

Appendix 1: Family and Child Safer Caring Plan

**Family and Child Safe Care Plan**

**This safer care plan should be read in conjunction with the Slough Children First – Independent Fostering Agency Safer Care Policy. The policy can be found in the Foster Carer’s Handbook.**

**A Family and Child Safe Care Plan needs to be completed by the foster carer and the supervising social worker for each child in placement. It will be signed by the foster carer and supervising social worker and will be reviewed annually or in line with the child’s changing needs.**

**Name of the Child:                        Date of the plan:                  Next renewal date:**

**Who lives in the fostering household?** Include carers, adult and young children, lodgers and tenants in granny flats or annexes etc.

**The use of names** (Carers should avoid using the term ‘Mummy and Daddy’Use first names preceded by aunty and uncle is preferable if the culture permitsdoing so.)

**Family and Household Plan:**

**Plan for the child:**

**The use of Language**: (Most families have words & terms they use to describe parts of the body or bodily functions such as going to the toilet. Carers need to consider the words they use & their potential meaning for foster children carers need to establish which words & what terminology the child uses as quickly as Possible. Remember to use appropriate language in the home. Have a no swearing rule and consider the words that you use and their potential meaning for foster children. )

**Family and Household Plan:**

**Plan for the child:**

**Clothing (**Modestly is encouraged within the household. No member of the household should walk around in inappropriate clothing. Carers should make sure that all members of the household and fostered children have appropriate clothing Do household members use dressing gowns/bathrobes at bed times/bath times.)

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**Touching/Affection** (The safest rule is that no one in the household touches another person’s bodywithout that person’s permission. Children should generally be asked first if theywant a hug, and they need to be taught that it is perfectly acceptable to say no.Games that involve physical contact such as tickling or play- fighting should beavoided, as they can over-stimulate children and involve uncontrolled touching thatcan be misinterpreted. Some therapeutic games many involve touching and this needto be risk assessed and explained to the child the purpose of the play activity. Affection should be freely shown on a daily basis appropriate to child’s needs as wells minimising the chances of any allegation. Carers must be trained in managing allegations, safer care, safeguarding, record keeping and managing allegations training)

**Family and Household Plan:**

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**Bathing** Carers in a partnership should discuss with each other and the child’s social workerwho is the most appropriate person to give the child a feeling of safety and confidencein the bathroom. It is not a task that should be given to the carer’s older children.Encouragement should be given for children to be as independent as possible interms of washing their own bodies. Doors can be left unlocked and left ajar. Conversations can take place with someoneoutside the bathroom so the child knows there is someone else around)

**Family and Household Plan:**

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**Bedtime:** (This calls for the same kinds of considerations as bath time, for the same reasons. Carers should resist entreaties to get into, or lie on, the child’s bed. A chair that can be pulled close is the solution to chats that may be necessary at night. Doors should be left open. Carers in a partnership should discuss with each other and the child’s social worker who is the most appropriate person to be involved in putting a child to bed and the bedroom door should be kept open.)

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**Children’s Bedrooms:** Where children are to share bedrooms, consideration needs to be given to how eachchild is afforded some privacy, both for their possessions and their need for personalspace.There must be a bedroom sharing risk assessment completed if the child shard a bedroom.Consideration needs to be given as to when others may enter the bedroom. Except inan emergency, people should be expected to ask permission before entering the room and older children should be given increasing control over who goes into their room. Where someone does go into a child’s room, whether they are another child or anadult, the door should always be kept open.Careful consideration is needed before the use of sending a child to their room as asanction as for some children this will trigger memories of prior abuse)

**Plan for the child:**

**Adult's Bedroom: (**Many parents allow their own children to share their bed for a variety of reasons – forplay, to read or to be comforted. While fostered children have the same needs, thesharing of carers’ beds should be avoided. If a child is unwell and in need of comfort and supervision throughout the night, thecarer may need to stay with the child in their bedroom, sleep nearby, or the child may need to sleep on the sofa with the carer in an armchair)

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**Playing** (Consideration is needed as to where in the house children may play unsupervised. Carers should ensure that children are kept within earshot and checked on when theygo quiet. Children should not normally be allowed to play with other children behind closeddoors, although carers will need to balance the need for safety against the need forprivacy for older children, )

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**Transport/going out:  (**Carers need to be mindful of the legislation regarding children and car seats. Allchildren up to 135cms tall (around 4’ 5”) or the age of 12, whichever comes first, inthe front or rear seats of cars, vans and other goods vehicles must travel in thecorrect child restraint for their weights with very few exceptionsIf the carer has to travel alone with a child, then the child should sit in the back of thecar. When going our children need age appropriate supervision). Any motor home/Caravan/ boat must have annual safety check. Younger children should be closely supervised at all times in the community; however, in respect of older children there will be times when they will be outside the home not under the direct supervision of the foster carer, e.g. going to and from school, short trips to the local shops and visiting friends. Carers will need to make a judgement with the social workers as to when the young person is ready to be unsupervised for short periods. Agreement will need to be reached with the young person about where they are going, who they will be with and when they will return. In the event that a young person does not return as expected, the foster carer should follow the ‘Missing from Care’ procedure.  )

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**Baby Sitters & alternative carers:** Ideally two people should be used to baby-sit or provide alternative care. Supervisingsocial workers should ensure that a DBS check is sought for regular alternativecarers. The babysitter must also have sufficient awareness of safe caringconsiderations, as well as the authority and experience to deal with the childrenconfidently. Fostered children should not be left alone in the sole charge of a carer’s own child, however willing they are, unless this is specifically cleared with the child’s social worker**.**

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**Photographs & videos:** (Carers need to be sensitive to the feelings of children and their parents in this area.Many children and adults will object to having their image recorded on film for religious or cultural reasons and their rights should be respected. (Note: Where it is likely that a photograph of the child will enter the public domain (e.g. foster carers’outing featured in the local paper) it is essential to obtain the permission of the parents/holders of parental responsibility.)Photos and videos can be important elements in contact arrangements. They need careful consideration and decisions on a case-by-case basis as they may have implications for the security of the placement and the child’s feeling of safety)

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**Holidays:** (The carers will follow the safer caring policy on holidays, wear appropriate clothes and they will not leave the children unsupervised. A holiday risk assessment required to be completed prior to going on a holiday.)

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**Contact:** (Given that contact **may** take place in the foster home, carers will need to devisestrategies to manage this in a sensitive manner, but also in a way that ensures thesafety of the child.Where the contact needs to be supervised, the arrangements for this should beagreed in advance with the child’s social worker and the carer should ensure thatthey are able to dedicate all of their time to this task.Unless part of the care plan for the foster child children will always be supervisedoutside the home. If contact takes place in the foster home – agree a contact plan clearly stating frequency and nature of contact. Contact will take place away from the placement and be supervised).

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**The internet and social network sites:** These facilities are now a fundamental part of everyday life and children are oftenmore advanced in their technical knowledge and experience than the adults caring forthem. The risks and dilemmas they present are very real, and carers need toencourage responsible and safer practices.Site the computer in the family living room, where adults are always around. This isparticularly important if a webcam is available, as predators are deterred by the sightof a normal household in the background**.** Actively show an interest in what they are doing on the computer**.** Agree a maximum amount of time per day allowed on the computer, which could bemore at weekends Internet provider: Set up filters to help block access to inappropriate content on anydevice that connects to your home Wi-Fi.Look t at their internet history files. Use firewalls, security, and anti-virus protection, and understand the use of privacysettings so you know how much strangers can access can.  Ensure the child understands that ‘stranger danger’ applies to the internet. Advisethe child never to give personal or identifying details, without special permission from their carer, and never arrange to meet anyone from a chat room, unless their carer is with them. Advice the child never to respond to nasty or suggestive messages and tell their carer about them (see cyber bullying below) Discuss the issues with the child. Make sure they know they would be victims and never at fault if they become drawn into a situation with a stranger on the internet. Devices: many devices have parental control settings, for example, to help restrict spending in apps or disable location functions online services: sites like BBC iPlayer and YouTube have parental control settings to help restrict access to inappropriate content. If the children access 3G or 4G at home, the parental controls can be bypassed. Similarly, if they go to their friend’s house where there are no parental controls in place, they will be able to access whatever they want. For these reasons, it is important to educate children about the potential risks online, and establish rules concerning the sites that are suitable or inappropriate, to visit. The ‘family agreement’ is a great place to start and the carers can begin conversations aboutboundaries. It is also good to give children strategies on how to cope with anything upsetting they see online, i.e.. They could turn the tablet screen down immediately and come and find an adult who will remedy the situation by getting rid of the website/picture/ taking appropriate action. It's important that carers involve themselves in their online world; as a starting point you could ask them what their favourite websites are and why they like them. All access to the internet, social media or mobile phones will be fully monitored by the carers.)

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**Mobile phones** (Difficulties can arise, particularly from the contact a mobile phone allows with peoplefrom whom the child needs protection. Dangers range from the intentional or unintentional undermining of placements and emotional abuse/ bullying of the child, through to the incurring of excessive costs and placing the child at risk of beingmugged for their phone. Ensuring the use of mobile phones is discussed at the time of placement, and thatthis is forms part of the fostering agreementDeciding whether it is more appropriate that the mobile is pay-as-you-go, to monitorexpenditure, or a contract that enables calls to be monitored more closely throughitemised billingAvoiding Bluetooth or infrared phones for younger or more vulnerable childrenTurning off/ restricting access to the child’s mobile phone after bedtime/ overnight. Not permitting young children in foster care to have a mobile phone, for their own protection. Mobile operator: filters are often automatically set up on mobile contracts, but the carer can double-check with the provider.

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**Cyber bullying:** (New technologies provide an apparently anonymous method by which bullies cantorment their victims at any time of the day or night. While the bullying may not bephysical, the victim may receive an e-mail, chat or text messages or be the target ofunfavourable websites or social networking profiles that make them feel embarrassed,upset, depressed or afraid. As stated above, carers need to ensure that children intheir care can talk to them about any inappropriate messages, conversations orbehaviours that they have been subjected to.If the carers want to talk with kids about “cyberbullying,” it might be best not to usethat term – at least not at first. Kids often use other terms, like “drama” to describe arange of behaviour’s that don’t necessarily fit into adult perceptions or a scholarlydefinition.Carers being aware that more vulnerable groups like: ethnic, racial and religiousminorities, young people with special needs or learning disabilities and lesbian, gay,bisexual or transgender (LGBT) are more likely to be victims of cyberbullying.)

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**Any Public Health Safety issues to consider –** E.g. covid 19, what necessary precaution will the carers take or follow in relation to public health issues , and follow currentgovernment guidance.)

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**Education on relationship, sex and sexuality** (Have you discussed age appropriate issues with the household members and children placed to ensure they are kept safe;  Carers be familiar with - NSPCC Pants – ‘Let's Talk Pants’ and they need to ensure that children will attend sexual education classes at their school.  The will support the children's sexual education at age appropriate stages. It is important to talk to young people about sex and relationships in a way that is sensitive to their cultural and/or religious backgrounds. It is important young people are taught about safe sex and how to respond to oppressive or abusive behaviour from others.)

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**Behaviour Management: (**The carers are aware of the IFA's behaviour management policy and will use this in supporting the children’s behaviour.  The carers will not use any form of physical chastisement; will implore de-escalation methods and use positive behaviour management strategies like rewards, praise and affirmations for good behaviour. Ongoing discussions to reiterate the expectations, withdrawal of privileges and other age appropriate discipline will be used to manage the children’s behaviour. Discipline should be age appropriate, incident appropriate, positive with no corporal punishment like smacking, slapping, shaking and other humiliating forms of treatment like withholding of food)

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**Smoking and Alcohol:** A smoking agreement needs to be completed if any adult/child  in the household smoke. No child under the age of 5 will be place with families where people smoke. The carers who smoke are encouraged to quit and not smoke in front of children Foster Carers are responsible for ensuring children and young people are not at risk from any alcohol kept in their home. Foster carers must ensure alcohol is stored safely and securely, in either a locker cupboard or, at the very least, out of children and young people’s reach. Foster carers have a critical role to play in setting a positive example to children and young people about how to drink responsibly. Children and young people should not witness drunkenness or binge drinking within their foster placement. The use of alcohol in fostering households must be clearly discussed and outlined in this plan. Any changes in relation to consumption must be discussed openly and honestly with supervising social workers and children’s social workers.

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**Pet**:  A pet risk assessment should be completed with the health and safety agreement. Explain to children coming into placement how the animals are cared. Consider any matter from the pet assessment that needs to be considered in relation to the child).

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**Any other issues not considered above:**

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**Request  manager’s signature and  share with the carer**