. if the child implies or tells you that they have been abused.

Any serious breach of confidentiality by a carer will be taken up by the supervising social worker and the Team Manager.

General information is often discussed at support groups. Information shared in this way must remain confidential to that group. Children's personal details must not be discussed.

**Sharing Information Within Your Own Family**

You may be sure of your own ability to keep information confidential, but not necessarily of your own children's ability. It is best to avoid putting too much responsibility on them and making them anxious. However, there is some information they may need to protect themselves. Also, some members of your extended family may need to know some details, if there are concerns about abuse or allegations. Always check this out with the social worker and share the responsibility.

**Information We Have About You**

We keep the following information on your file about you:

1. The Form F, Fostering Assessment, and related papers.
2. The Foster Carer Agreement that you have signed to enter into a partnership with the Department.
3. Annual Reviews - the form which is completed by you and your supervising social worker when the statutory reappraisal of your approval takes place at least once a year.
4. Records of your supervising social worker's visits to you.
5. Records of training attended.
6. Records of any allegations made against you.

All information held by the department (apart from third party information and personal references) in relation to foster carers is available to you under the terms of Access to Personal Files Regulations 1989. You are welcome to contribute to your file and if you would like to see it, tell your supervising social worker.

**Conflict of Interest**

You need to let us know if you have any connections with any sections of the Department i.e. if you are related to any members of staff or to councillors, or if you have business connections with which the Council has a contract or an interest.

This can often be dealt with, the important thing is that we know about it.

**Events and Notifications**

Under Schedule 7 of the Fostering Services Regulations 2011, we are required to notify certain events to one, some or all of the following:

- OFSTED
- Responsible Authority
- Secretary of State
- Area Authority
- Police
- Health Authority

The table details, which events have to be notified to whom.
### Regulation 36(1)

<table>
<thead>
<tr>
<th>Event</th>
<th>OFSTED</th>
<th>Responsible authority</th>
<th>Secretary of State</th>
<th>Area authority</th>
<th>Police</th>
<th>Health authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death of a child placed with foster carers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Referral to Secretary of State pursuant to section 2(1)(a) of the</td>
<td>Yes</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Protection of Children Act 1999(a) of an individual working for a</td>
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<tr>
<td>fostering service</td>
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<tr>
<td>Serious illness or serious accident of a child placed with foster</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>parents</td>
<td></td>
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<tr>
<td>Outbreak at the home of a foster parent of any infectious disease</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
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<tr>
<td>which, in the opinion of a registered medical practitioner attending</td>
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<tr>
<td>the home, is sufficiently serious to be so notified</td>
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<tr>
<td>Allegation that a child placed with foster parents has committed a</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
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<tr>
<td>serious offence</td>
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<tr>
<td>Involvement or suspected involvement of a child placed with foster</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>parents in prostitution</td>
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<tr>
<td>Serious incident relating to a child placed with foster parents</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
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<tr>
<td>necessitating calling the police to the foster parent’s home</td>
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<tr>
<td>Absconding by a child placed with foster parents</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Any serious complaint about any foster parent approved by the</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
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<tr>
<td>fostering agency</td>
<td></td>
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<tr>
<td>Instigation and outcome of any child protection inquiry involving</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a child placed with foster parents</td>
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</tbody>
</table>

**(b) SOCIAL WORKER**

Planning and Reviews of Looked After Children

The forms were decided by the DoH as a nationwide format for recording. They reflect clear expectations about the breadth and depth of records that are necessary when a child is looked after, and the effective use of these forms will reflect good practice.

These forms are:
- Placement Information Record (PIR)
- Care Plan 1 and 2
- Consultative Papers and Review Form

The placement information Record Part 1 forms the basis of all the information held on a child who is currently looked after.

The PIR Part 1 must be completed when a child is placed, as it gives the information needed immediately by carers.

The care plan Part 1 - information about the overall plan
Part 2 - Information about why the child is to be looked after. The form also needs to be signed by the foster carer to agree to the child being placed.

The Care Plan ensures that there are clear objectives set out for the child or young person’s care and that there is a strategy for meeting them. This must be completed well before the first statutory review. It is then reviewed at every review and can only be changed at a review.

All carers must have a copy of the Care Plan.

The review ensures that the day-to-day arrangements still meet the child’s needs - ensures that the Care Plan is still appropriate and that the work is being undertaken which is required to meet the Care Plan’s objectives.

Carers should receive a consultation paper before a review so that their views can be considered in writing and they should also receive a copy of the review decision sheet.

Visits from the Department

When a child is placed with you, the social worker will discuss the frequency of the visits and this will form part of the placement plan. These visits will be for the social worker to both see the child alone and with the rest of the foster family. You should always be aware of the work being undertaken and feel part of the Social Work plan. The minimum frequency of visits is laid down in the regulations:
• within 1 week of placement.
• and then at intervals of not more than 6 weeks in the first year and at intervals of 3 months after that, or at any other time at the request of the child or carer. This should be discussed at the child’s review.

These are minimum requirements and, depending on the needs of the child, they may be more frequent. You can ask for more visits. The social worker will talk with the child - sometimes alone - and yourselves to ensure that the placement plan is working and suitable. These visits also allow you the opportunity to share information and ask questions.

The Regulations require that:
• the child is seen at each visit (alone if appropriate)
• the foster carers are given appropriate support and advice
• the social worker writes a report on the visit after each visit

There are a number of reasons for the visit:
• to work with the child towards achieving the plan
• to assess how far the plan for the child is being achieved
• to provide a measure of child protection

In the case of an immediate or emergency placement, the child should be seen by their social worker weekly.

Different Meetings

Foster carers will be invited to meetings about children in their care because carers have a unique and important contribution to make. Listed in the table on the next page are a range of the sort of meetings you may be invited to - their purpose and who else may be there.

Childcare Reviews

The purpose of the review is to make sure the child is being cared for and that plans are being made and progressed. It is a meeting where all the people involved with the child can get together and share in the decision-making. St. Helens places great emphasis on holding reviews on time.

Foster carers will be expected to contribute clear and accurate information - so keep your diary up to date. This includes observations about the child’s behaviour.

A Care Plan can only be changed at a Review.

Other meetings may be called in response to particular developments. Some will be in your home, others at the office. The place and timings of all meetings should be convenient for you, the child and their parents. Some meetings will be more formal than others and sometimes you will need to ensure that any young children are looked after elsewhere.
Foster carers are treated as professionals. If meetings make you anxious, talk to the social worker or Chair beforehand. Your task is to help the foster child be fully involved in these meetings too.

Meetings are a useful means of:
- obtaining information
- sharing views
- solving problems
- reaching decisions
- making plans
- checking progress
- gaining consensus.

To be effective, meetings need to achieve their aim in a reasonable way, in a reasonable time.

Successful meetings are dependent upon good planning. Detailed plans need to be made before the meeting - who needs to attend and what preparation do they need before taking part. This matters as much as the conduct of the meeting itself.

It is important that the child’s contribution to a meeting is valued and that the child knows this. They will have a consultation paper to complete.

It is a good idea to go over details of the meeting with the child beforehand and to prepare them as much as possible. Talk about what questions they may want to ask and the best way to do so. Find out if the child would like someone to speak on their behalf at the meeting. The child could alternatively make a tape of what they want to say or write a letter.

Let the child know that their contribution will be welcome and valued. Children are much more likely to take part in the meeting if they can see the purpose and feel it will be worthwhile.

If you do not think a meeting is being organised well, you should contact the Chair to discuss your concerns.

If the child in your care comes from a family where English is not the first language, the meeting should include an interpreter.

### Meeting Purpose Membership

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Purpose</th>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductions</td>
<td>To introduce the child or young person to a foster carer and their home.</td>
<td>Foster carer and family, Child/young person and their family, Child or young person's social worker and supervising social worker.</td>
</tr>
<tr>
<td>Placement Agreement Meeting</td>
<td>To work out the details of the placement, the work to be done and the care plan for the child.</td>
<td>Foster carer, social worker for child, supervising social worker, child, and child’s parents.</td>
</tr>
<tr>
<td>Review</td>
<td>To review the plan for the child – assess progress and decide future work to be done. Can be called at any time – not just at statutory intervals.</td>
<td>Foster carer, child, social worker, parents, representatives from other agencies e.g. school and health. If child is 16 - a worker from the Young Person’s Team.</td>
</tr>
<tr>
<td>Disruption meeting</td>
<td>To review the placement and gather information to help make new plans for the child after the unplanned disruption of a placement.</td>
<td>Child, parents, foster carer, social worker and supervising social worker and other interested parties. Independent Chair.</td>
</tr>
<tr>
<td>Child Protection Conference</td>
<td>To make protection plans for the child, following an incident of above.</td>
<td>Child, parents, social worker, carers, supervising social worker, Police, Education, Health, and other interested parties.</td>
</tr>
</tbody>
</table>
**Disruption meeting**

To review the placement and gather Child, parents, foster carer, information to help make new plans social worker and supervising social worker for the child after the unplanned and other interested parties. disruption of a placement. Independent Chair.

Child Protection To make protection plans for the child, Child, parents, social worker, carers, Conference following an incident of above. Supervising social worker, Police, Education, Health, and other interested parties.

**Childs review**

Under the care planning, placement and care review 2010. 
The role of the independent review officer has the responsibility of ensuring that care plans are based on detailed and internal assessments are up to date effective and provide a real genuine response to the child’s needs, ensure a child is aware of their right to apply for section and orders.

The IRO will want to meet with the child before the review to discuss who they would like to attend the review. The IRO has a duty to see the child age appropriate.
Section 11

Putting the principles of the Children Act into practice

The Principles

The Children Act 1989 principles can be translated into a number of clear statements about good practice.

1. We need to acknowledge that all children have certain basic needs if they are to thrive and achieve their potential. They include the need for:
   - appropriate physical care and protection from harm
   - positive healthcare
   - affection and approval in order to develop self-esteem
   - stimulation and opportunity to develop their skills
   - discipline and control – age-development appropriate and needs to be fair and respectful and time-limited. It should be in context of behaviour you want to discourage.
   - opportunities and encouragement to acquire skills and the means to prepare for adulthood.

2. We need to acknowledge that all children have individual wishes and feelings, gender, racial origin, religion, culture, background, and personal capacity, and these need to be given special consideration.

3. The aim of Children & Young People's Services is to promote responsible parenting and this includes foster care. Children Looked After become subject to the planning and review regulations. For children who cannot go home, we have a responsibility to meet their needs for continuity and security through to adulthood.

4. We all need to demonstrate:
   - respect for children and their rights
   - respect for a child's parent(s) and their family
   - respect for a child's race, religion and cultural identity
   - a non-judgemental service of quality care a promise to listen to children

5. We need to be working in partnership with a variety of agencies that provide services to children. These include education, health authorities, police, probation and voluntary agencies. Working in partnership means that a network of care and support is provided by all agencies as a response to identified need. This includes working with the family.

Children’s Rights

Children can expect:
1. To be protected from harm
2. To be able to express their wishes and feelings in the knowledge that any concerns will be taken into account.
3. Information about their family and other important people in their life and contact with them or a clear explanation of why this is not possible
4. To be told clearly what they can do and what I am not allowed to
5. Not to be discriminated against for any reason
6. Education and healthcare that suit their needs
7. Opportunities to develop their skills and interests
8. Encouragement to participate in the making of decisions and plans for their future
9. To be prepared for life as an adult with the necessary help available while they do this
10. To know how to complain if things go wrong and for their complaint to be dealt with properly.

Children and young people will be given a Children’s Guide on entering the care system. You should also be given a copy of this Guide so that you know what it contains. If not ask your Supervisory Social Worker.
Section 12
Working with the child’s family and friends

Underlying Principles

It will be helpful for you as foster carers to be aware of the underlying principles of the Children Act 1989, in relation to the child’s family.

1. Parents are the most important people in the child’s life and children should be brought up in their families as far as possible.
2. The department is required by law to provide services to families, to prevent the need for children to be looked after by the Local Authority.
3. In a small number of cases, where the child’s safety cannot be promoted or protected within the family, removal of the child will be necessary and alternative family care sought.
4. Fostering is a positive service to children and their families.
5. When a foster placement is being considered, the wishes and feelings of the child, the parents, and other significant people must be sought and taken into consideration.
6. Whether the child is with the parents or not, the parents retain parental responsibility for the child. If the parents are married, they both have parental responsibility. If they are not married, parental responsibility lies with the mother unless the father is named on the birth certificate, where, since December 2003, he will have parental responsibility also.
7. Parents are positively encouraged to be part of the planning process and to be actively involved in decision-making.
8. All placements need to take into account the requirement for the child to be placed as near to the family as possible, and siblings should be placed together wherever possible.
9. If the placement is for a child with disabilities, particular attention should be given to ensuring that the placement is suitable for the child.
10. All work within the placement should be focused towards the child returning to the family as quickly as possible whenever this is deemed to be in the child’s best interests.

The Birth Parents

Every parent will respond differently to their child coming into care. Many parents will wish to be involved in their child’s life while they are with you – and many will not. Try to give them the opportunity to stay involved. Any separation will affect relationships. Contact can aid a speedy return of a child to their family.

Some carers will have a lot of contact with parents, especially with short-term work, or regular visits for long-term work. Even if you do not, you may have to explain to a child why their parents do not visit.

The more you understand, the easier it will be for you. Most of you will take on contact as part of the job and do it well – but remember what the difficulties may be.

Some Feelings of Birth Parents

Many parents experience feelings of shame or guilt if for some reason they are unable to look after their children. A parent’s inability to care for that child should not require them to forfeit respect as parents or people. Parents may be shattered, stunned, angry, depressed or feel powerless and guilty.

The department, and you, can be seen to be all-powerful and threatening.

Anger may often seem the best defence:
• they may feel angry with the department because they blame it for bringing the problem to light.
• they may see you as an agent of the department and also condemning them for failing their children.
• they may be angry with the child for not being good and easy to look after.
Being afraid of losing their child and confused about the processes are common feelings. They may feel bitter and uncomfortable if you have a better standard of living and seem able to cope. They may be afraid you will replace them in their child's affections. As carers, your reactions to them are vital. Parents need you to accept them for who they are.

Contact

The Children Act 1989 imposes a duty on Local Authorities to promote contact between a child who is being looked after and those connected with them. Sometimes this is voluntary and sometimes there is a Court Order. Unless an Adoption Order is made, the child's parents always retain their parental responsibility.

The Main Points:
1. You are looking after children on behalf of others.
2. Recognise that children's parents, relatives, friends, carers and social workers have different needs and attitudes to contact.
3. Your skill, attitude and experience, patience and understanding are a powerful influence on the successful outcome of contact.
4. Take your own family’s needs into account.
5. Never leave things to chance.
6. You should expect help. Do not hesitate to talk to your supervising social worker.
7. You should keep a record of contact that your foster child has with friends and family. Things you should record are, did the child look forward to contact or not? What did they talk about on return? Any noticeable changes in behaviour, mood, sleep patterns etc?
8. A risk assessment must be completed before any contact arrangements are made.

Contact Visits

Contact is one of the most emotional aspects of fostering - arranging for children and their families from whom they are separated to keep in touch with one another. The management of contact is one of the toughest aspects of fostering. If a child is to go home, their links with their parents must be continued.

For young children where the plan is to return home, visits may be intensive and frequent.

For older children, and where the plan is not rehabilitation, visits will be less frequent.

Visits should be natural and active occasions - going out, playing, etc. Contact can also mean letters or phone calls.

A good contact visit will leave the child feeling reassured that they are loved and missed by their parents and still belong to them. They will have heard about what has been going on in their family in detail, and the bonds will be kept alive. If a decision is made that rehabilitation of a younger child is not in the child’s interest, we will try to safeguard their future with a permanent substitute family. Children need a family to which they can belong permanently. This may mean terminating the parents’ contact with the child. Even if this is the case, the child still needs to know about their parents and you will need to help them understand this. If you understand the parents’ situation, it is easier for you to explain kindly and truthfully to the child.

Difficulties

- parents may criticise you
- criticise the care you give
- undermine you, especially by referring to the fact that you get paid
- make false promises
- try to give up visiting because it is painful
- show love by buying presents
- be unable to play their natural roles in someone else's house
- be over-sensitive and take your comments as criticism.
Remember,
• understand their situation
• help them to see that you understand
• encourage them to remain involved.

If parents turn up unexpectedly and demand to remove their child,
(1) stay calm - don't use physical restraint
(2) try to persuade them to speak to the social worker
(3) contact the department
(4) if necessary, phone the police
(5) don't put yourself at risk.

If a child has been out with their parents and does not return - notify the department.

The Child
• Many children see their parents as who they want them to be - not what they are.
• Visits may reawaken a sense of loss.
• Visits may cause over-excitement and exhaustion.
• They may openly reject you and cling to their parents.
• They may blame the parents and reject them because they are hurt.
• Visits may lead to challenging behaviour, sadness, temper tantrums, anxiety.

Remember,
• be sensitive.
• try to understand what the behaviour is trying to tell you.
• don't try to pick the pieces up alone.

Foster Carer
• You may feel apprehensive.
• You may be concerned you come from different backgrounds with different values.
• You may find it difficult to be yourself and relax.
• You might find it hard not to criticise, and be angry and keep your feelings to yourself.
• You may find discipline difficult when parents are around.

Remember,
• the child in care is still the parents' child
• you are a responsible and professional adult in a very sensitive situation
• be sensitive towards the parents' and the child's feelings
• be aware of your own feelings
• don't contradict the parents in front of the child - involve them
• the child needs you to accept their parents because they are part of them
• let your own negative feelings out safely and away from the child
• talk to your supervising social worker. You are not alone in picking up the pieces after difficult visits.

A child's parents will always be important to them. They may want to talk to you about them and sort their feelings out about them. Be honest and truthful and gentle - they may feel loyalty to them even if they are angry.

Arrangements for contact visits will be made at the Placement Plan Agreement Meeting at the start of the placement. Make sure the arrangements suit everybody. There will be practical implications and you will need to minimise disruption and intrusion to other members of your family.

Risk assessments are undertaken by the child’s social worker prior to any contact arrangements taking place.

If a child is at risk of harm and the parent unpredictable or aggressive, contact may take place on neutral ground.
The Importance of Sharing Information

Where carers look after a child where race, religion, culture or language is not their own, the parents and families have invaluable information that can help the child maintain and develop important parts of their life.

Disabled children particularly need their parents and carer to share information so that their needs can be met.
Section 13

The Law Relating to Children and Young People

After section 8 orders

You need to be aware of the law because it provides the framework within which the local authority works.

The children Act 1989 came into force in 1991. It was the most important reform of childcare law the century. It covers initially all the law relating to the care and upbringing of children and the social services to be provided for them. Children who are looked after by foster carers come under this legislation. Fostering services regulations and National Minimum Standards 2002 deal with the approval and supervision of foster carers.

The Basic Principles of the Children Act

The welfare of the child is the paramount consideration.

Parents should look after their children to the best of their ability and children should be brought up in their own families, wherever possible.

Social services departments have a duty to offer services or help to families to promote the welfare of the children in need. This should be in partnership with parents and appropriate to the families race, culture, religious and linguistic backgrounds.

Children should be consulted and participate in decision making, according to their age and understanding.

Contact between parents and children must be safeguarded, if it is in the child’s best interests. Parents never lose parental responsibility except by adoption.

Court proceeding

When a court makes a decision now, it must use the welfare checklist which ensures that the child’s needs, wishes and feelings are addressed. A court cannot make an order unless it considers to do so would be better than making no order at all. There should be no delay in hearing cases, however carers need to be aware that there can be considerable delays in some legal proceedings.

Accommodation and Care Orders

A child who is looked after by local authority is either accommodated under the Children Act or subject to a Care Order under that Act. If the child is accommodated, this will be by agreement with the parents, and the child’s parents retain parental responsibility – which means they can require the return of the child without notice and will make all decisions about the child. If the child is subject to a Care Order, parental responsibility is shared between the Local authority and the parents, and the child cannot return to the parent without consent of the Local Authority or Court Order.

The local Authority is able to make decisions about the child but wherever possible will do this in partnership with parents.

A child can also be put under a supervision Order, where either the local authority or Probation Officer assists and befriends the child. These are between one and three years in length. There is a difference between Criminal Supervision Orders and those made in care proceedings, a child can also be subject to a section 8 Order.

Section 8 Orders

To assist the court in securing the child’s welfare, there are more flexible Orders that can be made in which the court will be able to make particular directions about any issues relevant to the child’s welfare. There are four section 8 orders, they may be made as Interim Orders pending the final outcome of a court case, or as final orders. Section 8 Orders ordinarily cease when the child reaches the age of 16, although there may be exceptional circumstances where these Orders are made or extended up to the child’s 18th birthday.
A Residence Order

Settles the arrangements as to the person with whom the child is to live. The making of a LAO order does not remove parental responsibility from anyone, although it does confer parental responsibility on the person who obtains the order. Where parental responsibility is shared, each person with parental responsibility may act independently of the other in meeting that responsibility. When a C.A Order is in force, no one may change the child’s surname, nor may the child be removed from the United Kingdom, except for a period of up to one month by the person with whom the child resides, without the written consent of everyone who has parental responsibility for the child or the leave of the court.

SGO - Special Guardianship Order

The adoption and childcare act 2002 introduced the special guardianship order (SGO). SGO gives the special guardian legal parental responsibilities for a child which is expected to last until the child is 18. Unlike adoption orders these orders do not remove parental responsibility from the child’s birth parents although the ability to exercise it is extremely limited.

Contact Order

A Contact Order names the person with whom the child shall have contact. These Orders are not the same as Orders for contact under Section 34 Children Act 1989 which relates to children who are the subject of Care Orders. Section 8 Contact Orders may provide for the child to have contact with anyone, not just a parent and more than one contact order may be made in respect of the child. “Contact” may range from long or short visits to contact by letter or telephone.

A Prohibited Steps Order

Steps which cannot be taken without the consent of the court a Prohibited Steps Order may be made against anyone but can only prohibit a step which could be taken by a parent in meeting his/her parental responsibility for a child.

A Specific Issue Order

Gives directions with respect to specific issues which have arisen or which may arise, for example and Order May be made for a child to attend a particular school. Foster Carers may apply of Orders in their own right, but they should discuss this with the social worker and also seek legal advice for themselves.

Emergency Protection Order (Section 44 and 45 Children Act 1989)

An Emergency Protection Order is for use in an emergency. Anyone can apply for such an Order although it will usually be a Social Worker, someone from NSPCC or the Police. The court can make an Emergency Protection Order if it is satisfied that (a) there is reasonable cause to believe that the child is likely to suffer significant harm if he is not removed or does not remain where he is or (b) where the local authority or the NSPCC is investigating the child’s safety, and access to the child is urgently required but this is being unreasonably refused. Under and Emergency Protection Order, the child can be removed from home and placed in a place of safety such as foster home. The court has the power to give direct contact between the child and any named person. If there is no specific reference to contact, it is expected that the child will have contact with the significant people in his or her life. Conditions of assessment or medical treatment may be attached to Orders. An older child has the right to refuse to submit to these conditions. An Emergency Protection Order can last up to eight days in the first instance. In exceptional circumstances, it can be extended for a further seven days. If an Order is made without full hearing, the parents or the child can appeal after 72 hours.

Emergency Protection (Section 46 Children Act 1989)

The Police have important powers in protecting children under Part 5 of the Act. Where a Police Officer has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, he may remove the child to suitable accommodation and keep him there. Alternatively, the Police Officer may take such steps as are reasonable to ensure that the child’s removal from hospital or other place in which he had been accommodated is prevented. A child can only be taken into Police Protection once the police officer has found the child, as there are no powers of search attached to this section of the act. No child may be kept in Police Protection for more then 72hours. As soon as practicable after taking the child into Police Protection, the officer has to ensure that the case is looked into by a designated
officer. Once the enquiry is complete, the child must be released from Police Protection unless the designated officer considers there is still reasonable cause to believe the child could likely to suffer significant harm if released. The Police Officer must also inform various people including (a) the local authority, (b) the child, (c) the child’s parents, of the steps which have been taken. While a child is being kept in Police protection, Neither the Police Officer concerned nor the designated officer acquire parental responsibility but the designated officer must nevertheless do what is reasonable in all circumstances to promote the child’s welfare. Whilst in police protection, the child is allowed to have contact with various people providing this contact is both reasonable and in the child’s best interests. The people include amongst others, the child’s parents, anyone who has expressed responsibility towards him, and the person with whom the child was living immediately before being taken into police protection.

**Child Assessment Orders (Section 43 Children Act 1989)**

Children Assessment Order is generally used when social workers or health visitors have known a child and family for some time and has concerns that the child may be suffering significant harm. Wherever possible, such professionals work with families on a voluntary basis. However, where there have been considerable efforts to work with a family and that family refuses to co-operate with the professionals, the court can be asked to make a Child Assessment Order. Such Orders are not used in an emergency, they are used instead to facilitate an assessment of the child over a maximum period of seven days, to ascertain whether or not the child is indeed coming to harm and whether further action is required. The child will usually remain at home during the assessment unless the court specifically orders otherwise. An example might be where a child needs overnight surveillance in a hospital as part of a medical assessment. The court can only make a child assessment order if it is satisfied that: (a) the applicant has reasonable cause to suspect that the child is suffering or is likely to suffer significant harm and (b) an assessment is required to enable the applicant to determine this question AND (c) it is unlikely that such an assessment will be made or be satisfactory in the absence of an order. There will be a full court hearing before the order is made, giving everyone an opportunity to put their point of view. There is therefore, no right appeal once the order has been made. Despite the court hearing given directions that a particular assessment should take place, the child has right to refuse to be assessed if he is able to understand what is involved.

**Employment of Children and Young People**

It is an offence for any child to be employed:
- until he/she has reached the age that is two years below school leaving age.
- instead of being at school.
- before 7 in the morning or after 7 at night.
- for more than 2 hours each school day.
- for more than 2 hours on Sundays.
- to lift more or carry anything heavy enough to cause an injury.

This is general guidance, and if the Foster Carer has any concerns, they need to ask their supervising social worker.

**Marriage**

Young people accommodated must have the consent of their parents if they wish to marry whilst still minors. An official consent form needs to be completed. The local registrar will need to know if the parents are dead or their whereabouts unknown and we need to confirm this.

If the young person is subject to a Care Order, they need the consent of the parents and the Director of Childrens Services. The Director of Childrens Services can oppose, even if parents have consented. It is then the decision of the registrar.

**Overcrowding**

The 1985 Housing Act states that children of different sexes should not share a bedroom if they are over 10 years of age.
Court Appearances

As an approved foster carer, you may on occasions be called to give evidence in court. The following hints are given in the hope that they may be helpful if you are called to court:

• insist that whoever is calling you as a witness prepares a witness statement with you. This gives a good framework for giving evidence in court. The person who acts on behalf of the department is a solicitor.
• if you are asked to prepare a report for court, make sure your supervising social worker provides guidance and support as to what the report should contain and how it should be set out.
• present the evidence in a factual form and only give an opinion if you are asked to do so.
• make sure you have good support for yourself on the day. Someone who can be with you before and after you have given evidence. This could be your supervising social worker or another foster carer.
• undertake training on attending court.
• a CD about Family Court is available.

National Minimum Standards and Fostering Services Regulations 2011

The National Minimum Standards are “Minimum” standards expected rather than the best standards. Since implementation of the standards in 2002, we have endeavoured to implement the standards across the Department and have at the time of writing, received a positive inspection. We are inspected against the standards every 2-3 years at least.

The standards are grouped under a series of key topics:

• Statement of purpose.
• Fitness to carry on or manage a fostering service.
• Management of fostering service.
• Securing and promoting welfare.
• Recruiting, checking, managing, supporting and training staff and foster carers.
• Records.
• Fitness of premises.
• Financial requirements.

Each standard is linked to the Fostering Service Regulations 2011. The Regulations set out for the Department what is required by law. In addition to the standards, the Regulations detail expectations in relation to placements, including making, supervision of, termination of and short-term and emergency placements.

Part VII of the Regulations requires the Department to notify the Commission for Social Care Inspection and others of particular events.

Both the Standards and Regulations build on the already well established UK National Standards for Foster Care, produced in 1999 and the Code of Practice on the recruitment, assessment, approval, training, management and support of foster carers.

All four documents work in conjunction with each other.

The new National Minimum Standards, however, are more far-reaching and child-centred.

In St.Helens, we aim to implement at least the minimum required of us but also to exceed this by providing best possible practice.

Full copies of all documents are available for reference in the Fostering Service.

Financial Matters

Fostering Allowance

Fostering allowances are given to cover the needs of the individual children placed with you.

Fostering allowances are revised each April. Allowances are made fortnightly, usually by credit transfer to your bank account. For appropriate arrangements to be made, bank account details should be supplied to the Finance Officer, & Foster Care Service.
National Insurance
Foster carers in receipt of fostering allowances are not liable for National Insurance Contributions at present. Carers are entitled to pension rights as a consequence of being a foster carer.

Tax
It is your responsibility to declare this income to the Inland Revenue, on your annual tax return. If you do not receive a tax return, you can obtain the necessary form from your local tax office.

If you do not have any other income, you will be liable to pay income tax at the standard rate on any amount over the personal tax-free allowance. If you already pay income tax, then all declared income from fostering will be subject to tax.

N.B. Now that husbands and wives are assessed for tax separately, it could be worthwhile considering whether to declare income from fostering against the husband or wife, so as to maximise the amount you can set against the personal and married couple’s tax-free allowance.

The tax year runs from 6 April to the following 5 April. Foster carers liable for tax will be assessed under ‘Case 1, Schedule D’ by the Inland Revenue which means you are liable to pay this year, what you earned in the previous tax year. Tax is payable in two instalments on 1 January and 1 July.

Tax Exemption
From April 2003, Income Tax exemption applies to foster carers with gross receipts below a given threshold. This will consist of two elements:

Firstly, a fixed amount per year per household and secondly, an additional amount per child.

In the past, local negotiations took place over tax exemptions for those carers receiving a fee or reward element, but huge variations existed across the country.

All Local Authorities and foster carers should maintain records of age of children and period they are in placement, as this is needed to calculate the amount of exemption they can claim.

Carers who receive the above exemption threshold will be able to choose between commuting their profits in the normal way for self-employed persons, or treating the amount by which their gross receipts exceed the threshold as their taxable profit.

Home Responsibility Protection and Foster Carers’ State Pension Entitlement
From April 2003, foster carers will be entitled to Home Responsibility Protection. For many, this charge will help boost their pension entitlement to the full amount.

At the time of writing, we expect more information on this subject, but if you have access to a website you can keep up to date with information. Visit www.pensionguide.gov.uk

Holiday Procedures
An allowance for most carers on the basic level of finance is made towards the cost of your child’s holiday. Further details of the allowances are given in the ‘Guide to Foster Care Allowances’.

When planning your holiday, you should notify the child’s social worker of the date and address of your holiday so that the Department is always fully aware of a child’s whereabouts. Foster children should not be taken on holiday during term time.

It will be necessary for the social worker to know well in advance of your planned holiday. If you intend to go out of the country, permission must be sought from the Director of Childrens Services and a passport must be obtained. It may also be necessary in the case of children accommodated, to seek permission from the child’s parents.

Gifts
Foster carers should not accept monetary gifts from children in their care, or from the families of these children. Should any significant gift be offered to you, you must inform the Department.

Guarantor Or Appointee
If you are asked to stand as guarantor or appointee, i.e. receiving benefits which you then pass on to the child, you must inform the child’s social worker. It must be clearly recorded that the Department has agreed to this and are satisfied about the arrangements for administration of monies.
Section 14

Guide to common terms used

Adoption
The legal process by which a child becomes a permanent member of a substitute family. Legal links with the birth family are severed.

Accommodated Child
The Local Authority must provide accommodation for any child in need where:
(a) there is no person who has parental responsibility;
(b) the child is lost or abandoned;
(c) the person who has been caring for the child is unable to do so.

The Local Authority does not acquire parental responsibility for a child whom it accommodates.

Examples of accommodation are a foster home, children’s home, approved lodgings.

Assessment
The process of identifying and agreeing the needs and wishes of individual children.

AIDS
Acquired Immune Deficiency Syndrome.

Approving Authority
The local authority or voluntary organisation responsible for approving (or not) a foster carer.

Approval Process
The assessment of prospective carers.

Annual Review
Statutory re-appraisal of all foster carers.

BAAF
British Agencies for Adoption and Fostering.

Birth Family
A child’s biological parents, brothers and sisters.

Care Order
An order made by the court placing a child in the care of the local authority and giving the Local Authority parental responsibility, which it shares with the child’s parent(s).

Care Proceedings
Cases taken to court to consider whether a Care Order should be made.

Case Conference
A meeting of several agencies (health, education, police, social services etc.) called to discuss the welfare of a child, where there has been concern. The parents of the child are usually invited to attend.

Child
A person under the age of 18 years.

Child Assessment Order (CAO)
An order made by the court giving direction for assessment of a child, which can include the child’s physical, medical, educational and emotional development.

Child in Care
Child subject to a Care Order or an Interim Care Order and who is in the care of the local authority.

Child Abuse
The physical, sexual or emotional ill-treatment or neglect of a child.
**Child’s Social Worker**
The worker responsible for co-ordinating the plans for the child.

**Child in Need**
A child is taken to be “in need” if:
(a) the child is unlikely to achieve or maintain (or to have the opportunity to do so) a reasonable standard of health or development without the provision for the child of services by a Local Authority;
(b) the child’s health or development is likely to be significantly impaired or further impaired without such services; or
(c) the child is disabled.

**Child at Risk**
A child is considered to be “at risk” where behaviour or attitude of the parent or carer gives cause for serious concern about the child’s future health or development.

**Childminder**
Someone who looks after one or more children under the age of eight years for reward, for more than two hours in any one day.

**Child Protection Plan**
A central register which includes the names of children who have been abused or at risk of abuse.

**Child Protection Conference**
A group of professionals meeting following the alleged abuse of a child, parents are usually invited to attend. A Child Protection Case Conference will decide whether to put the child on a Child Protection Plan.

**Contact**
The means by which a child remains in touch with his/her family, which can be by letter, telephone, visits.

**Contact Order**
Court order defining contact between a child and his/her family.

**Drift**
The situation of children who remain in care because of a lack of planning.

**Disclosure**
Child revealing information about alleged abuse.

**Disruption**
Unplanned ending of a placement.

**Development**
Includes a child’s physical, intellectual, emotional, social or behavioural development.

**Directions**
Conditions which a court can attach to an order.

**Disabled Child**
Defined by the Children Act 1989 as one who is: “blind, deaf or dumb or suffers from a mental disorder of any kind or who is substantially handicapped by illness or congenital deformity”.

**Emergency Protection Order (EPO)**
An Order which can be applied for in an emergency situation where there is a reasonable cause to believe that the child is likely to suffer significant harm if the child is not removed from, or does not remain in, the place where the child is accommodated (e.g. hospital).

It can also be applied for by the Local Authority where their access to the child is frustrated. The order lasts for seven days and the applicant has parental responsibility for the child.
Emotional Deprivation
When a child has not experienced close, loving relationships, the child may be called emotionally deprived.

Exemption
Exemption from the “usual fostering limit” of three children.

Extended Family
Members of the family - aunts, uncles etc. who do not live in the same household.

Family Proceeding
Court hearing concerning care and welfare of a child.

Family Centre
Centre run by Social Services for support and advice to children, parents and carers.

Failure to Thrive
A term for a child whose growth and development is preventably delayed.

Form F
The nationally agreed form for collating the assessment information about prospective carers, produced by BAAF.

Foster Care Agreement
Agreement required between an approving authority and an approved foster carer, giving the foster carer’s terms and conditions, before a child can be placed with the carer.

Foster Carer
The primary carer in a family with whom a child has been placed by a Local Authority. Can be a relative or friend of the child, or any other suitable person.

Foster Care Panel
Panel considering matters relating to foster carers.

Guardian Ad Litem (GAL)
An independent social worker appointed by the court in court proceedings concerning a child, to look at the specific needs and interests of the child.

HIV
Human Immunodeficiency Virus.

Interim Care Order
A renewable short-term Care Order.

Introductory Visit
Planned introduction of a child to a foster home.

Independent Visitor
An independent person appointed to visit, and advise and befriend the child.

Joint Investigation
Enquiries by social services and police into child abuse allegations.

Local Authority
Your local authority is St.Helens Council.

Looked After Children
A collective term for children who are accommodated by the Local Authority and in care to the Local Authority.

Multi-Agency
Agencies working in co-operation.
Medical Consent
Written agreement by the person with parental responsibility for medical examination, assessment or treatment of a child.

Package of Care
Combination of services for an individual.

Parent
The natural mother or father of a child, whether or not they were married to each other at the time of the birth or conception, or adoptive parents.

Placement Agreement
Arrangement for a child to be looked after.

Parental Responsibility
The rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to a child and his/her property. This can be acquired by others through a court order.

Peer Group
Circle of friends of a similar age and youth culture.

Perpetrator
Person who has abused a child (usually sexually).

Physical Deprivation
When a child is lacking appropriate physical care, e.g. nourishment, warmth, hygiene, to encourage normal growth.

Permanent Substitute Family
Family, other than the birth family, who care permanently for a child.

Partnership
Working together without compulsory powers.

Paramount
The most important consideration.

Private Foster Carer
One who cares for a child under the age of 16 years for more than 28 days by direct arrangement with the child’s parent and not through the Local Authority.

Regulations
Supplementary guidance to the Children Act.

Residence Order
An order setting out the arrangements to be made as to the person with whom a child is to live.

Responsible Authority
In relation to a child, means the Local Authority or voluntary organisation responsible for the placement of the child.

Responsible Person
In relation to a supervised child, means:
(a) any person who has parental responsibility for the child.
(b) any other person with whom the child is living.

In relation to a child who is in police protection or subject to a Care Order or Emergency Protection Order, means the person responsible for the child, e.g. foster carer.

Respite Care
Short stays away from home.
**Siblings**  
A child’s brothers and sisters.

**Same Race/Culture Placement**  
Matching a child’s ethnic background to that of his carers.

**SGO**  
Special Guardianship Order - Gives guardians legal parental responsibility which is expected to last until a child is 18 years old.

**Special Educational Needs**  
A term used when there is a learning difficulty which calls for special education provisions to be made: the Education Act 1981 sets out the meaning of “learning difficulty” (S1(1)).

**Significant Harm**  
Basic grounds for care proceedings.

**Supervision Order**  
An order made by the court, placing a duty on the supervisor (usually from the Local Authority) to advise, assist and befriend the child, who would usually remain in their own home.

**Significant Change**  
A major change to a carer’s situation.

**Secure Accommodation**  
Restricts the liberty of a child initially for up to 72 hours without a court order.

**Statutory**  
Required by Act of Parliament.

**Transcultural Placements**  
Where a child’s ethnic origin is not the same as their carer.

**AND FINALLY**  
This handbook has been designed to provide you with information and practical ideas to assist in your often difficult task of looking after other people’s children.

**NEVER HESITATE:**  
- to ask questions when you don’t understand;  
- to ask for help and support if things get difficult;  
- to complain if you genuinely feel aggrieved.  

It is vital that you feel free to make these demands so that you are able to care for children, with adequate knowledge and understanding.

All policies and procedures must reflect the Statement of Purpose:  
- Child Protection  
- Allegations of child abuse against foster carers  
- Corporal Punishment  
- Measures of control, restraint and discipline  
- Bullying  
- Missing from home  
- Safe Care  
- Whistle-blowing  
- Overnight stay  
- Placement Policy  
- Disruption  
- Foster Care Agreement  
- Foster Placement Agreement  
- Supervision  
- Unannounced visits
• Managing and storing confidential information
• Complaints
• Fostering Allowances
• Equipment
• Behaviour Management
• Unauthorised absence
• Post-placement forms
• Annual Review forms
• Foster Care Procedures and Appendices
• Policy on Recruitment and Assessment Appendices
• Training Policy - folder
• Mentor
• Recording
• Support Protocol
• Transport Policy

Copies of all the above policies and procedures are available from the Adoption and Foster Care Team.