

The
Foster Care
Handbook
2021



Acknowledgements

On behalf of Cumbria County Council's Children's Services I would like to introduce Cumbria's Foster Carers to this new Foster Care Handbook 2020. I also want to acknowledge the tremendous job undertaken by you our amazing Foster Carers in caring for Cumbria's most vulnerable children. You undertake the most challenging and rewarding job possible; I would like to add my personal thanks to all who welcome Cumbria's children into their homes, making sure they become part of family life. I want to reassure you that this job has not gone unnoticed. I hope the handbook will become a useful tool for all of Cumbria's Foster Carers.

Yours sincerely,



Anne Burns

Lead Member for Children's Social Care Cumbria County Council

On behalf of Cumbria County Council I would like to thank everyone who has contributed to developing the policies and procedures in this Foster Care Handbook. I hope that you find it helpful in supporting you in your role as a foster carer and I would like to take this opportunity to thank you for your continued support in providing care for the children and young people of Cumbria – your contribution is greatly appreciated by us all.

John Readman

Executive Director – People (Deputy Chief Executive)

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Section 1 : Introduction

This first section introduces the Handbook and some of the important messages related to Fostering. This is very much an introductory section, that introduces some of the key messages and themes and begins to explore the Fostering role. The rest of the Handbook expands on different areas and aspects.

It is important for Foster Carers to have information available about the role. For this purpose we have updated the Cumbria County Council's Foster Care Handbook for 2020.

You will find in the handbook information which will help you in the important day to day task of caring for children and young people.

The Foster Care Handbook 2020 is based on and incorporates the principles of the National Minimum Standards 2011 and The Fostering Services (England) Regulations 2011. It also takes into consideration policies and procedures of the Fostering Service. (<https://cumbriacs.proceduresonline.com/chapters/contents.html>).

The handbook has been updated and reviewed in 2020 and will be kept under review. However legislation can change frequently so please explore any aspect with your Fostering Social Worker who can advise of any recent changes. If you have any suggestions about how we could improve the handbook please let us know.

Whilst the handbook covers a lot of useful information it does not cover every situation you will face as a Foster Carer. The aim is that it will assist you and your Supervising Social Worker to build a strong relationship that enables children and young people to receive the very best care possible.

It is the responsibility of the Foster carer to seek out clarification on information if unsure. We also have all our procedures on line at <https://cumbriacs.proceduresonline.com/chapters/contents.html>.

As with any role it is not possible to write everything down, so as a foster carer you need to ensure that you ask so discussions can occur in any areas where you are unsure.

Cumbria County Council's Foster Carer Charter



Foster Carer Charter

The Government launched the Foster Carer Charter in March 2011. The Charter has been jointly produced by Government, fostering organisations, charities and children. It is part of the Government's wider programme of reform to improve the entire care system, including reducing barriers and delays to adoption and improving the quality of children's homes. The overall aim is to make sure that all children in care have greater stability, less upheaval and a better chance of a stable family life. This can be found on the Fostering Networks website (<https://www.thefosteringnetwork.org.uk/get-involved/our-campaigns/foster-carers-charter-0>)

This is Cumbria County Council's Foster Carer Charter.

Children's Services role

Children's Services aims to provide stable and first rate Foster Care for children who are valued, supported and encouraged to grow and develop as individuals. To achieve this aim we recruit, train and approve Foster Carers and deliver ongoing supervision and support to them.

The Foster Carers' role

Foster Carers are at the heart of the Foster Care Service. We are assessed, trained supervised and supported to look after children and young people in a family environment, providing them with stability, care and an opportunity to grow and develop and to reach their potential. Our working relationships are based on mutual trust and respect. This charter explains what we expect from each other.

Children's services commitment

You can expect from us:

- 1 Working in partnership**
- 2 Information**
- 3 Clarity about decisions**
- 4 Supervision and Support**
- 5 Learning and development**
- 6 Fair treatment**
- 7 Communication and consultation**

Foster carers' commitment

You can expect from us:

- 1 Working in partnership**
- 2 Respect for the child**
- 3 Information**
- 4 Learning, development and support**
- 5 Communication and consultation**



What Foster Carers can expect from Children's Services

1 Working in partnership

We recognise that Foster Carers have skills and expertise and make the biggest difference to the everyday lives of children in care.

We will:

- value your skills and expertise equally to those of other professionals;
- recognise that you are the people who live with children every day and know them best;
- include you in all meetings that affect you and the children you care for unless risk precludes this;
- ensure that Children's Service's will meet the standards set out in Fostering Regulations and Guidance;
- treat you without discrimination and respect you as a colleague;
- respect confidentiality.

2 Information

We know that information is vital in order for Foster Carers to provide care that meets the child's need.

We will:

- give you all the available information you need in order to care safely for the child;
- where possible we will aim to provide this information in writing prior to placement (except when there are emergency placements and it is not feasible to do so, when we will provide this information as soon as possible).
- Hold a placement planning meeting with yourselves, the child social worker and fostering social worker (family members and children if appropriate) to plan the placement, share information and agree roles and authority either prior to the placement or within 5 working days of the placement being made.
- provide you with information on all financial matters including tax, allowances and additional



3 Clarity about decisions

We recognise that in order for children to live a full family life, safely, in as normal a way as possible Foster Carers must be able to make decisions regarding the children they foster. We will support this by ensuring that a delegated authority form is completed at the placement agreement meeting. The delegated authority form is normally completed before the placement, as parents need to sign this. The CSW often brings this document when they place the child.

We will:

- ensure that, wherever possible, you are able to make everyday decisions that mean that your fostered child is not treated differently to their peers and can feel part of your family;
- provide clarity about any decisions you cannot take at the outset so that everyone understands who is responsible for what.

4 Supervision and Support

We recognise that fostering can be an isolating and challenging task and appropriate and timely support makes all the difference to the fostering family and to the child in your care.

We will:

- respond positively to requests for additional support;
- provide you with a minimum of 6 weekly supervision and ensure that if you call us with a query we will phone you back within the same day;
- give you honest and open feedback;
- provide you with access to 24-hour support from people with fostering expertise. This is provided by Foster Line, it is a national service providing round the clock support and advice on 0800 040 7675.
- Offer local support and advice in emergency situations though our emergency social work team out of hours service on 0333 2401727.
- Provide you with access to support and advocacy that is independent to the fostering service in Cumbria should issues, difficulties and allegations occur. This is through Fostering network and is funded by Cumbria County Council if you require extra support.

- pay you allowances, expenses and fees in a timely manner.
- pay fees that reflect the task;
- ensure that there is a local group, where you and your family can find support and share experiences with other fostering families;
- have the provision of approved support care (care for the child at their home by another foster carer) available to give you and your family a break should you require it.



5 Learning and development
We believe that Foster Carers must be enabled to access learning and development opportunities throughout their fostering career. This will ensure they have the skills and knowledge they need, and allow them to develop their practice in order that they can help transform the lives of the children they foster.

We will:

- provide you and your family with appropriate and relevant training by trainers who understand the fostering task;
- provide you with other development opportunities which make the best use of your skills and expertise, such as mentoring or providing training or support.
- keep you up to date with training opportunities through access to your own online training record.
- keep you informed of developments and opportunities through a fostering newsletter.
- Provide you with information on Cumbria County Councils website, through foster carers support zone, password fost14.

6 Fair treatment

We recognise that Foster Carers have a right to be treated fairly, no matter what the circumstances.

We will:

- consult with you before changing terms and conditions;
- ensure openness in all of our discussions and communications with you;
- ensure that you are treated with respect, kept informed and provided with emotional support should you be subject to an allegation; alongside the offer of independent support funded by ourselves through Fostering Network.
- provide a framework for dealing with allegations and adhere to our agreed timescales;
- ensure that you know the arrangements for the payment of fees and allowances in the event that you are not able to foster while the subject of an allegation.

7 Communication and consultation

We believe that open and honest dialogue is the key to a good relationship.

We will:

- facilitate regular communication between you, Elected Members and the Corporate Director of Children's Services;
- ensure that we consult with you in a meaningful way on matters that affect you;
- give you timely feedback from consultations;
- provide one audit per year with elected members and Senior Managers, including Managers from the Districts to look at how we are doing in delivering the Charter.



What Children's Services can expect from Foster Carers

1 Working in partnership

We will demonstrate a high standard of care and conduct.

We will:

- make use of your skills to the best of your ability provide children with an experience of family life;
- respect confidentiality;
- work with the agencies involved with the child such as school, health and religious establishments;
- show a willingness to work with birth parents, wider family and people significant in a child's life;
- meet the standards set out in fostering regulations and guidance and follow departmental policies and procedures;
- attend meetings about the children and young people we care for.

2 Respect for the child

Every child and young person should be respected as an individual and be supported in meeting their needs and achieving their aspirations and potential.

We will:

- respect and promote a child's religious, linguistic and cultural heritage;
- afford the same level of protection and care to a child as you would your own child in accordance with the national minimum standards.
- ensure the child has the right to make decisions regarding their own lives, as appropriate to their age and understanding.

3 Information

We believe that open and honest dialogue is the key to a good relationship.

We will:

- inform your Supervising Social Worker about changes in your household;
- inform your Supervising Social Worker about any difficulties that arise for you;
- assist the service to provide the role of Foster Carer.



4 Learning, development and support

You must be enabled to access learning and development opportunities throughout your fostering career. This will ensure you have the skills and knowledge you need, and allow you to develop your practice in order that you can help transform the lives of the children you foster.

We will:

- be prepared to develop your skills throughout our fostering career;
- attend relevant training and ensure that as a minimum we complete 21 hours per year;
- take up learning opportunities offered to you;
- let the Fostering Team know if you are unable to attend;
- attend and contribute to support groups;
- use your skills and knowledge to support the development of other Foster Carers when required.
- ensure that mandatory training is completed by all foster carers in the home.

5 Communication and consultation

We believe that open and honest dialogue is the key to a good relationship.

We will:

- respond to local consultations and discussion in order to inform the development of the service;
- meet with Councillors, Service Managers and others in order to promote dialogue and a good working relationship;
- attend support groups and training opportunities to engage with the service and use these opportunities to develop a network and get to know others in the fostering service.
- Contribute to service developments as appropriate.



The Corporate Parenting Pledge

Cumbria's promise

Once a child is placed in our care, it is the duty of all Elected Members and Officers of the Council, and Foster Carers acting in our individual roles as Corporate Parents to seek for Cumbria's Children Looked After to achieve exactly the same positive outcomes that every good parent would want for their own child.

As Foster carers you do not hold parental responsibility, this is either shared by the Local Authority and the birth parent/carer or in circumstances where children are placed on a voluntary basis held by the birth parents. For this reason the Local Authority act as corporate parents, the foster carer managing the day to day on going care of the child.

As corporate parents we pledge this message to the child:

- **We will respect your dignity as an individual with your own identity and needs.**
- **We will involve you in decisions which affect you and have your wishes and feelings taken into account.**
- **We will ensure that you have a qualified Social Worker to support you with clear arrangements for you to contact them.**
- **We will ensure that we have an effective assessment of your needs and a care plan which meets your needs with timescales for action and review.**
- **We will enable your reunification with your family if appropriate in a way that safeguards you and promotes well-being.**
- **We will provide you with a placement that can best meet your needs.**
- **We will ensure your contact with your family if appropriate and enable you to maintain links with your wider family, social network and community.**
- **We will provide services to you that recognise your cultural and ethnic needs and provide continuity with your heritage.**



- We will provide you with access to high quality early years provision.
- We will access a place at a good school for you.
- We will support your access to positive leisure activities.
- We will enable you to have a good school attendance record.
- We will help you and support you to achieve at school.
- We will provide you with appropriate services to meet your physical and emotional health needs.
- We will provide you with support in moving on from care and prepare you for independent living.
- We will provide you with support if you go on to further and higher education.
- We will support and help you in seeking education, employment and training.

When launching the Charter, the then Children’s Minister Tim Loughton said:

“Foster Carers are the unsung heroes of our care system. They do a fantastic, selfless job helping often vulnerable children build stable relationships that can endure into adulthood. Too often I hear stories about foster parents feeling isolated, unsupported, and facing endless red tape when all they are trying to do is enjoy everyday activities with their foster child - like taking them on holiday or even for a haircut.

The new Charter will help to change that. It underlines the huge value we place on Foster Carers. Not only as role models to the children who look up to them, but also as pushy parents who put those children first. The Charter sets out clear principles of what support should be available and what Foster Carers can expect. I hope every Local Authority and Fostering Agency will sign up to the Charter. I particularly want local areas to sign up to the spirit of the Charter and build on and develop it in their own way to reflect the needs of the local community.

The new Charter sets out clear principles on how Foster Carers should be treated, recognises their invaluable work and aims to encourage more people to sign up to be Foster Carers. The Charter is backed up by new slimmed-down Fostering Regulations and Guidance which came into force April 2011. These make clear to Fostering Services what their statutory duties are, and reduce the burdens placed on them.”

Cumbria has fully embraced the Charter and continues to do so in 2020. As of 2020 (at time of writing) the new Children’s minister is Vicky Ford who continues to focus on social care for children.

We have worked closely with Foster Carers and our lead Councillor (locally elected member) in producing and updating our Charter which is still very relevant in 2020.

Your Foster Carer Charter should be read alongside your Foster Care Agreement, which is a legal requirement as specified in the regulations which covers responsibilities, requirements and expectations between the Fostering Service and the Foster Carer.

Your Supervising Social Worker will go through your personalised Foster Care Agreement with you on approval and signed copies will then be kept by you and Children’s Services.

The role and expectations

It is taking into your home someone else's child and caring for them safely. You offer the child your family experience and provide support and guidance to the child. As Foster carers you offer the 24 hour care to a child but you share other aspects of the care with the child's parents and the Local Authority.

Our aims which we should all share are to:

- 1 maintain children within their families, where appropriate. Where foster care has been needed to safely care for the child maintain appropriate links with the child's family through contact agreed by the Local Authority.
- 2 help to re-unite 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. Our expectations are very similar to the charter above but to reiterate the below message provides a summary of expectations.

What Foster Carers can expect from Children's Services

- The right to expect that relevant regulation and practice instructions are followed by the staff within Children's Services.
- 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.
- Training, and support - we want to help you as much as we can with the fostering task.
- Where complaints are made, 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.
- Accurate information about Children's Services policies and procedures.
- Supervision and support to the child placed with you by the child's Social Worker.

- To be provided with special equipment needed in order to care for a particular child.
- Information to be provided about children placed with you.
- To adhere to the Foster Carer's Agreement and Placement Planning Meeting Agreements.
- Any other expectations as specified within Cumbria's Foster Carer's Charter.
- Access to the complaints procedure.

What Cumbria County Council expects of Foster Carers

- Commitment to caring for children looked after by the local authority
- Attendance at meetings about children.
- Contact and communication with the agencies involved with the child, e.g. school, Primary Mental Health Team (PMHT), Child and Adolescent Mental Health Service (CAMHS), Youth Offending Team (YOT), advocacy 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 and confidentiality.
- Follow Children's Services policies and procedures.
- Respect a child's religious, linguistic and cultural heritage.
- To adhere to the Foster Care Agreement and the Child's Placement Agreement, Care Plan and contact arrangements.
- To afford the same level of protection and care to a foster child as you would your own child.
- To use the money provided for the care of the child for that purpose.
- Any other expectations as specified within Cumbria's Foster Carer's Charter.

Statement of Purpose

Each year, the Fostering Service must review, update and modify the Statement of Purpose where appropriate. The aims and objectives of the Statement of Purpose are child focused and show how the service will meet outcomes for children. This document includes details of the following:

- The Service's status and constitution.
- Its management structure.
- The service it provides.
- Its aims and 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 processes for recruiting, approving, training, supporting and reviewing Carers.

Foster Carers receive a copy of the Statement of Purpose on approval and when updated.

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

Children's Guide

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

There are copies of the Children's Guide for you to see if you wish, please talk to your supervising social worker about these.

Ofsted Inspection

Ofsted is the office for standards in education, children's services and skills. They report directly to Parliament and are independent and impartial.

Ofsted inspect and regulate services which care for children and young people.

Ofsted carry out inspections of Social Care which includes Fostering Services. Ofsted inspections focus on the outcomes for children and looks at the services compliance with relevant regulations and National Minimum Standards.

During inspections, Ofsted may wish to meet with Foster Carers to seek their views of the services provided by the local authority. Children's Services are obliged to contact Ofsted at the outset and conclusion of child protection matters and in other matters relating to children.

Carers can contact the Commission if they are concerned about any aspect of the Fostering Service:

**Ofsted
Piccadilly Gate
Store Street
Manchester
M1 2WD**

t: 0300 123 1231

: enquiries@ofsted.gov.uk





Section 2 : Foster Care Career Structure

Introduction

This section covers the career progression available to Foster cares. It is important that the skills and experience of Foster carers are recognised, this will grow and develop over the years you are Fostering so it is right that there is a clear way to progress. This section aims to explain the process and requirements of the three different levels that are currently used as progression for Foster carers.

The Foster Care Career Structure aims to ensure that children and young people are looked after by Foster Carers who have the experience, skills and training to better meet their needs. It also provides a recognition of the development of foster carers experience and skills. The structure provides a simple and equitable way of making payments to Foster Carers and continues to develop the partnership between Social Care staff and Carers.

- Recognise and reward Carers for their skills and experience.
- Ensure children and young people are not 'labelled' to increase payments for foster carers. Payments will increase based on the developing skills and experience of foster carers.
- Ensure that specific tasks to be undertaken by the Foster Carer are identified.
- Identify necessary resources and placement supports at an early stage.
- Provide Carers with the training and learning opportunities to help them develop their skills.

The structure has been revised to take into account The National Minimum Standards for Foster Care (NMS) and the Fostering Services (England) Regulations 2011.

Our aim continues to be one of improving the overall quality and stability of services for children in Foster Care. This document should be read alongside the "Guide to the Payment of Foster Carers"

We do have mandatory training that we as a service expect that you complete to meet the required standard to progress. We are including support groups and attendance at these within this as this encourages

foster carers to expand their links with others in the organisation. Please discuss if you feel unable to attend any of the support groups as other activities can be counted towards this in certain circumstances but these should be discussed with your supervising social worker and the overall decision will be at the discretion of the Fostering Manager.

For training that is mandatory, we will aim to make this available so that you can attend. However, if this is cancelled or can not go ahead this does not mean that Foster carers can still progress, you will need to attend the next available course to meet the requirements for the progression or source an alternative if you are not prepared to wait. Please discuss this with your fostering social worker as we do not reimburse training from other organisations.

Placing children and matching needs

Assessment of a child's needs prior to placement is an integral part of the process. The Social Worker requesting the placement will identify the needs of the child and those tasks which need to be undertaken by the Foster Carer in order to implement the child's Care Plan.

The Fostering Service will then aim to match Foster Carers with appropriate skills and knowledge to the needs of the children and young people requiring placement. We match children on a basis of their needs and the Foster carers ability to meet these needs. As Foster carers develop their experience of caring for children we would look to progress them through the level's available.

Foster Carers and the career structure

One of the structure's central principles is that the skills, experience and training of Foster Carers are recognised and properly regarded.

Initial approval and continuation at the different levels is dependent on:

- The Carer's assessed core skills.
- The length of experience as an approved Carer.
- Evidence of ongoing training, learning and development.

The structure provides a clear "career pathway" for Foster Carers to progress through the levels if they wish to do so. The Carer's Annual Review of Approval is a statutory requirement and is another opportunity to assess the Carer's performance against their current level of approval.

Payment of Fostering Fees

All foster carers will become eligible for a level one fee once they have been positively assessed against the National Minimum Standards Fostering (2010) and approved at fostering panel; and both (if a joint application) applicants have attended the preparation course (Skills to Foster or equivalent). This will be payable once a child is placed.

Temporary foster carers approved under regulation 24 who have a child placed will be eligible for the fostering allowance to support them with the financial costs of caring for the child for a period of up to 16 weeks [or in exceptional circumstances this can be extended to up to 24 weeks if agreed by the agency decision maker]. They will only become eligible for the level one fee once they have met both requirements as above.

Once a child is in placement Foster carers receive a Regular weekly allowance (RWA) for the child

A Foster Carer will always receive a Regular Weekly Allowance (RWA) for any foster child placed. This allowance is towards the cost of caring for the child e.g. providing clothes and pocket money and also contributes to the heating and home costs for the foster carer. The payment rate varies according to the age of the child.

Further details regarding payments and fees can be found in the ***“Guide to the Payment of Foster Carers”***.

Training Support Standards Progression

All Foster Carers new to Cumbria County Council will be required to complete the Training support and development standards (TSD standards) within their first year of Fostering. This is a National requirement for all Fostering services. This is an important and vital part of progression to Level 2. Your Fostering Social Worker will give you the information and work books needed and will discuss this with you in supervision. It is your choice to complete these on the computer in typed version or by hand, if your choice is the latter then we will print the work books for you.

The Performance and Review Panel

Movement on the career structure will be decided by the Service Manager for Fostering Claire Lloyd. Supervising Social Workers will prepare a report to evidence the Foster Carers ability to meet the

requirements to progress at each Level. Foster Carers will be asked to contribute towards this report. Their contribution will be dependent on the level of progression. The Fostering Social Worker will present a recommendation, this will first be discussed and endorsed by the Team Manager and then presented to the Service Manager who has the overall decision.

Foster Carers can move up or down the career structure dependant on their skills and ability. This will be discussed at each Foster Carer Review. However, if skills, experience and requirements have been met in between reviews a report can be prepared and progressed.

For any movement on the career structure the Social Worker Fostering will need to provide the following information, endorsed by their team manager

- The Foster Carer's Review recommending the career level.
- An assessment report written by your Social Worker Fostering to include knowledge, skills and abilities against the Fostering Skills Profile.
- For progression to Level 2 and 3 it is expected that the Foster Carer will take an active part in writing the report.

- The Foster Carer's evidence of learning and development through mandatory and other training.
- Completion of TSD for progression to Level 3.

Considerations and issues

If a Carer has achieved a professional qualification e.g. National Vocational Qualification (NVQ) Level 3 this can be used as evidence towards progression. It will not however result in automatic progression as the other requirements will still apply. Experience of providing the fostering role is key in progression and this is difficult to evidence unless an individual has fostered in the past.

On the career levels mandatory training will be required. If the mandatory training cannot be delivered for reasons out of the service's control Foster Carers will not be penalised.

In the event that Foster carers are struggling to meet the requirements of their current career level the Social Worker Fostering will discuss this with them. Their Team Manager will be consulted and the Foster Carer will be offered independent support through the Fostering Network. If performance continues

to be an issue a Foster Carer Review will be arranged to consider the reasons for this and a recommendation will be made from the review.

The review, a report by the Social Worker Fostering, with Team Managers comments and any supporting information will be sent to the Service Manager Fostering for a decision regarding the fee level. We would hope to implement a support plan to help address any issues prior to reducing fee level.

A minute of the decision will be recorded on the Carers file and a letter sent to the Carer.

The Service Manager will make their decision based on the information received. The Decision Maker may ask for further information from the Review or the Fostering Social Worker in order to reach a decision.

If the Foster Carer or Social Worker Fostering does not agree with the decision the Foster Carer can write to the Service Manager stating their views, this information will be considered.

In such cases the Senior Manager can either:

1. Request a further Foster Carer Review.
2. Refer the matter to the Fostering Panel.
3. Make a decision based on any new information.

Having considered all the information the Service manager will respond in writing to the Foster Carer. This decision will then be final. No further appeal will be considered however, if new information comes to light the Social Worker Fostering or Foster Carer can request another Foster Carer Review to consider this.

If the Foster Carer's fee is to be changed as a result of a decision by the Service Manager the Social Worker Fostering will arrange the necessary changes with the Finance Department. Changes will come into effect from the date of the Service Managers decision.

The Fee levels of Cumbria County Council

Level 1

At Level 1 all Foster Carers will be required to complete the TSD standards in their first year of fostering. On completion the standards will be signed off by the Fostering Manager and a certificate of successful completion given to the Carer.

Foster carers need to complete 21 hours of training (minimum) including mandatory training (on line safeguarding, First Aid, Safer sleeping, (0 to 2 years FC) and Equality and Diversity).

Foster carers should attend at least 2 support groups (this does not apply for Foster carers who are solely approved to provide ASC)

To progress to Level 2 Foster carers must:

1. To have cared for a child/ren in placement for a further 12 months since approval.
2. Produce evidence of professional development including a minimum of 21 hours training a year and positive feedback from courses attended.
3. Provide evidence of the ability to positively help children through transitions such as changes of placement, school and contact arrangements or the ability to positively move children on to adoption or permanence
4. Attendance at support groups – at least 2 (non applicable to those approved to solely provide ASC).
5. Foster carers must write a report showing how they have cared for children, provided a safe environment and worked as a team. They also must describe their own development, what training they have attended and how they have applied this to their role.
6. Have completed Mandatory Training at this level is:
 - Online Safeguarding,
 - First Aid/First Aid Refresher,
 - Equality and Diversity and
 - Keeping Baby Safe for Carers of children 0-2 years.

For progression to Level 3 Carers will be required to:

1. To have cared for a child/ren in placement for a further 12 months since approval at Level 2.
2. Provide evidence of positively helping children through transitions such as changes of placement, school and contact arrangements or the ability to positively move children on to adoption, a family member, return to birth parent or permanence in fostering.
3. Produce evidence of professional development including a minimum of 21 hours training a year and positive feedback from courses attended.
4. Attendance at support groups – at least 2 (non applicable to those approved to solely provide ASC)
5. Foster carers must write a report showing how they have cared for children, provided a safe environment and worked as a team. They also must describe their own development, what training they have attended and how they have applied this to their role.
6. Mandatory Training at this level is:
 - Safeguarding, First Aid/First Aid Refresher
 - Keeping Baby Safe for Carers of children 0 - 2 years
 - Equality Diversity.
 - Reflective Attachment Training OR Therapeutic Crisis Intervention (TCI) OR Fostering Changes and Equality Diversity.
 - To have completed either or both of the PACE or AMBIT training.
7. One or more of the following options:
 - Participation on the Foster Carers Steering Group and/or deliver training alongside other professional colleagues.
 - Mentor other Foster Carers.
 - Participate in Recruitment Activity or discussion forums at training about the fostering role.
 - Develop a specialism which enhances the life of children placed and contributes to service delivery.

ASC and shared carers and the progression system

For Foster carers who are approved solely for Approved support care or shared care the requirement to have a child in placement for a certain period of time at each level will be down to the discretion of the Team Manager. For movement the Foster carer will need to evidence that they have offered a reasonable amount of care to demonstrate experience gained in the Fostering role. The Fostering Social worker will evidence in the progression reports the number of placements that the Foster carer has offered, the durations of these and may also include day care offered. It will be at the Team Managers discretion whether the number of placements or time spent caring for children meets the required commitment to evidence recommendation for movement up the Fee level.

Specific Schemes

The Fostering Service in consultation with the Foster Carers Steering Group will be developing a range of Foster Placement types, these are to respond to need and encourage new foster enquires to meet the needs of the children and young people needing care.

Some of these new placement types may carry an enhanced fee because of additional requirements placed on the Foster Carer, e.g. not working outside the home in order to be available for the child/young person at all times.

In 2019 the Acute Care Team ACT was developed to respond to the need to provide Foster carers for teenagers who were no longer needing the care of residential homes.

We also have Single Child Placement which again has a specific fee for the foster carer.

This type of placement is to care for a child who has been assessed as needing to be placed in a family with no other children. This would be for a variety of reasons such as their level of difficult behaviour or the risk they might pose to other children.

Full information about the specific schemes is available through your Social Worker Fostering.

The fees relating to this can be found in the ***“Guide to the Payment of Foster Carers”***.

Approved Support Carers (ASC)

These are foster carers who provide overnight care to other foster carers. Arrangements are coordinated through the Supervising Social Worker. ASC can offer a break to the child's main Foster carer for an agreed period of time. If you are only approved as an ASC you will also be able to progress through the levels. You will need to have had a child in placement for the equivalent/ accumulative amount of time as full-time Carers. For example taken regular ASC placements consistently over the year and meet the same training requirements.

Shared Carers

Shared Carers are approved as Foster Carers to provide short breaks for children with disabilities. The children needing this care are not in Local Authority care, they live at home with their families but may require on going respite due to the needs of their children. Shared Carers are matched very carefully by the fostering team in conjunction with children's social workers as it is hoped that a lasting, nurturing relationship and commitment is developed between the Shared Carer and the child's family. They are required to undertake training appropriate to their role.

Shared Carers are paid an hourly fee which rises when they attain the TSD standards. See *“Guide to the Payment of Foster Carers”*.

Ongoing Professional Development for Foster Carers

All Foster Carers are required to undertake 21 hours training per annum regardless of Level. Training can take the form of attending courses, attending support groups and e-learning.

Evidence of courses attended, and learning should be kept by the foster carer. Foster carers must update their Fostering Social Worker at each supervision visit and provide evidence of attendance or completion of training. The Fostering Social Worker will then update their record on the computer files (ICS record).

Foster Carers need to have access to the internet as part of the role and an email address for correspondence.

Foster Carer training opportunities and courses are available through Cumbria County Council's Learning and Development Unit. These are accessed on an online Learning Zone. Foster carers will be provided with a link to this by the Fostering Team, you will have your

own account and password. Foster carers must search for the available training and can book onto training through this online portal.

Fostering Services regularly publish a newsletter advising of upcoming training, this also includes dates of support groups and other learning opportunities. These are written and circulated by the Foster Carers local district Fostering Support Workers via email.

At each level Carers are required to do mandatory training and in addition should undertake other training as appropriate to meet the child's needs.

Foster Care Career Structure description and relation to their role

The three skill levels of this structure were developed, taking account of The Fostering Services (England) Regulations 2011 and the National Minimum Standards for Foster Care.

The Overall Task is to be responsible for the day to day care, of a child or children placed by Cumbria County Council, Children's Services and to work with Partner Agencies in helping children to fulfil their potential.

The Government's 'Every Child Matters' agenda identified that all involved with children should ensure that children are kept safe, are healthy, enjoy and achieve in educational and leisure pursuits, achieve economic prosperity and make a positive contribution to society. The Government has ended the formal obligation of the scheme however the areas remain an important focus for the care of children. Foster Carers are instrumental in enabling a child to secure good outcomes in these five areas.

Specific Tasks are

1. Caring for Children

- To provide a good standard of child care (emotional, physical health, safety) aimed at encouraging the full potential of each child.
- To recognise the particular needs of children separated from their families.

- To take part in carrying out the child Care Plan which will include specific tasks, such as encouraging family and friends who are important to the child to have purposeful contact.
- To promote the healthy growth and development of the child or children, with particular emphasis on health and educational achievement.
- To ensure that children in their care are encouraged in a positive understanding of their background, heritage, religion and culture.
- To help children's understanding of their life history by saving keepsakes, mementos and photographs of the child, using a record of significant events in the child's life (i.e. Birthday's, learning to ride a bike, contact).
- To enable children and young people who are moving on from their home to do so in a positive way.
- To work alongside the Social Worker Fostering.
- To develop their skills and knowledge and to understand the impact of fostering.
- To work alongside other professional people within Children's Services Policy and Procedures.
- To attend and actively take part in all reviews, planning meetings, case conferences and court hearings as required.
- To keep a record of the child's placement as required by the "Recording Policy for Foster Carers". To contribute to reports about the child.
- To take up appropriate training and learning opportunities and recognise the benefit of continued training.
- To deal responsibly with confidential information.

2. Providing a Safe and Caring Environment

- To ensure that children are kept safe from harm and abuse and that they are taught how to keep safe and how to get help if necessary.
- To provide an atmosphere of acceptance, respect and warmth enabling children to feel safe in their attachments to the foster family.
- To set appropriate boundaries and manage behaviour without physical or inappropriate discipline.

3. Working as Part of a Team

- Working in partnership with social workers and other professionals
- Allow Social Workers to visit the child in your home
- Communication and consultation with other workers and professionals
- Promote and support contact

4. Own Development

- Participate in training (minimum 21 hours a year per household)
- Attend support groups
- Commit to developing links within the Fostering service with other Foster carers
- Complete mandatory training
- Supporting the services through recruitment and development where possible



Fostering Skills Profile

On appointment Foster carers will be able to demonstrate the skills for Level 1.

1 Caring for Children

Level 1	Level 2	Level 3
<p>1.1 An ability to demonstrate a good standard of care to foster children.</p> <p>Have evidence of understanding, empathy and sensitivity to the effect of separation from their families has on children.</p> <p>FC takes appropriate account of a child's age, gender, culture, race, sexuality and level of ability.</p>	<p>As in Level 1 plus an ability to demonstrate specific examples of work or caring to enable a child to develop a positive identity/self esteem.</p> <p>Or/And</p> <p>Evidence of planned work with children alongside other professionals where complex issues are present.</p>	<p>As in Level 2 plus an ability to demonstrate these skills with children who have experienced multiple separations and as a result have had few positive attachments and little stability.</p> <p>Ability to consider placement types with additional requirements. Single child placement or ACT requiring one Carer to be at home not employed.</p>
<p>1.2 An ability to initially describe and plan how a foster child has been helped to deal with their own feelings about their experiences, which may include helping prepare and move a child in a planned way to a new family.</p>	<p>As in Level 1 plus an ability to manage this for the child, for other children in placement and any effect on themselves and their own family.</p> <p>To help the child talk about or express their feelings regarding this.</p>	<p>As in Level 2 plus an ability to use their understanding in developing effective ways of caring for children.</p>
<p>1.3 An ability to Show willingness and motivation of how Carers must try sought to establish positive relationships with the child's family and others who are important to the child, and under appropriate guidance, from the social worker have collected significant memorabilia for the child.</p>	<p>As in Level 1 plus an ability to demonstrate how Carers have sought to sustain positive relationships with the child's family and others who are important to the child over a sustained period of time, and where conflicts may be present.</p>	<p>As in Level 2 plus an ability to undertake planned complex contact arrangements under the direction of the Child Care Social Worker, which may involve a number of family members, where there is a need for this to be 'supervised'.</p>
<p>1.4 An understanding of the reasons underlying a foster child's behaviour and how Carers have sought to respond to this behaviour constructively in a way which promotes self-esteem. An ability to identify own strengths and limitations and to manage these appropriately.</p>	<p>As in Level 1 plus an ability to select from a range of strategies and choose an appropriate method to deal with particular challenging behaviour. An ability to use personal stress management techniques which enable carers to sustain these methods/ strategies of behaviour management for prolonged periods.</p>	<p>As in Level 2 plus an ability to manage sensitively a range of overt and persistently challenging behaviour.</p>

Level 1	Level 2	Level 3
<p>1.5 An ability to clearly identify when a child's development is being effected either physically, socially, emotionally, sexually or intellectually; to respond appropriately to the child; to communicate observations to the Social Worker.</p> <p>As good parents would do Foster Carers must ensure good school attendance and must not make arrangements to take children out of school during term time without the consent of the local authority.</p> <p>An ability to demonstrate an understanding of how discrimination and disadvantage can impact on a child's development.</p>	<p>As in Level 1 plus an ability to select from a range of creative approaches for engaging, listening and responding to children to assist in promoting their future development.</p>	<p>As in Level 2 plus an ability to demonstrate appropriate adjustments/developments in communication to meet the sometimes extreme and differing communication needs of a range of children.</p>

2 Providing a safe and caring environment

Level 1	Level 2	Level 3
<p>2.1 An ability to ensure that children are cared for in a home where they are safe from harm or abuse.</p>	<p>As in Level 1 plus an ability to evidence how Carers have endeavoured to provide a nurturing environment and enabled the child to feel safe and make attachments.</p> <p>An ability to evidence how the Carers have dealt with risks and placed safeguards in the foster home for the protection of the children.</p> <p>An ability to evidence how the foster home is maintaining health and safety requirements.</p>	<p>As in Level 2 plus an ability to provide a safe and caring environment for particularly damaged and vulnerable children who require a very high level of supervision.</p>
<p>2.2 An ability to help children keep themselves safe from harm or abuse and to know how to seek help if their safety is threatened.</p>	<p>As in Level 1 plus an ability to evidence examples of how Carers have worked appropriately with children to raise their awareness about keeping themselves safe, ensuring that opportunities for the child to obtain help if necessary are appropriate to their age and understanding (including information regarding the Advocacy Service)</p> <p>In cases where a child has been abused, an ability to reinforce for a child that they are not to blame.</p>	<p>As in Level 2 plus an ability to evidence work with a wider range of children who are more vulnerable to abusing adults.</p> <p>An ability to care for children who repeatedly place themselves at risk.</p>

3 Working as part of a team

Level 1	Level 2	Level 3
<p>3.1 An ability to record, to collaborate with other professional workers and to contribute to the Children's Services planning for the child/young person.</p>	<p>As in Level 1 plus an ability to assess/analyse in recordings and an ability to bring observations of the child to professional planning forums in order to progress planning for the child.</p>	<p>As in Level 2 plus an ability to carry out more complex tasks (in collaboration with other professionals) which demand greater responsibility as defined within the plan for the child. This will include advocating on behalf of the child where appropriate. An ability to work with other professionals on a complex Care Plan in which there will be a high Level of monitoring and recording.</p>
<p>3.2 An ability to communicate effectively.</p>	<p>An ability to communicate sensitively and to recognise the need to empower children to express their views.</p>	<p>An ability to maintain constructive communication in situations where there is a conflict of option or interest. An ability to communicate views effectively, demonstrating a sound knowledge of issues relating to child development, separation and loss, and the impact of disadvantage and discrimination on children.</p>
<p>3.3 An ability to keep information confidential.</p>	<p>An ability to evidence understanding of the need for maintaining confidential information (written and oral) and to demonstrate safe arrangements for storing confidential information in the foster home.</p>	<p>An ability to work with very sensitive information/ material involving complex issues of confidentiality. An ability to work with very sensitive information / material.</p>
<p>3.4 An ability to promote equality, diversity and rights of individuals and groups within society.</p>	<p>An ability to evidence an understanding of how certain groups and individuals in society are disadvantaged and to demonstrate work with children, their families, professionals and other groups which has recognised and valued difference between people and minimised unfair discrimination.</p>	<p>An ability to promote equality, diversity and the rights of individual children by actively challenging discrimination. An ability to develop networks which reflect diversity and provide positive role models and opportunities for children. An ability to demonstrate anti-discriminatory parenting to a wider range of children with differing needs.</p>

4 Own Development

Level 1	Level 2	Level 3
<p>4.1 An ability to appreciate how personal experiences have affected themselves and their families, and the impact that fostering is likely to have on them all.</p>	<p>As in Level 1 plus an ability to actively reflect on how personal life experiences have impacted on fostering and how fostering has affected the Carers and their families. An ability to identify (with the Supervising Social Worker) how this reflection can be used to positively enhance the Carer's fostering career.</p>	<p>As in Level 2 plus an ability to create and sustain a network of supportive contacts as a foster family, and also to actively support other Carers/ fostering groups. To provide training and mentoring to Foster Carers alongside other professionals.</p>
<p>4.2 An ability to demonstrate that the Carers have used and valued different types of relationships/ sources of support as a Foster Carer, and can identify their future support needs.</p>	<p>As in Level 1 plus self awareness to reflect on the impact of caring for vulnerable children. The ability to use that awareness through supervision to develop resilience.</p>	<p>As in Level 2 plus an ability to create and sustain a network of supportive contacts as a foster family, and also to actively support other Carers/ fostering groups and training An ability to demonstrate how the Carer can develop a role in sustaining foster care support groups.</p>
<p>4.3 An ability to use training opportunities and improve skills including a minimum of 21 hours training / learning in the year and all mandatory training completed. An ability to develop their portfolio with assistance from the Social Worker Fostering.</p>	<p>As in Level 1 plus an ability to reflect on current skills, attitudes and knowledge and to integrate new knowledge into fostering practice. To evidence a minimum of 21 hours training/learning in the year and all mandatory training completed An ability to maintain and develop their portfolio.</p>	<p>As in Level 2 plus an ability to produce evidence of professional development Including a minimum of 21 hours training a year including all mandatory training completed. One or more of the following options: Participate on the Foster Carers Steering Group; deliver training alongside other professional colleagues; mentor other Foster Carers; participate in Recruitment Activity; develop a specialism which enhances the life of children placed and contributes to service delivery. There is a requirement at Level 3 for ongoing support to the department at Level 3 foster carers to help with recruitment or skills to foster delivery.</p>
<p>4.4 An ability to sustain positive relationships and maintain effective functioning through periods of stress. An ability to maintain a positive attitude and behaviour towards a child, their family, Social Workers and other professional colleagues during times of stress and conflicting views.</p>	<p>As in Level 1 plus an ability to recognise the effect of stress on self and family and seek appropriate help in order to ensure that this stress does not impact negatively on the child. An ability to 'step back' from a challenging and stressful situation with a child and not take it personally.</p>	<p>As in Level 2 plus an ability to support and / or mentor other Foster Carers during times of stress e.g. allegations.</p>

Section 3 : Fostering for Cumbria

This section aims to set out more details about fostering in Cumbria, the different types of fostering available and the processes involved in fostering. It also outlines some of the services and supports available in fostering to the child and the foster carer and alternative care for children. Allegations and the procedures for complaints are also included in this section.

Fostering is one of many services provided by Cumbria County Council to support families who are in crisis. Where possible, we try to keep families together. Children and young people sometimes need to be cared for outside of their families and placed with a Fostering Family, 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 and the child/family's social worker while decisions are made about the child's future. Fostering can allow the child's family time to get the help and support they need to make changes for the child to return to their home. If this does not happen then alternative long term care by Foster carers could be considered for the child. Other long term options are adoption or return to an alternative family member under a Court Order. The plan is based on the individual child's needs and circumstances. Fostering a child while their future is uncertain is a difficult and demanding job which requires an ever-increasing level of skill and responsibility.

Foster Care Partnership Agreement

This is a written document outlining Children's Services expectations of Carers, the terms and conditions of partnership between the Local authority and the Carer. You will be expected to agree to and sign a Foster Care Partnership Agreement on approval. This will be updated when any changes to approval occur or a change of fee level occurs.

Short-term Fostering

Foster Carers approved as short term Carers can take children and young people within the age range for which they are approved for on a short term basis. There is no set period of time as the placement is for as long as it is needed for each child. It is not intended to be a permanent placement, short term placements are required when the plan for the child is uncertain. For example when a

child needs to come into care as they are not safe in their home they need a short term placement, that placement is needed to allow the social workers time to assess the family, offer support to see if parents can change to enable the child to return home. Social workers will often also consider alternative plans if the parents can not make the changes needed for the child to live with them safely. Short term placements can last anything from a few days to 2 years. Many children will return home or move to a more permanent placement within their family of origin.

Short break – Shared Care scheme for children with disabilities

These Foster Carers make a commitment to a child to provide short break care on a regular basis. This may be to support families to maintain their child at home or to support foster families providing care for a child who is in care and has a disability.

Permanent/long term 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 go on to offer long term Foster Placements for children. Long term care is for children whose plan is for them to remain looked after by the local authority until they are 18 years old.

Offering a long term commitment to a child under fostering needs to be carefully considered. As a long term foster carer you will not have parental responsibility for the child and will continue to work together with the child's social worker for their whole childhood. We want you to make an emotional commitment to the child to be their long term forever foster carer. This type of commitment means an enduring emotional commitment post 18. Please talk to your fostering social worker for further discussion.

Family/Friends/ Connected Person Foster Carers

These are Carers that are either family, friends or connected to the child or young person in some way. There needs to have been an existing relationship before the child became looked after to be assessed and approved as a Foster carer for that specific child.

Approved Support Care (ASC)

ASC Carers offer care to a child for who is looked after by the local authority and living with foster carers. The usual Foster carer may need respite for a limited short period either during the week or at weekends. This can be a one off or could be a regular arrangement depending on the needs of the individual family or child.

Day Care

There are some families offering to care for children who don't have any spare bedrooms but have time and a commitment in the daytime to look after children. These carers will provide valuable support / respite to foster families who need support to meet the needs of demanding children or need to attend events such as training where it is not appropriate to take the child. These potential carers will need to go through the same process of approval as other foster carers. Often existing Foster carers will provide day care if needed, this needs to be agreed in advance by the Fostering service as it is a paid service.

Specialist schemes

As discussed in the previous sections Cumbria County Council has specialist schemes that aim to meet the specific needs of the children needing care. These are developed and respond to current need. Our current schemes are:

ACT –Adolescent Care Team a specialist scheme to provide foster placements for teenage children who are placed in residential care or who might be placed in residential care because foster placements outside this scheme would not meet the child's need. These carers will be carers with experience and skills to meet the needs of children with challenging behaviours and will receive specialist support.

Asylum seeking –Cumbria can expect to have to accommodate a number of unaccompanied asylum seekers in forthcoming years. The County Council is developing a specialist group of foster carers to meet their needs.

The Emergency Foster Care Scheme - There are plans to recruit additional carers to this scheme. These carers accept emergency placements and care for the child for a maximum of two weeks whilst rehabilitation is progressed or alternative arrangements are made.

Adoption

Some children in short-term Foster Placements return home but if rehabilitation is not possible, and no alternative birth family are suitable or available 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 under adoption. In such situations a Foster Care Review will take place to consider their suitability. This will be informed by reports from the children's Social Worker and any children already in the household. If they are considered suitable from this review this information will be passed to the child's Social Worker who will present this into the child's Care Plan at a Looked After Children's review. Where a Carer wants to be approved as an Adopter, an Adoption Assessment needs to take place. Fostering and Adoption are very different tasks and families would need to be assessed and approved as prospective Adopters.

Concurrent Foster Carers

Concurrent Foster Carers are people who are approved as Adopters and also as Foster Carers. This means that in certain circumstances, to meet the child's needs, children can be placed with Concurrent Foster Carers until their plan for adoption is progressed. Children and Foster Carers will be carefully matched with a view to the Carer adopting the child when it is legally possible to do so. Such placements require careful consideration of the child's needs and the Carer's ability to cope with the uncertainty involved in such caring. This has not been a route used in Cumbria but it is useful to know that it is a possibility if you are in the position of wanting to offer foster care with the potential to support a rehabilitation home but would also be willing to adopt should the child be unable to return home.

Single Foster carers

If you apply to Foster as a single carer this will be your approval. Should your circumstances change then you will be expected to work with the department. Any new partners or relationship interest needs to be declared. You should not leave the Foster child alone with any body that is not part of your agreed support and you should not allow any new partner to have unsupervised contact with your foster child. They should not stay overnight and you should not stay in their home overnight while caring for your foster child.

The Fostering agreement is clear that any change in your household composition should be advised in writing. You should advise in writing and then await a response or discussion before making any changes as these need to be agreed and discussed first.

All new partners would need to be fully assessed as Foster carers before they could move into your home. You should talk to your supervising social worker in detail about new partners and introducing them to fostered children.

Single foster carers will on occasion form new partnerships and significant relationships. In these situations a full assessment is required.

If as a single foster carer you have a new relationship please follow the steps below:

1. If there is any new dating or romantic relationship. This must be declared in supervision. At this point if there is no planned contact with the child, or no plans for the partner to meet the foster child or stay over night this can just be noted in supervision.
2. If a relationship develops and the Foster carer wants the new partner to meet the foster child. Discussions and plans need to be discussed with your supervising social worker first, a DBS of the new partner needs to be arranged. The supervising social worker will meet the new partner and provide information about safe care expectations. The new partner will not meet the foster child until DBS returned and shown to department. Agreement that the new partner will not spend any unsupervised time with the child and will

not stay overnight until an introductory plan is agreed. Fostering to inform the children's social worker and include views in planning.

3. If a new/existing partner wants to move into home. A discussion to occur and commitment to a full fostering assessment. The Fostering service will gauge the views of the child's social worker and the child. Only once the assessment is complete can plans to move in be considered. If the assessment is negative the single foster carer will not be able to continue to care for foster children if they want to continue their relationship.

In some case the Local Authority may not agree with the suitability of the new partner, and as a Foster carer you may disagree with us. On some occasions if a new partner plans to move into the home and will not comply with the above arrangements the existing foster carer will either need to end their relationship or if they wish this to continue they will no longer be able to continue with their approval and will be invited to resign on these grounds. If this is not forthcoming, consideration must be given to the best interests of any child(ren) in placement and deregistration may be considered.

Independent Visitors

For any foster child who has had infrequent or no contact with his/her family in the past twelve months, Children's Services must consider whether it would be in the child's best interests for an Independent Visitor to be appointed.

This is a person, unconnected with Children's Services, whose duty is to visit, advise and befriend a child. Children and young people will have access to National Youth Advocacy Service (NYAS), Foster carers need to ensure that they also tell children and young people that they have access to this information. Information about this can be found from the NYAS website or your Supervising Social Worker.

The person may be invited to attend reviews and other meetings if this is the wish of the child. The child must be in agreement with the appointment being made.

When a child is in a permanent placement, the appointment of an Independent Visitor is unlikely to be necessary. Although contact with the child's family may have been reduced or terminated, the relationship with the permanent Carers and their friends and relatives will usually provide enough opportunities for the child to seek friendship, advice and guidance.

Fostering Network

As a Foster carer for Cumbria County Council you are automatically a member of the Fostering Network. The Fostering Network provide support and advice, have information about the role and support to foster carers. If at any point you as a foster carer would like an alternative view of advice separate from Cumbria County Council then you can seek guidance from them. In situations where allegations are made or difficulties arise, we can also ask them to appoint an independent social worker to support and advise at this time.

Information about accessing this is available online through their website or through discussion with your Fostering Social Worker

The Fostering Panel

The Fostering Panel make a recommendation about foster carers at all stages, from initial panel that considers your fostering assessment and initial approval to first year, three year reviews, resignations and de-registrations. The panel is a multi-disciplinary body of members with a wide range of skills and experience such as Social Workers, Nurses, Psychologists, Foster Carers, Independent Members, previously Looked After Children and locally Elected Members. The Chair of the Panel has extensive Social Work and Fostering knowledge.

The Chair is independent of the Council ensuring that the Panel can fulfil its quality assurance functions free of undue influence by the Fostering Service itself.

The statutory functions of a Fostering Panel include:

- To consider applications for approval and to recommend whether or not a person is suitable to act as a Foster Carer, and if so the terms on which they should be approved (e.g. number and age of children to be placed).
- Consider the first review of a newly approved Foster Carer and any subsequent reviews referred to by the Fostering Service, and recommend whether or not the Foster Carer remains suitable to act as such, and if the terms of approval remain appropriate.
- Give advice and make recommendations on any other matters or cases referred to the Panel by the Fostering Service.

You will be invited and encouraged to attend Panel whenever information about you is being presented (you will have seen any information and given your view prior to it being submitted).

When you are being assessed as a Foster carer there are two stages that the assessment comprises of. Stage 1 and Stage 2 are usually carried out together concurrently. Stage 1 is the gathering of factual information, this includes information from other sources such as references, police checks, local authority checks, medicals etc. Stage 1 of the assessment process is intended to provide the decision maker with basic information about the applicant to enable clearly unsuitable applicants to be identified. If an assessment finishes in Stage 1 the report does not get sent to panel. It goes directly to the Agency Decision Maker for a decision.

Stage 2 information explores other aspects of the applicants lives, their experiences, personalities, skills and views. This information is gathered from direct sessions with the applicants and includes observations of the assessor in order to assess their suitability for the role. If a decision not to progress is made in Stage 2 the applicant has the right to attend panel to have the recommendation heard. If the recommendation and agency decision following panel is negative, then the applicant has the right to appeal and go back to panel or ask that their case be heard at the IRM (independent reviewing mechanism).

The Agency Decision Maker

The Fostering Service must identify a senior member of staff to undertake the role of Agency Decision Maker (in Cumbria this is a Senior Manager of Children's Services). They receive the Fostering Panel's recommendations on each item presented at panel and make decisions as required.

The Agency Decision Maker makes the final decision (known in regulations as a qualifying determination) within 7 working days of receiving the agreed panel minutes.

Foster Carers are informed of the panel's recommendation on the day that panel meets if they attend, if not verbally within 2 working days. The Agency Decision Maker reviews the panel's recommendation and will give their decision within 7 days of the panel.

If your application is successful you will receive a 'notice of approval' letter which sets out the terms of your approval, the type foster care, the number of children their age and gender.

Non Approvals

Particular requirements apply in circumstances where the Fostering Service considers that applicants are not suitable to become or remain as a Foster Carer.

In such circumstances the Foster Carer will receive a letter informing them of the qualifying determination and the options open to them, these are:

- Accept the qualifying determination; or
- Make written representations to this Fostering Service provider (within 28 days) and ask for an appeal to be heard again at panel;
 - o or
- Apply for the qualifying determination to be reviewed by an Independent Review Panel (within 28 days).

The Independent Review Mechanism (IRM)

If there is a decision made in Fostering relating to your assessment recommendation or a review decision about your approval that you do not agree with there is a route to challenge.

For an assessment (in Stage 2) or for a review decision one of the appeal routes is through the IRM.

The IRM is a review process conducted by a Review Panel which is independent of Fostering Service providers. Its purpose is to consider that the fostering service has been fair and without prejudice and review the case.

If you choose to use the IRM the review panel will, where appropriate:

- review your suitability as a prospective Foster Carer(s) to foster a child;
- review any proposed changes to your terms of approval;
- make a fresh recommendation to the agency on your suitability to foster a child and the terms of your approval, including approval for a specific child.

The Agency Decision Maker must take the review panel's recommendation into account as well as the recommendation of the Fostering Panel when making its final recommendation on your suitability to foster a child. This recommendation will be sent to the Agency Decision Maker in the Local Authority who will take this view into account when making the final decision.

Further details regarding the IRM are available from The British Association of Adoption and Fostering (BAAF) Advice and Information line:

t: 0113 289 1144

w: www.baaf.org.uk

(Monday-Friday / 9.00am-1.00pm)

In addition advice can be provided by the Fostering Network

Annual Reviews

The Fostering Services (England) Regulations 2011 require that Carers are reviewed at least every year. The review will be chaired by an Independent Reviewing Officer (IRO) who will consider the suitability of the Carer to continue in their role. They are chaired by an independent chair for objectivity.

A review can also be held at any other time if there is a change in circumstance or an issue of concern.

Foster Carer's first Annual Review will be presented to the Fostering Panel. Applicants can attend the panel if they wish to do so. The report will have been shared with you prior to panel.

If a Foster Carer's approval status is to be changed, a Foster Carer's review will be convened which will then be presented to the Fostering Panel for their consideration. If this change is recommended as an outcome of a Fostering Panel and agreed by the Agency Decision Maker, a letter informing the FC of the qualifying determination and the options open to them will be sent.

Every three years the Foster carers annual review paperwork will be presented to panel for scrutiny.



Termination of Approval

A Foster Carer may at any point give written notice that they wish to resign from the role, in which case their approval is automatically terminated 28 days after receipt of the notice by the Fostering Service (regulation 28 1 3).

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 de-registration of Carers in the following circumstances:

- a) You no longer wish, or are not able, to continue fostering;
- b) Your conduct as a Foster Carer is found to be unacceptable;
- c) You have, or are thought to have abused a foster child, or another member of your household;
- d) If 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;
- e) You move away from the area;
- f) Your circumstances change in terms of you or your family's health;
or
- g) Your relationships within your family change in any way;
- h) Where a major change of approach is required that is not possible to achieve;
- i) You no longer meet the National Minimum Standards;
- j) Any other concerns arise which suggest you are not acting in the child's best interest or working openly with Children's Services.

The Foster Carer receives a letter informing them of the qualifying determination and the options open to them. Please refer to the non approvals section above which outlines these options.

Supervision

Foster Carers are managed and supervised by Supervising Social Workers from the Fostering Team. You will receive supervisory visits 4-6 weekly and more frequently if this is necessary. A personal development plan will be developed with you which will identify your training needs; any agreed actions will be recorded and followed up. This plan is included in your fostering review.

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 difficulties and problems that arise.

Supervising Social Workers have a role to both support and supervise. This means that they need to explore the care that you are offering to a child through discussion in supervision and may challenge you, supportively on aspects of your role.

Unannounced Visits

It is a legal requirement that the Fostering Service carries out at least one unannounced visit to the foster carer's home annually. The visit will be carried out by the allocated Fostering Social Worker, where possible. The purpose of this visit is to look at a number of things including the sleeping arrangements, checking all rooms and standards of care. This visit will ideally be made at a time where we would expect that the child would be at home.

Health and Safety Check

The health and safety check is also carried out at least once a year and more frequently if required. This is to ensure that the Foster Carer's have reviewed the safety of their home and considered the needs of children to live safely in their home.

Foster Carers Steering Group

The Foster Carer's Steering Group is made up of a small number of carers representative from across the county. Senior managers and managers from the Fostering Service will consult with this group regarding such matters as policy, procedures, finance etc. The group have a pivotal role in raising issues of interest or concern to Foster Carers with the management team. If you are interested in being part of this group speak to your Supervising Social Worker.

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. It is an opportunity to discuss issues with a member of the Fostering Team who will attend the group meetings. It is the Fostering Team's role to encourage the active participation of Foster Carers in making the meetings productive forums of support, discussion and informal training. They 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. Therefore it is a condition of your approval that you attend regularly and at least 2 times a year, but preferably more.

The importance of confidentiality is stressed in detail in Section 11. As you can see, there are only certain people who you can discuss your foster child with.

There is an expectation that issues discussed within the Support Group, will remain confidential to that Group. Additionally, it is not expected that any child's specific 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.

Transport

If you have issues regarding transporting children whether it be for holidays or appointments, discuss this with your Supervising Social Worker.

If you are travelling to training you will need to discuss any necessary childcare arrangements and associated costs with your Supervising Social Worker. We will reimburse your travel costs at the current fostering rate.

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 6 hours. Sometimes training is by external trainers, at other times by members of Children's Services. We have an expectation that all Carers will attend as much training as they can and Supervising Social Workers will address this on their visits. Mandatory (see earlier section) training must be attended and maintained.

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, please discuss this with your Supervising Social Worker.

Children's Services 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 Children's Services. If you have suggestions for inclusion in the Training Programme, speak to your Supervising Social Worker.

Training covers the requirements of the National Minimum Standards and Fostering Services (England) Regulations 2011.

Training is considered and planned as part of the review process and documentation.

Moving - Carers who move within the British Isles

If you are moving to a new address, 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 Children's Services will continue to discharge its duties.

In all cases, it will be necessary for Children's Services 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.

If your intention is to move outside the UK, this will require careful discussion with your Supervising Social Worker, child's Social Worker and Managers regarding what the best options are for the child in this situation.



Allegations

If a child makes allegations of abuse against Foster Carers, we will treat all allegations seriously because some will have foundation.

A child might make an allegation against a Carer because:

- a) the child may have experienced abuse in the placement.
- b) something that has happened recently reminds the child of an event that took place before the child was with the Carer.
- c) it is a way of trying to regain control over their life.
- d) the child sees it as a way of getting away from the placement by making a false accusation.
- e) the child can misinterpret an innocent action, such as putting an arm round them to offer comfort.

In cases where allegations have routes in explanations above listed b to e then Foster carers can follow safe caring can to help prevent allegations being made against them.

“Safer Caring” recommends:

- introduce a safe rule - no one touches another persons body without that persons 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 bath 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.

Whatever the cause or reason behind the accusations, Children's Services 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.

Where allegations of sexual or physical abuse are made, it is likely that the Police will be involved in the investigation. Whatever the allegation Cumbria County Council will pay for independent support should you require this. A retainer fee is payable for up to a maximum of 8 weeks in such circumstances.

During the investigation we will not be able to share details of the allegations. You should 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.

If the Foster Carer is not completely cleared of the allegation a Review will be required to determine the Foster Carer's ability to continue within the service.

What is vitally important is that Foster Carers are told how Children's Services view 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, this is clearly recorded on your Foster Carer's file which is kept by Children's Services.



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 because they have:

- thought about the situation
- decided that something is not right
- are willing 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.

The Complaints Team have a statutory obligation to provide children and young people with information about advocacy services and offer help to obtain an advocate when making a complaint. This advocacy support is independent and confidential.

If a complaint is made it will be logged with the Children's Services Complaints Team. An appropriate manager will be asked to conduct an internal, Stage 1, investigation and respond directly to the child or via their advocate. If the child remains dissatisfied then they can request that their complaint is progressed to Stage 2 of the process which involves an independent Investigating Officer and an Independent Person. Stage 3 is the final stage where a panel of independent people review the Stage 2 investigation and make further recommendations to resolve the complaint if necessary.

Complaints by Foster Carers

The Council and its workforce are 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 have your complaint investigated fully, fairly and as quickly as possible.

Assurances

- 1) Decisions taken by officers of Children's Services 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.

You can make a complaint about any aspect of Children's Services. You can complain about quality, availability, or appropriateness of service. You can also complain about a decision not to provide service.

How to complain

If you have anything to say about the service that you receive then you can inform us of your compliments or complaints by contacting us:

The Complaints Team
Cumbria County Council
Cumbria House
117 Botchergate
Carlisle
CA1 1RD
t: **01228 221234**
e: **complaints@cumbria.gov.uk**

There are three stages to the complaints procedure and if you are not happy with the Council's response at any stage you can choose to take your complaint further. You can also withdraw your complaint at any stage.

However, if we consider your complaint is about a serious matter, we may still decide to follow it up. Complaining will not guarantee that you get new or alternative services but you will get an explanation about the lack of services or decisions made.

Stage One - Local resolution/ problem solving stage

Most complaints can be settled quite simply by discussing your problem with a member of staff on hand or at your local Cumbria County Council Children's Services office. You may prefer to write to us.

The above procedure does not apply to complaints/concerns involving children which may invoke Child Protection procedures.

The Complaints Officer will acknowledge your complaint in writing. They will then decide who is the most appropriate, impartial member of staff to investigate your complaint. We will aim to settle your complaint as quickly as possible. This will usually take us between 10 and 20 working days.

If it is not possible to settle your complaint locally, or you remain dissatisfied with the answer you receive, you may want to take your complaint to Stage 2 of the procedure.

Stage Two - Investigation Stage

To request for your complaint to be considered at Stage 2 please let the complaints team know that you want your complaint moving to Stage 2.

When they receive your complaint, we will make arrangements for somebody who hasn't been involved in your case or complaint to investigate it. It will take us between 25 and 65 working days to report on and respond to your complaint at Stage 2. We will keep you informed of progress throughout this period.

Stage Three - Review Panel

If you are not happy with the explanation or solution offered to you at Stage 2, you have the right to ask for your complaint to be considered again, this time by an independent Review Panel.

A Review Panel will be heard within 30 working days of your request. The Review Panel will decide whether your complaint has been dealt with fully and fairly.

They make take recommendations to the Corporate Director.

Local Government Ombudsman

If you remain unhappy with the outcome of your complaint or the way the council dealt with it, you may refer your complaint to the Local Government Ombudsman:

Local Government Ombudsman
PO Box 4771
Coventry
CV4 0EH
t: **0300 061 0614**
w: **lgo.org.uk**

The complaints procedure does not affect, in any way, your right to approach your Ward Councillor for advice or assistance.

Newsletters

Brief information about events and notifications is sent to you through the newsletter. You may send any items for inclusion in the newsletter to the editor.

ID badges for Foster Carers

These are provided for you by your Supervising Fostering Social Worker. Proof of identity is important given your role and you will be requested to show it at schools, hospitals etc.



Section 4 : Services for Looked After Children

This chapter aims to explain the services and support that Cumbria County Council offers to foster carers and Looked After children. We have tried to summaries some of the key support and expectations to offer an overview of what is available and some insights into the structure of the service.

We are constantly adapting and changing to try to support Foster carers and children. It is important that you keep up to date by accessing our regular communications, these are through emails and on line newsletters. Please ensure you have an email address and are able to access this and have the internet, this is now an expectation for the role. Virtual ways of working are important and mean that we can use different types of platforms to support and communicate with you.

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What Foster Carers can expect from Children’s Services and Cumbria County Council

The National Minimum Standards for Fostering Services, Fostering Services (England) Regulations 2011 and the Care Planning and Case Review Regulations 2010 provide a clear framework for the operation of the Foster Care Service. A copy of the standards and regulations can be found on line. The policies and procedures of the Cumbria Foster Care Service are in place to fully implement the standards and regulations.

You can request copies of any policy from your Supervising Social Worker.

https://cumbriacs.proceduresonline.com/chapters/contents.html#fostering_adopt
<https://www.legislation.gov.uk/uksi/2011/581/contents/made>

Advice and Mediation and Foster Family Membership

All Foster Carers have access to Independent Advice and Mediation commissioned for Cumbria’s Carers and provided by The Fostering Network. This service is particularly helpful if an allegation is made against a Foster Carer. Their contact details are:

The Fostering Network: <https://www.thefosteringnetwork.org.uk/>

24 Hour Helpline: **01384 885734**.
Email: info@fostering.net

Members of The Fostering Network can also access a completely confidential stress counselling service on **01384 885734**. *Please ask to be put through to the stress helpline Your Supervising Social Worker can provide you with details about the independent membership, advice and mediation service that you are entitled to.

Mentor

We have developed a mentor scheme and will try to link all newly approved Carers with an experienced Foster Carer who will provide guidance and support during the early days of fostering. This can be via a formal mentor scheme which is more structured in the support received or at times via a Bubby system for more informal support. Mentors can also help you with completing your Training Induction Standards. Ask your Supervising Social worker about this to explore the best route for you.

Access to Records

Children's Services 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, however you can request information about yourselves. Further details about access to records are available from your Supervising Social Worker.

Communication

There are a range of opportunities for Foster carers to communicate with the service, below discusses the different roles of some of the professionals. Foster carers need to ensure they remain in touch with the service and engage with their Fostering supervisions. As a service we continue to develop the forms of communication and are currently exploring a secure portal to share reports and communication with foster carers. Foster carer need to commit to having access to the internet and engage with technology as it updates. They need to be prepared to work with a developing digital world.

The role of the Supervising Social Worker

Every Foster carer has an allocated Fostering Social Worker. The role of the Fostering Social Worker is to supervise and assist Foster Carers in the task of looking after children placed with them by the Local Authority. They will visit you regularly at your home to discuss the fostering task, offer support and supervision and discuss the child's need. They will support and guide you through your responsibilities as a foster carer, including highlighting training requirements.

- a) This role will be carried out via regular visits to the home, 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.

- 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 arrange the Review of the approval of Carers annually, or at anytime 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.
- i) The Supervising Social Worker will arrange for the provision of equipment and allowances.

The role of the Fostering Support Worker

The Fostering Support Worker's role is to support the Supervising Social worker in completing the previous tasks. They will also coordinate communication in the fostering team. They have specific roles in the service around recruitment and equipment and co ordinate a lot of the training discussions and organisations. They are a key link in coordinating events across the county, both locally and county wide.

The Fostering IRO

There is a designated Independent Reviewing Officer for Fostering. This person's role is to chair and provide an independent view of your practice as a foster carer. Each year your fostering social worker will complete a review, this is a report detailing a summary of the care you have provided, the training you have attended

and any progression in your skills, there is also a summary of any issues or concerns. The fostering social worker will ask for feedback from those involved in your fostering journey that year to inform the review, these include asking the child, or children in placement, the child Social Worker, the virtual school and child's IRO of their views via a short written report. This ensures that each year a clear view of your role is made. The report and those gathered from third parties will be shared with you and then discussed in a formal review chaired by the IRO. After your first year of fostering, and then at three-year intervals these reviews will be sent to the fostering panel for consideration.

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 Cumbria County Council has a Social Worker who is responsible for planning for the child's future.

The child's Social Worker is 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 concerns - anything which affects the placement.

The children's Social Worker must visit the child in your home at regular intervals, they have a relationship with the child and will want to spend time with them. They may at times have some specific tasks to do or just want to talk to or play with the child. They will also talk to you on these visits. The Social workers relationship with the child is really important and as a Foster carer you and the Social worker will work closely together in terms of sharing information and observations.

If an emergency arises during office hours concerning a child you must telephone the child's Social Worker or a Duty Officer, as well as your Supervising Social Worker. (These details will be on the Looked After Child documents).

Teams and Structure: Children's

Currently there are different teams that support and assess children depending on their needs. As children's plans are dependent on risk, needs and support a child may move through different social worker teams. This means that for some children their Social worker will change.

Foster carers and the Fostering service can be a very consistent part of the child's experience in care so it is important that Foster carers work with Social workers, even if they change. The aim is always to minimise change where possible.

When children first need services, they are supported by the Support and Protect Team, the aim is that a Social Worker will be allocated here that will assess and support the child and their family, this can be at home under different plans, or if risks increase while they are placed in Foster care. This Social Work Team will then continue supporting the care of that child and the care plan in the short term. This can be up to two years and can be in the Court arena.

If this child returns home then there is no change to a child's social work team, however if the plan means that the child is to be placed in long term foster care or adoption then the social worker for the child will change after the Final Court hearing. The team will either be The Looked After Children's Team – if long term Foster care is the plan, or the Child waiting for Adoption Team, if the child's plan is adoption.

Children Looked After Team: In the child Looked After team when a child's long-term plan is to remain looked after (e.g. long term Foster Care, residential care), a social worker from the looked after team will take over the care planning for the child. They are also responsible for aftercare up to 25 years old. They have an important role in the planning aspect with young people moving on from care and their transition into adult life.

The Child Waiting for Adoption Team was created to specifically address plans for adoption to ensure children are matched with adoptive families as soon as possible.

There are other teams that may become involved for specific needs, these include The Children with Disability Team and The Youth Offending Service (YOT). They work alongside the child's Social Worker in meeting particular aspects of the child's care plan regarding offending behaviours.

Teams and Structure: Fostering, Adoption and Residential

The Fostering Service is part of a larger team that encompasses different ways of caring for children. The service as a whole is managed by one Senior Manager Elizabeth Curtis who oversees the service. The Senior Manager make the final agency decisions regarding approval of Foster carers and Adopters after the assessment, review and panel process. The service has three areas, Fostering, Adoption and Residential. Each have their own Service Managers and then Team Managers for different areas.

The Fostering Service has a Service Manager currently Claire Lloyd who manages the services. There are currently 4 Fostering Teams, West, North and South

and Connected Persons. The team you belong to will be dependant on where you live, unless you are a Connected Foster carer, that team is Countywide.

Within each of the West, North and South Teams there are different leads.

Homestays

The South Fostering team is the Lead for Homestays and staying put arrangements, this part of the service is managed by the South Manager. Homestays is a home environment for young people aged 16-25 years. The Homestays Providers are not foster carers and do not follow fostering regulations though they maybe previous foster carers. The support they are required to give is 7-10 hours of care in one week. This maybe in showing a young person how to cook, budgeting or in fact anything that constitutes supporting a young person to become practised in independent living skills. Both the Homestays provider and the young person sign up to a Licence agreement that states the household expectations.

This is a contract which is used to set out the expectations of the Homestays provider and the young person and is a binding contract. The young person must be in education training or employment.

If a foster carer wants to continue to provide a home for the young person that they foster when they reach 18 they become staying put carers. The expectations are the same as above, it is just called staying put as the young person has always lived there. This support is essential for foster children to get some support post 18 but also allows foster carers some form of financial support to enable them to be available to the young person in those important years of early adulthood.

Recruitment

The West team have a specific lead in the recruitment side of the Fostering role. The Team Manager for the West works closely with the communications team around recruiting new Foster carers. All the initial phone and internet enquires are received by the duty team based in the west and decisions regarding an initial visit are all coordinated by the West

Manager. This ensures that across the county the same practice and opportunity to meet and discuss your fostering application with a social worker through an initial visit is the same county wide. The decision to progress after the initial visit is then down to the district managers in each area.

Central Placements Team

The North team has the lead for placements, the North Manager oversees arranging the placements needed for children when they come into care. This means that when the children's team need to find a foster family to look after a child they contact the central placements team. The team have all the details of the foster carers that have a vacancy across the county. Central Placement's role is to gather the information about the child from the children's worker and to match the needs of that child with a foster carer. They will often contact the foster carer to explore further. They will usually consult your fostering social worker in considering the match but in emergencies this is not always possible.

Across the service we spend a lot of time ensuring that Central placements have a good understanding of the needs of the vacancy foster families. Regular communication occurs across the teams to ensure that positive matches are made.

Central placements do have to coordinate and seek vacancies, some planned and some in emergency. These placements are only taken up if the child comes into care. At times we need to have a foster placement ready for a child, so you may prepare for a child coming to you but the plan changes, if the Court process does not agree that the child should be accommodated, or a family member comes forward who is suitable to care for the child then the foster placement may not be needed. In these cases Foster families can be stood down at the last minute. We must work with the best outcome for the child. Your Fostering Social Worker can talk through the process in greater detail.

There is more detail in further sections regarding children being placed and the process.

Connected Person's Team

This team is County wide and supports individuals who foster children who then had an existing connection to. A Connected Person can be a relative, friend or any other person with a prior connection with a child/young person who is looked after by the local authority. This includes grandparents, aunts and uncles, adult siblings, other adult family members friends, or someone who has known the child in a professional capacity such as a teacher or youth worker.

When a prospective Connected Person has been identified as being in a position to care for a child who is in the care of Cumbria County Council, they must be approved as a foster carer for that child. The assessment and approval process for Connected Persons is the same as for any other non-related foster carer; other than the timescales for the assessment when a child is already placed. For more information please talk to your fostering Social Worker.





Section 5 : When a child is placed

This section aims to explore the process of a child being placed in Foster care. It talks about how the children's team make a referral and how a foster placement is found. It also covers what happens when a child is placed and tries to give you some ideas about how to support a new child in your family home. We talk through some responses and ways to get support.



Before a Placement is made

A central team based in the North of the County have a role in coordinating placements. The Central placements team are the point of contact for children's social workers when a placement for a child is needed.

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 may possibly be considered as long as they can care for the child and are willing. When it is out of hours, the same procedure applies, although it will not be the child's Social Worker and the fostering team who contacts foster carers, but the Emergency Duty Team (EDT). t: **03332 401727**. You will be asked if you are willing to be contacted out of hours.

Many placement requests are planned. This means that there is more time to consider and match the child. This may be due to the Social Worker going to Court as there is evidence of ongoing harm, the Court date may be a few weeks in the future and so once this is known the Child Social Worker will request a search for a placement. Foster carers may then commit to taking the child, the placement will only be made if the Court agrees with the care plan to remove. If the threshold for a child coming into care is not met then the placement may not be needed and the Foster carer is stood down. This can be difficult as expectations and plans are put into case, if you are a foster carer who has their own children, they may become excited about a child coming to stay, only to feel disappointed when this does not happen. Your Fostering Social Worker can talk to you about how to prepare your household and manage changes of plan.

If a placement is needed the child Social Worker will write a referral detailing information about the child, this will include the reasons for the child coming into care and the child's needs and behaviours. It is important to remember that the amount of information that is known about a child may vary, sometimes much of the children's experiences are not known. Some of their behaviours and reactions may not be known and some of the abuse they have suffered may also have been hidden from professionals. This information will be sent to the Central Placements Team by the Child's Social Worker and discussions will occur between the team and the Child's Social Worker regarding the referral.

It is a social worker from the Central Placements team that will contact you about a new placement. Once they have received the referral they will first look to match the child needing foster carer with available foster placement. They will often contact your supervising social worker as part of the matching process, but not always. Sometimes because of a heavy demand on the resource, we have few vacancies, and Carers may be asked to take children either out of their

preferred age range or to increase their numbers temporarily. This will only be done if we feel you can manage this.

In order for the Central Placements team to have knowledge of the Foster carers a lot of communication work is done by your own Fostering Team to ensure that they have the most up to date information about Foster carers with a vacancy to take the care of a child.

When a Social Worker from the Fostering Service contacts you about a child, you should be provided with as much information as possible 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 (please note that full information is not always available when children are placed in an emergency). 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 may mean that a review of your situation may be beneficial.

When making up your mind - think about your own circumstances - abilities, space, effect on the family relationships etc. The Fostering Social worker will also be thinking about these things and hopefully a match can be made. The social worker who approaches you about placements is usually from the Central Placements Team and so not always your supervising social worker, you can contact your own social worker to have a discussion before agreeing to a placement. 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.

Background information

Foster Carers will be provided with all relevant information about the child they are taking. In an emergency they will be provided with baseline information along with a placement information record (PIR) giving emergency consent to medical treatment to the foster carer.

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 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 the 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 placement, and the home, neighbourhood and any family pets, before moving in.

All Carers should have details on their records about their families and home which can be handed to the child/young people. We call this an 'our family leaflet'. Your Fostering Social Worker can support you and your family to develop one.

It is Children's Services duty to provide Carers with as much information as possible about the child. This must include background history, some details about the family, the child's previous experiences and why they need to be looked after. If the information is not available at the time of placement, because it is in an emergency, you should expect to receive it very shortly after placement as detailed above. 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. This information is contained in the Placement Information Record (PIR sometimes called the placement plan) which should be handed to you by the child's Social Worker who places the child.

Placement Planning Meeting and Delegated Authority

A meeting will be arranged prior to a Placement being made or within 5 working days of a placement. The purpose of the meeting is to ensure that you have all the information required to best meet the child's needs. The meeting will also assist in clarifying any responsibilities delegated to you by the child's parents or Children's Services, such as agreeing to haircuts or sleepovers at friends. As Foster carers do not hold Parental Responsibility the decisions they can make on a day to day basis need to be agreed and then delegated to them, these will be recorded on a delegated authority form agreed at this meeting.

It is best practice for parents to be invited to the meeting and should attend if possible. Parents need to feel part of the decision making. However, this does not always happen, sometimes it is not appropriate for parents to attend or they are unable to. In these cases the social worker for the child will gain their view about the consent being discussed.

The meeting will be chaired by the Fostering Team. You will receive copies of agreed outcomes of the meeting.

You should continue to discuss and consider how you can involve birth parents and engage with them during the placement, please explore the role of birth parents with your fostering social worker. The Service encourages all foster carers to empathise with the feelings and emotions of birth parents when their children are removed from their care and find ways to be supportive and communicate reassurance. It can be a very scary thought that another person has the day to day care of your child. For birth parents their child is placed in foster care with people they do not know, in a home they can not picture and with a family they do not know. Please be mindful of how difficult this is for parents and look for safe and appropriate ways to build relationships and communication.

Legal Position

If the child is accommodated (placed in Foster care by agreement of the parents only – section 20), their parents hold parental responsibility for them. The Parents then need to agree to any decisions delegated to the Foster carer on the Delegated Authority. If there is a Care Order, or an Emergency Protection Order,

the parents hold joint parental responsibility with the Local Authority, this means that the Child Social Worker and the Parents share the decision making and both can agree to the decisions delegated to the Foster carer on the Delegated Authority Form.

Any decisions about the child need to be made by the social worker (if on a care order) or by the parent (if in care on a voluntary basis) so unless a decision is delegated to you by the signed delegated authority form then you need to consult the Child's Social Worker before making decisions about the child in your care.

Equipment and clothing

For planned placements, there should be time to provide you with the necessary equipment. All equipment is on loan from Children's Services. 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.

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 could be very important to them.

In general, when you become a Foster carer we will expect that you have the basic furniture for a child to stay with you. A bed, wardrobe, chest of drawers etc so they have room for their personal items.

If you are providing a baby placement however there is some equipment that we will fund or provide. The list is below, these are the items we usually provide. Please talk to your Fostering Social Worker about the equipment, if you are happy for us to purchase these we will do so and our Fostering Support Worker will arrange this.

If you would rather buy your own equipment then a discussion must occur with your Fostering Social Worker before you buy these. We will need to agree how much we would fund toward each item.

Items:

Pram/travel system

car seat

cot beds/ cot

mattress

Moses basket

fire guard (for young children in the home)

steriliser (bottles if they are included in the steriliser bundle)

baby monitor.

All other equipment should be taken out of Regular weekly allowance. There is some management discretion, that there may be different support available to connected carers in light of their difference circumstances for example.



Guide for basic clothing and equipment needed for children accommodated

Babies: nappies, 3 baby gowns, 6 outfits, underwear, outdoor clothing.

Young Girls/Boys: Coat. 2 main outfits, 1 or 2 pair trousers, 2 sweater/ cardigan, 3 T-shirts, underwear, 2 pairs pyjamas, 4 pairs socks/tights, 1 pair shoes, 1 pair trainers, outdoor clothes.

Teenagers Girls/Boys: School uniform (dress, school skirt, or trousers, 3 blouses, 2 cardigans, tie, blazer/jacket, , PE kit comprising of skirt/2 pairs shorts, top, plimsolls, PE socks, school bag and shoes). Coat, underwear, nightwear, socks, 2 pairs jeans/trousers or joggers, 2 tops, shirt, trainers, outdoor wear. Appropriate Sportswear - e.g. rugby/football/hockey/ swimming etc.

Equipment for Babies: cot, mattress (new for each child), buggy and cover, stairgate, fireguard, potty, highchair, reins, sterilisation kit, bottles, blankets for babies under 1 year, duvet (for over 12 months of age only) duvet cover x 2, sheets x 4, prams.

Equipment for older Children: bed, pillow, bedding (2 changes), wardrobe/chest of drawers.

This list is a suggested guide, some children come into care with many belongings and clothes, some do not. Please discuss with your Fostering Social worker.

Insurance

There are four types of insurance that Carers need:

1. Personal protection
2. Household buildings and contents
3. Legal
4. Business on their vehicles



Foster Carers for Cumbria County Council have automatic membership to Fostering Network. This service gives members legal insurance as part of their membership fee.

There is also a legal 24 hour helpline for immediate advice from regional offices. Please make a note of the number for the legal helpline: t: 01384885734

As part of their membership Carers are entitled to 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.

Carer's 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 their Social Worker first. Similarly, do not change or abbreviate the names of any children placed with you.

Accepting a child into your home

Ideally, all placements should be planned. In these situations meetings between the Carer, the child and the foster 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.

Everyone should meet at the Carer's home for introductions. 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 can be 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 behaviour, the child 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. This is all part of the child's history.

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.

There are three steps in the adjustment process:

Transitions

Whether a child is arriving in your home or leaving your home they should have suitable luggage containers to move their personal items and clothes. Children should not have to use bin bags for their clothes and belongings. Please talk to your Child's social worker or Fostering social worker about supporting a child or young person during the moving process to ensure that they have suitable items to store and transport their belongings during a move.

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:

- Child showing behaviour expected of a younger child
- Homesickness
- Confusion
- Insecurity
- Pushing boundaries
- Withdrawn and uncommunicative behaviour
- Some children can be over affectionate, want lots of cuddles some can be withdrawn.

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

- 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

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

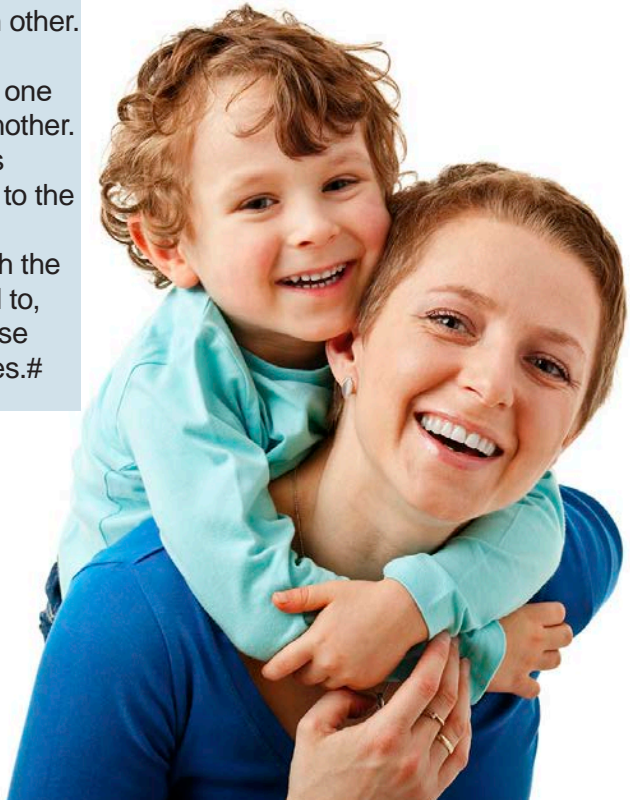
- What was their lunchbox like? Would they like a similar one, or a different one?
- Did Mum or their previous Carer walk them to school or did they go on their own?
- Jobs around the house - are they used to helping? Would they like to help?
- Pocket money - did they get any?
- Pets - both the Carer's 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 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.#

It is important to remember that everyone will take time to adjust to new surroundings and new people in the family, be sensitive and empathise with the child. Your Fostering Social Worker will be able to support and advise you, we can increase our visits when a new child comes to live with you if you need this. We will support you.



Section 6 : The child in your home

This section covers a range of topics relating to the child living in your home. The aim is to cover information about health, both general and mental and aspects of the care you offer. It looks at the role of the foster carer in these aspects and other areas involved in the day to day care that you offer. Behaviour management and complex behaviours that you may encounter are also covered in this section.

a) General health

Promoting the Health Needs of Looked After Children (November 2009) which was updated in 2015 (Promoting the health and wellbeing of looked-after children) provides a statutory requirement to arrange for a health assessment for looked after children and young people. These arrangements ensure that medical problems are identified and remedial action is taken.

Please note that policy is updated regularly by the Government so for more information and the most up to date policy changes please refer to the GOV.UK website.

Children in Foster Care may have previously undiagnosed health conditions that will affect other aspects of their life, so health assessments are important. This also allows sensitive issues to be raised in a non-threatening way. The required frequency of medical examination and health assessments, are as follows:

- On entry into care during the first 4 weeks an initial health assessment;
- 0-4 years - nurse-led health assessments six monthly (Health Visitor);
- School age children - nurse-led health assessments yearly (School Nurse);
- Out of school/Post 16 - nurse-led health assessments yearly (LAC Nurse / School Nurse).

In addition, the Fostering Services (England) 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 book, "Personal Child Health Record" which they have had since the child's birth, to the Foster Carer so that health records can be maintained. If this is not possible please ask the child's Health Visitor for a new one.

Also the Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves. The MCA is designed to protect and restore power to those vulnerable people who lack capacity.

Mental Health

The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves. The MCA is designed to protect and restore power to those vulnerable people who lack capacity.

Consent to treatment: Young people over 16 years are presumed to have capacity to consent to surgical, medical or dental treatment and to associated procedures, such as nursing care. (Family Law Reform Act 1969).

Some procedures, such as organ donation, are not covered by this, but by a test of 'Gillick competence'. This test is used with people under 16 and for people over 16 for procedures which may not be of benefit to the young person themselves. It is similar to the capacity test and assesses if the young person has the intelligence, maturity and understanding to comprehend what is being proposed.

The person proposing any treatment or care needs to be clear about the young person's capacity to make the decision. If the young person can't make the decision because of an impairment of or disturbance in the functioning of the mind or brain then the assessment and process of MCA will apply.

If a young person has capacity to consent to treatment, their decision must be respected. If the young person makes a capacitated decision to refuse treatment this must also be respected – even if someone who has parental responsibility wishes to consent on their behalf. If the young person has capacity, the MCA does not apply and the Court of Protection cannot intervene. The Family Courts can make decisions in such situations.

If a young person does not have capacity to make a decision, the decision could be made following MCA processes or could be made by the person with parental responsibility. The method by which the decision is made will depend on whether the decision is in the 'zone of parental control' and who is exercising parental responsibility.

Parental responsibility

Someone who has parental responsibility for a young person may be asked to make decisions about their care or treatment if they lack capacity to make the decision for themselves. It is important to be clear who has parental responsibility as it is not necessarily the young person's parent.

- Adoptive parents
- If the child is involved in care proceedings, parental responsibility can be assigned to the person they are living with. If the child is subject to an Order the person the child lives with acquires parental responsibility.
- If the child is subject to a Care Order or an Interim Care Order the Local Authority shares parental responsibility for the child. The Foster carer does not have PR but some decisions can be delegated to them.

Parental responsibility lasts until the child is 18. If parents' divorce the father retains parental responsibility; the parent the child lives with does not have more powers than the other parent.

As Foster carers you don't have parental responsibility, you are looking after the child on a day to day basis, providing for their needs but do have parental responsibility. You may then need to seek permissions for some of the decisions that need to be made. Some decisions will be delegated to you but others may not, this will be different for each child and situation. Please discuss how to care for a child when you do not have parental responsibility with your fostering social worker.

The role of the Foster Carer

The Foster carers role is to care for the child and look after them. Each child is different, and attending to the health and social needs of the whole child must be undertaken in a relevant, appropriate and sensitive manner.

Looking after a child's health needs is one of the most basic of parenting responsibilities, foster carers take on many of these responsibilities in their role. Good healthcare requires a positive approach to general health and monitoring of developmental progress.

Foster Carers will be expected to work with the child's family and/ or 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. As Foster carers do not have parental responsibility tasks and decisions are delegated to them through an agreement at the start of the placement. These may include some decisions around health.

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 subject to a Care Order. For children on a Care Order they should be permanently registered with a GP in their placement area. Registering a child with the local GP may be delegated to Foster carers.

The GP should be made aware when a 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 Record but make sure you have the following:

- medicines being taken - why - dosage and times to be given
- known illnesses and allergies

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 to decide this. Whoever has parental responsibility must sign for any medical examination. In the case of a Child Looked After subject to a Care Order this should still be the parents but can also be an appropriate person in the Local Authority.

Prophylactic and preventative treatment

Immunisations and dental checks are essential and it is your responsibility to make sure these happens.

However, certain treatments which seem routine may need special permission so check it out first with the child's Social Worker.

Accidents and illnesses

Any accident requiring medical intervention must be reported to Children's Services - to the Social Worker for the child and your Supervising Social Worker immediately and recorded on the child's medical form.

Serious accident and illness

In the case of serious illness or the necessity for urgent medical treatment contact Emergency Services. The Social Worker for the child, or their Manager, or Emergency Duty Team should also be notified immediately. They will inform the child's parents. If this occurs out of office hours please call **0333 240 1727** and report the incident to the Emergency Social Work Team.

Minor Ailments

Where to get more advice: For minor ailments go to www.nhs.uk the NHS Cumbria "When should I worry" booklet or contact the Health Visitor, School Nurse or your GP.

Home Safety

A Fire Safety check will be carried out in your home, this will be arranged by your Supervising Fostering Social Worker.

First aid courses are offered by Children's Services

Your Supervising Social Worker will talk to you about training in supervision. You will be able to put yourself forward for training courses and it is your responsibility to ensure that you attend and fulfil the training requirements. Your supervising social worker will use supervision to discuss training needs. First Aid training is mandatory on the Foster Care Career Structure. You will also need to undertake regular refresher courses.

Medical treatment - Aspirin

Currently the NHS advise that you should never give aspirin to children under the age of 16 (unless their doctor prescribes it). It can make children more likely to develop a very rare but serious illness called Reye's syndrome. Foster Carers should not give aspirin to children under the age of 16 years and if they have young people over the age of 16 years,

they should advise them of the dangers which may follow taking aspirin, these can be accessed via NHS website. 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 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 bodily 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 or not 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:

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, incinerator or flushed down the toilet if disposable.
- Tampons may be treated similarly or flushed down the toilet.
- Disposable nappies should be burned or double wrapped in polythene bags. Contact local Council if the child is older/disabled as they can provide the services of a hygiene collection agency.

General hygiene procedures

- 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 dish washer 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.

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 or have come from circumstances where the risks are high. In these situations 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 Assistant Director of Children Services 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.

For further information you can look this up on the following websites:

Avert: www.avert.org/about-hiv-aids

Terrance Higgins Trust:
www.tht.org.uk

Hepatitis B and C

These 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.

For Hepatitis B vaccination see the advice for Foster Carers on the fostering network. Foster Carers are deemed to be an 'at risk group' and can get a vaccination free of charge. This is something you should discuss with your Supervising Social Worker.

There is no vaccine available for Hepatitis C.

Hepatitis A

This 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; lack of knowledge 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 relationships, identity, contraception, sexual health and the consequences of unprotected sex. Advice and training is available for Foster Carers in regard to this. If a young person is sexually active, they should be encouraged to seek advice from an appropriate source.

These include the Local Young Person's Clinic, School Nurse or one of the Children Looked After Nurses.

Child Sexual Exploitation

The sexual exploitation of children and young people has been identified across the United Kingdom, in both rural and urban areas. It affects boys and young men as well as girls and young women. It robs children of their childhood and can have a serious long-term impact on every aspect of their lives, health and education. It damages the lives of families and carers and can lead to family break-ups. Sexual exploitation of children and young people is a crime.

Cumbria Constabulary have written the following description: It involves offenders grooming young people and using their power to sexually abuse them. It can take many forms, whether it occurs through a seemingly 'consensual' relationship with an older boyfriend, or a young person having sex in return for attention, gifts, alcohol or cigarettes. Sexual exploitation is child abuse and, although they may not realise it, it puts the young victim at huge risk of damage to their physical, emotional and psychological health.

Many young people who are being abused do not realise they are at risk and will not call for help. They may see themselves as willing participants when in fact their behaviour is anything but consenting. And, while there is no stereotypical victim of exploitation, there are warning signs in children's behaviour that may indicate something is wrong – and if you know what you're looking for, you can take steps to help them.

It is important as a Foster carer that you are aware of this. Please seek out any training or information in this area and discuss this with your Fostering Social Worker. Children in care are at risk from CSE

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. You need to be aware of the issue of county lines and the impact on Children. Cumbria Constabulary write County Lines is a phrase which does not refer simply to the transportation and dealing of drugs across counties but specifically the exploitation of vulnerable children and adults by gangs based in cities to move the drugs and money around the country.

Young people need the help of their Carers to develop an informed attitude and an understanding of the risks.

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.

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.

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.
 - a. Also known as hash, dope, weed, head, grass, ganja, gear, hashish, score, draw, marijuana, puff bash or pot.
- c) LSD: usually as pills, causes lucid 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.
- i) Manufactured street drugs with names such as Black mamba, Spice unpredictable effects .
- j) Barbiturates and prescription drugs.

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.
- Symptoms - in particular Alcohol, Drugs and Solvents Smell - obvious, odd, pungent, chemical.

Behaviour - this may include mood swings, erratic behaviour although this can be difficult to spot. Chronic drinking may be more easily recognisable as a young person may slur their words, behave in an inappropriate way or become aggressive. They may also become suddenly depressed. The above can also result in short term memory loss.

Some parents make the decision to allow their own children to drink alcohol in the home at certain ages but as a foster carer you do not have parental responsibility therefore any discussions around this area need to happen with the child social worker and the parents.

What to look for -Bottles in room, bits of silver foil, use of cigarettes, substances left about, polythene bags, bits of filter paper, syringes, silver foil, razor blades, folded paper to envelope form.

Effects of drug abuse - Possible long and short term effects of drug use can cause: Anxiety, depression, paranoia. Health implications can be liver damage, heart failure, bronchitis, heart disease. BBV (blood born viruses) limb amputation, possible overdose, ultimately death.

What to do to help - Seek advice and information from local Drug and Alcohol Services and involve the child's Social Worker and your Supervising Social Worker. It is very important to establish the extent of the substance misuse 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 the Accident and 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. Dial 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.

Alcohol

Many children will have experienced trauma associated with alcohol misuse. You should consider your own use and attitude towards alcohol as a Foster carer and model appropriate use and consumption.

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

Smoking and Vaping

The dangers of smoking tobacco in adults is well documented. Read the British Heart Foundation information on www.bhf.org.uk/smoking

Passive smoking can cause premature death in non-smokers. Passive smoking increases the risk of coronary heart disease by 25-40% - almost the same level as a smoker. Second-hand smoke contains more than 7000 chemicals, with 69 cancer-causing chemicals. There is no known safe level of exposure to second-hand smoke

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

Carers who smoke (or have other members of the household who smoke) cannot care for children under the age of 5 years. (The Fostering Service may make certain exceptions when considering Family and Friends Carers or in relation to a specific circumstance in relation to a specific need for the placement if theirs is a smoke free home).

Carers and anyone they are in company with are asked not to smoke in front of children under 10 years of age and all Carers must adhere to the Council's policy of no smoking

within the home. It is expected that any member of a fostering household who does smoke will do so only outside of the property.

The supervising Social worker will share the BAAF guidance on smoking with carers and they will be encouraged to give up 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 18 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.

Foster Carers must also ensure that children are never exposed to smoke in a car.

British Lung Foundation (BLF) research has found that more than half (51%) of eight to 15 year olds have been exposed to cigarette smoke when confined in a car.

This is very worrying given that smoking just one cigarette in the car even with the window open, creates a greater concentration of second-hand smoke than a whole evening's smoking in a pub.

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.

Vaping comes under the same level of scrutiny as smoking and the same restrictions and considerations apply.

Health effects of exposure to Second Hand Smoking (SHS).

Children are especially vulnerable to SHS as they breathe more rapidly and they inhale more pollutants per pound of body weight (a higher relative ventilation rate) than adults.

In 2010 The Royal College of Physicians (RCP) published a landmark report entitled "Passive Smoking and Children". The report acknowledges the importance of smoke free legislation in reducing exposure to second hand smoke in the workplace but points out that the principle source of exposure for non-smokers is in the home and that children are especially at risk.

The authors note that "passive smoking in the home is a major hazard to the health of the millions of children in the UK who live with smokers, and the extent of this health problem has not, to date, been accurately quantified." They conclude that "passive smoking is a significant cause of morbidity and mortality in babies and children."

The report affirms that a child exposed to SHS has an increased risk of asthma, lower respiratory infections, bronchitis, middle ear disease, bacterial meningitis and sudden infant death syndrome (SIDS) as well as general reduced

respiratory function (cough, wheezes). These disorders generate over 300,000 UK GP consultations and about 9,500 hospital admissions every year.

The RCP report concurs with the findings of a review published by the World Health Organisation in 1999 which also found that passive smoking is a cause of bronchitis, pneumonia, coughing and wheezing, asthma attacks, middle ear infection, cot death, and possibly cardiovascular and neurobiological impairment in children. These findings were confirmed in the SCOTH Report in 2004.

Active smoking in children In Great Britain 450 children start smoking every day. There is clear evidence that the earlier regular smoking is established, the greater the risk of subsequent lung cancer. For example, children who smoke are at risk of respiratory illness, cough, and phlegm production.

Early smoking is also associated with more immediate health problems.

As the long term effects of Vaping are still unknown the same advice around smoking should be applied to Vaping.

Hospitalisation

If the child needs to go into hospital, inform the Supervising Social Worker, the Social Worker for the child and if outside office hours inform the Emergency Duty Team.

Going into hospital is frightening and, added to that, the foster child is 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.

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

Nowadays, treatment for asthma is very good and most children are able to lead a normal life and attend school regularly. If the child is prescribed an inhaler they must have access to them at all times including when out of the home e.g. at school.

Hayfever causes sneezing and running eyes and nose.

Eczema affects the skin. Increasing numbers of children are found to suffer from these allergic conditions.

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. Allergy to food seems to be on the increase with the use of additives in food.

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. Allergy to food seems to be on the increase with the use of additives in food.

Some allergic reactions are severe

Some children or young people may suffer a severe allergic reaction to certain foods or substances. This reaction can sometimes be so severe as to require an immediate response in the form of emergency medication and paramedic support. This response is known as an 'Anaphylactic' reaction. Some children are prescribed oral medication or emergency treatment via injection (e.g. Epipen) to manage this. Training will need to be provided by a Specialist Nurse to the Foster Carers before the child is placed to ensure they are aware of how to manage an emergency situation.

Many of these conditions may appear worse at times of stress.

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.
- It is advised that babies should stop using bottles at 1 years old and be given drinks in feeder cups instead.
- If a feeder cup 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 a fluoride toothpaste. Ask your dentist or health visitor about fluoride supplements.

Regular Dental Checks

Introduce the child to a dentist early on. Dental care will be raised at each Review for the child. All children should be assessed by the dentist from the age of 1 year old. The Specialist CLA Nurse should be contacted if there is any difficulty registering with a dentist. She can refer the child to the Community Dentist www.smile4life.org.uk/index.aspx

Eye care

The Health Visitor will monitor the visual development of the child from 6 weeks old and review at each developmental assessment (National Healthy Child Programme). If any concerns regarding vision or squint are identified a referral will be made to ophthalmology for further assessment. A long distance vision check will be carried out by the school nurse when the child is in reception class.

It is also good practice for the child to be seen at the opticians from commencing nursery full time (3-4 years old). These should happen regularly for all children who are looked after.

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 and development

Most children grow at a regular rate. This may not happen if the child has been ill, or inadequately fed. Growth can be affected by poor parenting and global delay can occur.

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 child's height and weight will be measured at all initial and reviews health assessments. Young people may choose not to have these done and their wishes must be respected. A record of these measurements should be put in the child's Red Book if this is available.

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.

Hearing

All new born babies have their hearing assessed as part of the National Healthy Child Programme which began in 2014.

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:

- 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 an iPod/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. The Health Visitor/ School Nurse can arrange for a hearing test. The child's hearing will be discussed at all health assessments and if there is a concern a referral can be made for assessment.

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 Sun Screen and Sun Safety

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. You should always use the appropriate sunscreens for different types of skin, Factor 15 as a minimum, but NEVER on babies under 3 months.

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.

A good reminder is the 5 S's: Slip (on a T shirt) Slop (on F30 sunscreen) Slap (on a broad brimmed hat) Slide (on good sunglasses) Shade (from the sun when possible).

Also you can consult Sunscreen and sun safety - Live Well - NHS Choices www.nhs.uk/livewell/skin/pages/sunsafer.aspx

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. They 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. Further information and support is available from the child's School Nurse or the Specialist Nurse CLA.

Or you can go to www.nhs.uk/livewell/menstrualcycle

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 advised that Carers invest in a book about puberty that they can use with the child.

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 are likely to 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.

- 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 parent's right to make decisions on these matters.

- 5) Depending upon the parent's wishes, you may be involved in the arrangements for the funeral.
- 6) Children's Services 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) Children's Services have 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. Children's Services also have to inform the Health Authority and the Ofsted Inspection.
- 8) In the event of a sudden death, there is likely to be an inquest, which you may be required to attend. The local Safeguarding Board has guidance on the death of a Looked After Child. If a child has a chronic condition or limited life expectancy, you will have been made aware of this beforehand if this information was known.

b) Healthy Lifestyles

Diet and exercise

This does not 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. 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 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.

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.

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 behaviours are possible, overeating, hoarding, stealing, refusal, vomiting.

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

- 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.

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:

When it comes to buying, storing, preparing and cooking food, there is no shortage of information about these subjects. The seemingly frequent changes of views about what constitutes a healthy diet can, when looked at sensibly, reveal a few simple rules that guide us towards healthy eating.

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.



Food safety and 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 left overs.

Under the 1992 legislation, Foster Carers do not have to register, nevertheless most of the requirements for good food safety are practical common sense and it is in everyone's interest to observe them.

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.

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 meat and poultry should be kept below cooked food in the refrigerator.

More information is available from the Health Visitor/School Nurse.

c) Health, safety and 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, medicines 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. Children with Disabilities will have a dedicated Social Worker and consultation with them is essential.

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 own supplier will have all met these standards.

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 Children's Services (and the law) expects is that Foster Carers will exercise common sense 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.

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 will have a Health and Safety check at the time of their assessment and reviewed at least annually. This will be done at other times in special circumstances e.g. if a Foster Carer has their house extended/renovated. It is important to note that any renovations/ extensions should be complaint compliant with Building Regulations.

At the Annual Review, the Supervising Social Worker will address the relevant issues.

The issues for Foster Carers

- 1) The National Minimum Fostering Standards clearly outline that we all have a 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. Children need to be encouraged to participate in a range of positive activities that contribute to their physical and emotional health.
- 3) Issues of health and safety are 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

Pets can be a very important part of the foster home and can have therapeutic value. However there can be issues so we always conduct a pet assessment. In relation to health there are also considerations.

It is our responsibility to guide Carers about hygiene - like regular worming and keeping outside areas free of fouling.

- 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. However, you always need to remain mindful of them and provide appropriate supervision when children are around.

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 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 / Moving and Handling

The Manual Handling Operations Regulations define it as ‘any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force’.

Manual handling | Health & safety risk assessment advice can be found on the following website www.healthyworkinglives.com/advice/work-equipment/manual-handling

The Principles of moving any weight, including children are;

1. Think before you lift;
2. Keep the load close to your waist;
3. Adopt a stable position;
4. Ensure a good hold on the load; -
 - At the start of the lift, moderate flexion (slight bending) of the back, hips and knees is
 - preferable to fully flexing the back (stooping) or the hips and knees (squatting); -
 - Don't flex your spine any further as you lift; -
 - Avoid twisting the trunk or leaning sideways, especially while the back is bent;
 - Keep your head up when handling;- Move smoothly;-
 - Don't lift more than you can easily manage;
 - Put down then adjust.

You should not allow children to swing on your neck as this can cause permanent damage to your neck.

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 Children's Services 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 must use the correct car seat for the age and weight of the child you are caring for and only transport the number of people that your car is designed to transport. The issue of safe transport should be discussed with your Supervising Social Worker.

The use of the appropriate car seats for the child's age and height must be ensured. Seat belts must be worn.

Guidance regarding legal requirements are available from discussion with your Supervising Social Worker or can be found on www.gov.uk/child-car-seats-the-rules.

Keeping children safe

First and foremost your car must be road worthy and have a valid MOT, tax and insurance.

Foster carers should have business insurance on any car in which foster children are transported in and you should notify the insurer you are a foster carer.

When transporting children they should always sit on the back seat of the car unless previous agreement has been reached with the child's Social Worker; in this case the law must still be complied with.

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 car seat for their age, height and weight, the likelihood of being injured in an accident is reduced by two-thirds.

When sitting in the back seat, children must use the advised car seat for their age and height. Please refer to the guidance for details about when a child does not need to use a car seat and can use the seatbelt.

Rear-facing infant carriers should never be used in the front of cars fitted with passenger air bags.

All car seats and seat belts must comply with current National Safety Standards.

Make sure that your car seat 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 that is designed for use in a car seat.

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. 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.

Use a booster seat until child is 12 years old or 135cms tall, whichever comes first.

Then use a seat belt. The most up to date advice is on GOV.UK <https://www.gov.uk/child-car-seats-the-rules>

It is illegal to smoke in a car (or other vehicle) with anyone under 18. The law changed on 1 October 2015, to protect children and young people from the dangers of second hand smoke. Both the driver and the smoker could be fined £50.

Never leave the child alone in the car, even if they are strapped in.

Fire risks

Foster Carers will receive the leaflet "*Fire safety in the home, a quick guide*" and are required to complete a Fire Plan for their home. It is their responsibility to arrange a visit from the local Fire Service who will provide advice and smoke alarms at no cost to the Carer.

Supervision

Children under eight 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 young person's Social Worker.

Safety in the home

Accommodation

The following items require attention at approval and review

- Windows are fitted with locks according to the manufacturers instructions. Catches should be out of the reach of younger children.
- Safety gates are used properly.
- Stairways are safe - i.e. hand rails and banisters.
- Glass doors are protected by plastic film.
- Fire guards are fitted, where appropriate.
- There is adequate floor space, free of hazards where children can play.
- There is safe storage and protection of ornaments and glassware, and plants, etc.
- The use of free-standing paraffin or calor gas fires is prohibited.
- Low level electrical sockets are covered.
- Dangerous liquids, medication, tablets etc. and equipment are stored out of the reach of children.
- There should be no outstanding building work - this represents a hazard.
- Carer's homes should be safe, clean, warm, and well ventilated.
- Bedroom space must be adequate and have a window.

Bathroom and Toilet

- There are adequate toilet and washing facilities.
- There is provision for soiled nappies, if appropriate.
- Medicines are out of the reach of children.
- Water temperatures can be controlled so that children are not at risk of scalding.
- Young children should never be left alone in a bath.

Kitchen

- Facilities are adequate.
- A fire blanket/extinguisher is available.
- 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.
- There should always be adult supervision when children are in paddling pools

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

Burns and scalds:

Don't drink or eat anything hot with a baby or child on your lap. Beware dangling kettle and iron flexes, table cloths, protruding pan handles.

Always have fire guards in front of all fires when in use.

Falls

Provide safety covers for electric sockets. 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 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.

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.

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 in these tasks.

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.

Children should always be supervised when playing in water.

For further information see www.rospea.com/leisure-safety/water/advice/children-young-people

Electricity

Provide safety covers for electrical 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 not be covered when not in use and children supervised when 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.

Don't use juice bottles to store other substances such as paraffin.

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 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. You may need to gain consent for activities that have increased risk.

Finally

Talk to children about what to do in an emergency such as a fire. Teach them how to dial 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. Seek advice from your Health Visitor regarding current best practice in sleeping positions for babies.

Some babies who require special care or who have particular medical problems need to be nursed on their tummies. Your Doctor, or Health Visitor, will explain why.

For babies who have been sleeping on their tummies, try them on their backs or sides. They may not like the change and find it difficult to settle.

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. Keep the temperature in the baby's room so that you can feel comfortable in it.

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.

Baby headbands can slip and cover the baby's face or airway so do not use these.

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; 6-9 months; 18-24 months and then at 36-48 months.

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”

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. This can be recorded in the child's Personal Education Plan (PEP).

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. Disabilities can have differing impacts on children and their development and require differing levels of support. All children with disabilities are individuals and require individualised support specific to their needs. As a Foster carer caring for a child with disabilities you may be required to provide extra support or the child may need specialist care. Some children will require surgery and/or treatment; the severity or length of treatment will depend on the seriousness of the disability.

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.

Foster Carers may need counselling and support to help them look after a child who is seriously ill or who may be dying, this could be related to the child's disability.

In most situations, Foster Carers will be given information about the child's health needs on placement. It is not uncommon, however, for Foster Carers to discover that a child has additional 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.

It may be that children with serious disabilities may be more likely to need occasional alternative family care if this is right for the child and the family. Approved support care (ASC) (for foster carers caring for a disabled child) or a shared care arrangement can be accessed to provide regular respite care to families who have a child with a disability.

Foster Carers are in a unique position to help children overcome difficult life experiences and to be better equipped for life by helping them grow up with a sense of wellbeing about themselves and their bodies despite any disability that they may have.

Some Carers may need specific training and we will aim to identify this, we will either try to provide this or signpost to the most suitable training.

Fostering a child with a 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.

Children's Services are 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.

Children's Services are 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.

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.

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 also the disadvantages and discrimination which the child is likely to suffer.

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 Local Education Authority or Health Visitor 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 a few 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 or going "Into care". 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.

f) Behaviour Management

Management of behaviour in general

Fostering promote a positive approach managing child's behaviour, as a foster carer you should reward and promote positive behaviour and discourage and manage problem behaviour. Although it is appropriate to use consequences with some behaviours you must explore and respond to the child as an individual. Different approaches work with different children and at times you may need to build your relationship with the child to gain trust before they will respond.

If you use consequences this should always be done alongside promoting the behaviour you want the child to achieve. It takes discipline on the part of the Carer to positively focus on the child's good behaviour and to reward it. A simple, "Well done, I can see you are playing nicely" or "Thank you for sitting quietly while I talked on the phone" are examples of simple ways good behaviour can be rewarded. This can be further reinforced with stickers or points on a behaviour chart, if your child responds to this. Remember to discuss this with your child's Social

Worker and your Supervising Social Worker the child's needs so you can respond in a way that meets the needs of that child.

In Fostering we are highlighting the use of P.A.C.E. This is an approach that Dan Hughes promotes and is therapeutic in its foundation. You can access more training and reading around this but in short this approach encourages the carer to respond to the child using playfulness, acceptance, curiosity and empathy.

There will be times when you need to use more directive approaches, you may need to help the child develop and manage risk. In your care you will be supporting the child to develop an awareness of danger and respect for the needs of others, as well as helping them to develop appropriate self-control. The most important aspect is that you respond in a caring way that meets the needs of the child. Often modelling appropriate behaviour, offering consistent care and using your own past experiences can be very supportive to a child. Being available and supportive is encouraged.

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 new child into your family who is unlikely to share all your values. So whilst you are keen to make this new child welcome and comfortable, you perhaps fear enforcing too many “rules”, but also fear abandoning your fundamental principles which your own children live by. By being clear, kind but also reflective your new child 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 (if there are other children in the home) and may not be used to any rules ,so will not keep them immediately or necessarily easily.
- Foster children have experienced separation and loss and trauma and this can impact on their ability to respond to rules and boundaries. Developmental delay also needs to be considered.

In summary, establishing a hierarchy of rules can be useful, stand firm on some and be flexible on others.

Some aspects to consider and discuss with your Fostering Social worker are being willing to negotiate compromise.

If considering consequence how can these be naturally occurring and effective, will the child understand and not feel shame.

An equally important feature should be “fairness” - you need to be satisfied that the child understands what they did wrong and that their consequence feels fair and reasonable.

Can you be clear out expectations to avoid confusion or worry. How can you communicate these supportively?

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

- The fact that consequence 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”. Consequence has to follow the wrongdoing reasonably closely in time; so that the wrongdoing and the punishment are linked in the child’s mind.
- Consequence 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 consequence, 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, 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 consequence 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 you know to have 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 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.

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 and fear, rather positive behaviour should be promoted as part of the child's daily life.

Why corporal punishment is not allowed

Corporal punishment - what the law says

The Fostering Services (England) Regulations 2011 specifically state that no corporal punishment can be administered to a child in Foster Placement. You agree to this 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. Foster Carers should be aware that the actions described could constitute a criminal offence and therefore they could be liable for prosecution.

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 manage children's behaviour is by setting a good example, and rewarding good behaviour. Foster Carers should endeavour to make and maintain positive relationships 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:

- Threatening or bullying behaviour.
- Abusive, sexist or racist language or behaviour.
- 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.

Using permitted disciplinary measures 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.

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

The following measures are acceptable and should be the same as the ones you use with your own children:

- a) Extra household jobs around the house.
- b) Restriction of treats or outings, or regular activities.
- c) 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.
- d) Earlier bedtime or coming-in time.
- e) 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.
- g) 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. For some children this is not appropriate at all.

If you have any queries about how to handle any aspect of behaviour, contact the child's Social Worker and your Supervising Social Worker. Training can also be provided through the Fostering Changes Course and the Therapeutic Crisis Intervention training which will give you new strategies for promoting pro-social behaviours and managing and preventing crisis points.

Methods of discipline which aren't permitted

- a) Any form of corporal punishment.
- b) Deprivation of food and drink. 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.
- 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 Children's Services member of staff.
- k) Restraining a child

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

The Fostering Service in Cumbria does not train Carers in the use of restraint and this means of control should not be used by Carers. Therapeutic Crisis Intervention training (TCI) will teach Carers de-escalation techniques and ways to avert and manage problem behaviours.

Only in extreme circumstances e.g. to prevent harm to a person or others, should Carers physically intervene in situations involving children. If you feel you have a duty of care in this situation then you should:

- Preserve the child's safety and dignity;
- Only use the minimum amount of force necessary to secure control or manage the situation;
- Immediately inform your Supervising Social Worker and the child's Social Worker, so that the incident can be recorded centrally;

Seeking out side help in a crisis

Whilst the welfare of the child/ young person remains paramount Foster Carers also have a 'duty to care' for any other child being 'looked after' in their home and, of course, where relevant, their own children. Further, they are also responsible for their own safety. In the event that a child/ young person is behaving in a manner that is putting themselves and others at serious risk of injury, and all strategies applied have not had the desired outcome, then it is appropriate for the Foster Carer to seek 'external' help from e.g. Police or any named individual named for this purpose. For example, the young person may be seriously damaging property, fixtures and fittings within the home and any attempts to calm have not been possible or seemed to have incited an escalation of behaviour and increased the risk of injury.

The Foster Carer needs to withdraw to a safe distance, ensure any other child has also vacated the area and seek help immediately. In the event that an injury does occur appropriate medical advice/help must of course be sought as soon as possible.

If this situation has occurred it should be recorded and reported to the Fostering Service and the Child's Social Worker straight away (EDT if out of hours).

If an incident has occurred which was both unpredicted and involved the need for physical intervention, or it was necessary to call the Police, the Carer should inform: Emergency Duty Team (EDT) if outside of normal working hours, the child's Social Worker and your Supervising Social Worker as soon as possible. A detailed record of the circumstances leading to this, action taken and outcomes, needs to be completed by the Foster Carer.

Every episode will be monitored by the Team Manager and discussed with you by your Supervising Social Worker.

False Accusations

Parents who are opposing Children's Services through the courts, or children who don't want to be in care, may look for ways of undermining Foster Carers and Children's Services. Accusing Carers of abuse is one way of doing this.

Whilst malicious accusations may still be made against Foster Carers, the fact that Foster Carers do not use corporal punishment under any circumstances means that they are on firmer ground in defending themselves against false allegations.

Loss of Control

Some children in care, because of their past experiences, can display demanding and difficult behaviour. For this reason Carers must not resort to corporal punishment, which would damage the child and result in their loss of control. Carers will be helped to find ways of avoiding, and if appropriate, altering the child's behaviour rather than using punishments. Punishments of any sort will only result in improved behaviour if children understand and accept why they are being punished. Children in care can take months or years to really care about and trust their new family and therefore punishments are likely to have very little effect on any offending behaviour.

Consequently, Carers can get into an increasingly vicious circle, punishing a child more and more frequently because punishment has so little effect.

Suggestions

The only way to help children learn to cope with anger, jealousy, loss of control or spiteful behaviour is to care with firm but gentle authority. Say what you mean and stick to it.

Children will naturally try to push the boundaries; they are inquisitive, adventurous and need to learn how to handle independence as part of their natural developmental process. Sometimes their enthusiasm for exploring and testing will lead them to make mistakes. Positive ways need to be found to help them avoid making the same mistakes again rather than a punishment which might inhibit them.

Foster Carers will recognise that different methods of discipline are needed for different ages. Foster Carer's Groups, Health Visitors and Social Workers can help with advice when a particular child's behaviour seems impossible to change.

Some practical points to remember for the significant developmental stages are listed below.

They are not exhaustive and Foster Carers will have developed their own tactics for helping children.

Babies

“Prevention”

Protect or remove from prying fingers anything that might injure a baby or young child who is naturally into everything. They must be allowed to roll, crawl and play. They are not being naughty when they touch things, they don't yet have the capacity to understand about being good or bad, they just want to explore. Keep them safe from dangerous objects and you won't have to punish them for touching things they should have been protected from. If they cry or seem miserable, it's most likely that they are miserable or uncomfortable or in pain, perhaps through teething or just feeling unwell.

Toddlers

“Distraction”

We all know about the “terrible twos” and the associated temper tantrums. The child is emerging from babyhood and beginning to make a bid for independence; however a toddler in the supermarket who insists on going in the opposite direction to everyone else doesn’t make any real positive advance in learning more reasonable behaviour by being smacked.

Foster Carers need to bring all their skills and superior adult reasoning and imagination into play when caring for toddlers. Distract them to some other activity. When all else fails, just pick them up and hold them firm but gently until the anger subsides.

It might help to try and imagine what the child is feeling inside during these outbursts of total anger and frustration. It does help later development if the gentle, firm but fair rules begin to be applied now. Try to be one step ahead, if you can see a confrontation looming, or know that getting dressed is an excuse for a battle, try to think of something that turns the activity into a pleasure rather than a

misery. If you feel approaching loss of control when dealing with a toddler’s temper tantrum, get someone else to take over for a while if possible.

You are the adult.



Nursery and young school-age children

Good example, clear information and firm boundaries

When you recognise that a child has moved on to a developmental stage where understanding and reason can be used then it's important to explain carefully what is acceptable and what is unacceptable behaviour and why. With a bit of adult ingenuity, you can arrange for acceptable behaviour to be more fun and more rewarding for the child than unacceptable behaviour.

Where a child with special needs is being cared for, it will be more important to be certain that the messages are clear. Verbal messages may need to be reinforced with actually demonstrating what is required.

Children learn by example, so politeness, consideration, co-operation and owning up when you are wrong is more likely to get similar behaviour from children.

This is the age of experimentation. Meeting other children can lead to showing off as well as more sociable behaviour like sharing and friendship.

Rude rhymes, noise, swear words and boisterous behaviour can be exciting to children. Adult's explanations about why some words are unacceptable help children learn why they shouldn't be used.

Bored children sometimes find things to do that are unacceptable.

Help children use energy positively by getting them out in activities like swimming and ball games, while running, skipping and jumping all channel natural energy to everyone's benefit.

Where a child has a physical disadvantage, it may be necessary to get specialist advice on how best to help the child use energy positively. For example, a physiotherapist could help Foster Carers plan activities that would improve a child's behaviour through increasing mobility.

Teenagers

Clear information, a willingness to listen and compromise (and a good sense of humour).

In common with the very early years, this is a time of great developmental changes. The difference is now they are too big to pick up and carry away from danger. They have to learn to make their own decisions and take responsibility for their own actions if they are to turn into competent adults.

Letting them learn by their own mistakes, yet being there to help them sort things out is a skilled and often a highly worrying task for Foster Carers. It is a time in many families where parent's and Carer's own values and rules have to be revised. It can be a very stimulating time and it can also be very demanding.

Suggestions on working with children and young people

- 1) As often and quickly as possible, reward good behaviour, rather than focus on the bad.
- 2) Be consistent.
- 3) Respect their privacy.
- 4) Keep any promises made to children.
- 5) Before any action, communicate clearly and effectively your intentions to the child. Do not be afraid to say "no" if necessary.
- 6) Accept that you can be wrong and be prepared to admit it to the child.
- 7) Support partners/colleagues and if you do not agree with their actions or decisions, discuss them afterwards, but not in front of the child.
- 8) Whenever possible, allow a "cooling off" period before carrying out a final course of action.
- 9) Be aware of where the children are and what they are doing.
- 10) Impose appropriate, fair and effective sanctions when sanctions are necessary, e.g. deprivation of treats.
- 11) Be confident - let your voice and manner make it clear that you fully expect the child to do as you ask. Be aware of over confidence which can be provocative.
- 12) Ask yourself if you are being manipulated by the child.

- 13) Be open and honest with the child.
- 14) Be aware of the importance of forward planning and preparation.
- 15) Be aware that your own personal mood can affect the atmosphere.
- 16) Be tolerant.
- 17) Be aware of where your partner/colleagues are and what they are doing, and their possible vulnerability.
- 18) Avoid inappropriate confrontations at whatever level.
- 19) Do not be afraid or too proud to seek advice or help before the situation escalates.
- 20) Try not to get yourself involved in a one-to one confrontation behind closed doors.
- 21) Go for action rather than reaction. Instant decisions are not always correct.
- 22) Do not make a threat to a child that you are not prepared, allowed or capable of carrying out.
- 23) Avoid acting in temper.
- 24) Do not punish your family for the individual: remember their feelings and the part they play in helping you.

Anger

How a child shows their anger depends on their age, personality and situation and whether the anger is part of a regression. Sometimes we are all angry if we feel unhappy and frightened and out of control.

Children may turn their anger in on themselves.

They may feel they are bad and will deliberately spoil things that belong to them in your home

They may hurt themselves. From head banging in babies through to taking pills in adolescents and trying drink and drugs, these are cries for help calling for both reassurance and calm on your part, and close observance of the child for quite a time.

They may destroy good pieces of work they have achieved.

Try to keep your patience and allow the child to relax and forgive themselves and understand that they are not responsible for what happened to them.

Children may be angry towards other people; teenager tantrums, loss of control, hysteria.

A child who has experienced physical abuse has learned that lashing out is a way of responding to stress. It will take time to learn there are more acceptable ways of responding. Hitting as a means of punishment simply reinforces the message that violence is okay. It is not.

Children need reassurance that you are not frightened by their outbursts - help them control themselves, and don't condemn them for it.

Rage is a reaction to anger, but is frightening for the child as for the witness. Say as little as possible at the time, and if necessary hold the child calmly to prevent them hurting themselves or others. Later, try to ask the child whether they understand what they were angry about.

Tantrums are a reaction to frustration and seen in the under fives and the adolescent. Prevent the child/ young person injuring themselves or others but, when calm, consider what the demands being made are - are they reasonable, are you able to negotiate a fair compromise? Giving the child a sense of control that is appropriate to their age is the aim here.

Attention deficit hyperactive disorder (ADHD) and hyperactive children ADHD is a mental health disorders in childhood, affecting around one in 50 children in the UK. Children with ADHD are excessively restless, impulsive and distractible, and experience difficulties settling to tasks at home and in school. Although no cure exists for the condition, symptoms can be reduced. If the child you care for has a diagnosis of this condition or you think they may have ADHD, discuss this with the child's Social Worker.

For more information consult www.nhs.uk/Conditions/Attention-deficit-hyperactivity-disorder/.../Symptoms.aspx

Some children are always on the go and have physical problems or allergies which cause the over activity. For some, it is a way of defending themselves from painful reality.

Children may use their energy to keep their thoughts at bay and being busy will keep other people at a distance.

Whatever the reason for the child you care for becoming hyperactive, try to offer a calm and structured lifestyle with the opportunity for the child to let off steam when necessary.

Attention-seeking

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Attention-seeking

Some children who are unsure of themselves are not able to share attention. If they are the centre of attention, they are OK - if they have to share it, they can be disruptive or miserable. Helping a child to share attention takes a lot of time and patience; start small, help them to share their time with you whilst also ensuring that they have quality time one to one time with you.

Being too compliant

Encourage the child to express opinions, and in time a truer self will emerge.

Clinging

Similar to crying, it is a step back in time: it may take a while to help the child feel confident - a consistency in daily routine and personal response to a child helps to build up trust. Try to nurture them.

Crying

It is alright to cry! We all do at some stage.

This, like other aspects of behaviour, can be a form of regression, and the child may need to do this for a long time.

Depression

If a child is so overwhelmed by their feelings, they may become depressed and feel rejected and feel that life not worth living. Babies may go off their food and lose weight. A toddler may reject physical contact, go off food and be uninterested. Generally, staying close, reassurance and contact with familiar things will help.

School-age children may also go off their food - be apathetic - try to offer physical comfort and your presence.

For teenagers, depression can be a real problem.

Normal hormone changes can cause mood swings, so if a teenager is anxious and worried about other problems, this needs to be treated very seriously.

Depressed adolescents need a lot of expert care and you should expect a lot of help, training and support to do this.

Food Problems

Never force a child to eat, or in the case of an older child, comment adversely on their choices.

Some children often seem greedy but are eating for comfort – it is fair enough to provide a meal and second helpings but then state firmly, enough is enough.

Troubled children are more prone than others to use food as a part of their emotional repertoire. If you are not careful, you can easily get drawn into their battles and schemes without realising what is happening. Don't use food as a threat. Some children will be unused to certain foods you eat and may be reluctant to eat them.

Anorexia Nervosa and Bulimia should be mentioned here, though very briefly. If you fear that a child (usually a girl) is taking her eating far too seriously, eating alone or only specific items or in tiny amounts, carry on as normal but find opportunity to talk with her alone to say you are worried about her. Try to get her to speak of how she is feeling about herself. These disorders often go with very low self-esteem.

They generally take a lot of care and counselling to help the girl back onto a sensible eating pattern, and you should consult your GP as well as tell the Social Worker, as soon as possible.

Frozen watchfulness

This is a term used for children who are very passive and who seem too good to be true. They are afraid when touched or their body goes rigid when they are approached for routine things such as nappy-changing or taking their hand to cross the road.

These children will seem to sit for ages, very still, in a world of their own. Their reactions to being spoken to or coaxed can be either timid or surprisingly defensive or aggressive. Often this behaviour marks long experience of abuse, physical, sexual and emotional, and extra special care and

patience is called for in helping the child learn about trust, good feelings and kindness.

During the healing process, the child may well resort to other forms of problem behaviour which they have been unable to deal with at the proper stages of development.

Grief

Children feel the effects of loss in the same way as adults. These stages are described by Dr Elisabeth Kübler-Ross as: Denial, anger, bargaining, depression and acceptance. Children can get stuck at any stage and may move between stages. All of the children who are looked after will experience the effects of loss in varying degrees. Speak to your child's Social Worker if you feel this is a particular problem for the child you are caring for.

Hostility to parents

If a child feels let down, he/she will be hurtful. Try to talk this over with the child, accept his/her anger but help them forgive their parents. They may also be angry with you in the parent role - because you are there and their parents are not. Help them separate their feelings out and keep reassuring them.

Immaturity

Children deprived of love may remain emotionally underdeveloped. Children often may behave like six-year-olds. Children can get stuck at the age at which they were hurt. Time and attention can help, although often children will remain vulnerable. You could try to treat them at their emotional age - but remember that intellectually they may have no problems.

Indiscriminate affection

Children who have never been able to make strong bonds with others may not have a clear sense of belonging and may look to all adults for love and affection. This may mean they cuddle anyone - and try to make attachments to total strangers. They need reassurance and time to develop a sense of belonging and how to differentiate between people they know and people they don't.

Jealousy

The child may be jealous of your own children because they belong and he/she doesn't. They may also try to come between you all. Your own children may also feel jealous because of the attention you are giving the other child. Hidden jealousy can be dangerous, so try to keep it out in the open.

You may also feel jealous if the child and your partner develop a good relationship from which you feel excluded. Discuss the problem, maybe with your Supervising Social Worker. Try to work out a compromise.

Lying

Some children tell stories about themselves - "My dad's got a big car with its own TV" - to compensate for their own feeling of helplessness.

Just listen - nothing needs to be said. This is fantasy and is not the same as a lie-to-avoid-trouble. This other sort of lie should be dealt with directly.

Some children will be unwilling to trust you enough to tell the truth - so you need to help them "own up" to make up in part for the wrongdoing. Children have to learn to trust you before they can tell you something which they know you will disapprove of.

Whatever the reason for lying - attention, sympathy, escape of trouble, fantasy - if you are firm, fair and consistent, and set a good example - it should improve. Do try to build on the times when the child does something you can praise or congratulate, to build up their self-confidence. Find things you can enjoy doing together.

Difficulties can sometimes continue over long periods and put you and your family under a lot of strain. Do talk to your Social Worker, Supervising Social Worker or other Foster Carers, and let us know if the situation is getting too difficult.

Masturbation

Masturbation is often confused with sexuality. It is a way for the child to release tension. Often a calm, matter of fact approach is best.

Sometimes though, this can be an indicator of abuse, so needs to be discussed with your Supervising Social Worker and the child's Social Worker.

Refusal to speak/saying "no" all the time

Make a few suggestions as to what you think the child may be trying to communicate and if they still do not respond, say "well this is what we are doing now so let us get started/ join in/carry on".

Stealing

To some children, helping themselves to a few goodies will not seem wrong - once the house rules are explained about when "goodies" are handed round, a child can be expected to think about some restraint - but this will not come at once and it is kinder to put temptation out of sight with a gentle explanation about sharing things at the right time.

The same is true for small sums of money. When a child has been with you for some while and stealing persists, you may be able to deal with this by, for example, deducting money taken from pocket money - but the problem may be far more complex and should be discussed with the Social Worker.

Stealing from outside the foster home will bring additional stress to you and to your family. If thefts have involved other places or people, such as shops, confront the child as soon as possible.

When there is already Police involvement, you will be guided and helped by them as well as the Social Workers. If the child has to go to court, a lot of support - which is not the same as condoning the thefts - will be required from you.

Many children go through a phase of stealing - it may be about behaviour they are used to, a lack of self-control, or difficulty in understanding about possessions. It may be on impulse or organised.

Discuss all these problems with the Social Worker.

Remember - don't leave money and valuables about.

Threatening behaviour and bad language

This may be an attempt to provoke a fight so the child can release their feelings. Bad language is designed to produce maximum shock effect.

Remain un-shocked and later ask the young person to restrain it. Responding in kind can lose you respect.

Set limits to what you will tolerate and allow the child lots of opportunity to rid themselves of aggressive feelings through letting off steam in other ways. Children need to see how adults control their anger and they need to be reassured that they are not bad because of their age.

Wetting/soiling

(Enuresis and Encopresis) Often this happens as an immediate reaction to coming into Foster Care and will pass, but if it persists, help from your Social Worker or Child Guidance Clinic may be helpful. Some children who wet/soil do so for deep-seated reasons and feel terrible about it. While you may find changing soiled sheets unpleasant, try not to show it.

Bedwetting is normal in many children and not the result of coming into care, and in most cases is reversible. The School Nurse will be able to give advice.

Whining

Try saying "It sounds much better when you talk in your other voice" and listen to the non-whining voice.

Winding you up

Watch for your reaction - a sudden angry surge inside may be just what the child is aiming to get - do not give them that kind of power.

Training

Behaviour management starts with your relationship with the child. Training can complement this as well as discussions with your Supervising Social worker in supervision. A further exploration of behaviour management can also be included in completing the Training Standards for Foster Carers (TSD). These are completed in your first 12 months of Fostering and can be used to reflect on behaviour strategies as well as exploring policy and training offered.

We offer a range of courses to our carers covering a variety of topics linked to health and well-being e.g. child development, attachment, sexual health, First Aid and managing challenging behaviour. Please seek training opportunities.

g) Child Missing

Children in Foster Care who go missing need to be treated with urgent and appropriate seriousness. Many children who are looked after will be more vulnerable than other children because of experiences they have had and their acceptance of situations outside the norm.

It is very important that these children are schooled effectively about the dangers of talking with strangers and the need to protect themselves and share any incidents of concern.

How quickly we involve the Police will depend on :

- The age of the child
- The child's normal pattern of behaviour
- The child's level of vulnerability
- Any guidance already agreed within the Child's Care Plan
- The state of mind of the child and any perceived risks

The policy states that if a child is missing for 2 hours then you need to contact the Police and the Social Work Team. However, if in doubt, a discussion with the child's Social Worker and your Supervising Social Worker - should enable the correct action to be taken. The two hour policy would change if you believed the child was at risk or was too young to be out on their own.

A rough guide would be:-

- Child under 5 missing – immediate report to the Police
- Child 5 to 8 – search appropriate places and report to the Police
- Child 9 to 12 – search appropriate places and report to the Police within an hour – this might be extended if there is a previous pattern and after discussion with the child's Social Worker - or the Emergency Duty Team (EDT)
Tel: **0333 2401727**
- Young Person 13 to 15 – search appropriate places – seek advice from the child's Social Worker or the Emergency Duty Team (EDT), but report within 2 hours if they are still not found.
- Young Person 16 to 18 seek advice but if not found within 2 hours report.

Some children and young people are exceptionally vulnerable e.g. those with learning difficulties or where they have been previously abused. Such issues will need to be taken into account when decisions are made.

Foster Carers need to obtain advice from the child's Social Worker or the Emergency Duty Team (EDT) about the manner in which the parents will be informed that the child is missing.

Foster Carers need to be aware that a report to the Police of a child missing may result in the Police requesting to search their home. The Police will want the information as listed under Information Required.

When a child or young person is found or returns the Foster Carer should try to control their own anxiety and give the child the message that they are very pleased to see them and that they have been very worried about their safety. Carers should avoid a confrontation and ensure that the child feels cared about with food, bath, sleep etc.

It is essential that the Foster Carer notify those who will be concerned about the child who have been made aware of them being missing e.g. Police where appropriate, the child's Social Worker, the Emergency Duty Team (EDT), parents and other relatives, friends, school etc. as appropriate.

When everyone is calm and the child has had a chance to recover, the Carer needs to helpfully talk to the child about the period they were missing and where they were and how this came about. The Carer should tell the child about the actions they took to find them and how worried they were and how the situation might be avoided again.

The child's Social Worker needs to take steps to interview the child and discuss the episode and why it occurred and ensure that the behaviour was not related to unsatisfactory arrangements in the foster home.

Missing Overnight

If a younger child is missing overnight the police will have taken charge of the situation and will liaise with the child's Social Worker and managers in the Children's Services about appropriate action.

However, for older young people the situation may not be as clear cut. Sometimes young people have developed a pattern of staying out or you may have an idea of their whereabouts. The network of relatives and friends may produce sightings or news of the young person.

All situations where a child or young person has been missing overnight must be reported to the Senior Manager for Safeguarding. Again the action taken will depend on the age of the child, their vulnerability and previous patterns of behaviour as well as if they are alone or with someone known to them. Follow the policy and report missing as above to Police and EDT.

On very rare occasions young people may be missing for several days. After 48 hours the Head of Children's Services needs to liaise with the Police and make a decision in respect of a public appeal. If such a course is under consideration the Foster Carers and young person's relatives need to be kept informed.

A joint protocol exists between Children's Services and the Police.

Information Required

- Full name
- Date of birth
- Sex
- Racial origin
- Height
- Place of birth
- Marks, scars, tattoos
- Other points - physical ailments
- drug use,

- Medical conditions such as epilepsy.
- Eyes - colour/glasses
- Hair - colour/length
- Clothing/jewellery
- Date and time of absence
- Circumstances in which missing
- Address from which absent and home address
- Name and address of Local Authority and Social Worker
- Legal status

How to Respond when the Child Returns

Children run away from home because they are confused or unhappy about something. Though the reason may sometimes seem very trivial to you; at the time the child ran away, it was the only way they felt they could deal with their confusion or unhappiness. They may not have got very far away before they realised that there were other ways of dealing with the problem. They may feel very embarrassed, and so coming home may be difficult and they will need an understanding welcome.

It is important not to make fun of the problem or the child's response to it, but better to help the child think about other ways of dealing with a problem in the

future. On the other hand isolated incidence of running away should not result in lengthy post mortem and fears about trusting them.

It is important that each episode of a child going missing is discussed with your Supervising Social Worker. They, along with the child's Social Worker, can support you in putting strategies in place to reduce the likelihood of this happening again.

Your Feelings

No doubt, whilst the child is missing, you will be trying to understand, and perhaps blaming yourself for what has happened. When the child returns, you may be filled with a mixture of anger and relief.

All these feelings must be managed and you should expect help and support from the child's Social Worker or your Supervising Social Worker, so that you will be in a position to be helpful to the child when they return to you. Remember to let the Police and the child's Social Worker know when the child returns

Section 7 : Child Abuse

This section explores the subject about child abuse. Many children coming into foster care have experienced some form of abuse and because of this foster carers need to have an understanding of the different forms of abuse and some of the complexities. You will be supported in supervision by your Fostering Social Worker around this area and training will be offered to develop your understanding and learning in this area.

Different forms of abuse

Child abuse is the maltreatment or neglect of a child by an adult or another child which results in emotional distress, injury or harm. Child abuse occurs in all races and cultures.

Prior to children coming into care they may have had support from children social workers through either a child in need plan (CIN) or a child protection (CP) plan. If Social Workers have decided that the risks at home cannot be managed safely they either apply to the Courts or the Police (in emergency situation) and remove the child from the parents on a temporary basis. The child is then placed into foster care to allow the Child's Social Worker time to work with the family to make changes.

The child will have been subject to a plan based on one or more of the four below areas.

The corrosiveness of long term emotional, physical or sexual abuse causes impairment constituting significant harm.

1 Neglect – Some children live in family and social circumstances where their health and development are neglected.

Neglect is the failure to protect children from exposure to any kind of danger including hunger, cold, or lack of supervision. It is the failure to meet the basic needs of the child resulting in significant impairment of the child's health and development. Neglect affects the essential building blocks of a child's development.

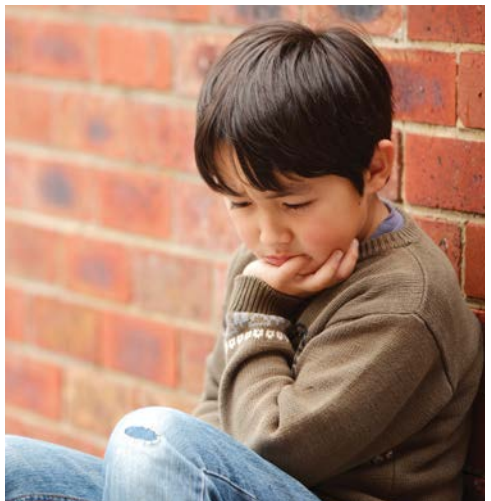
2 Emotional abuse – All abuse involves some emotional ill treatment. Emotional abuse adversely affects the emotional and behavioural development of a child. Emotional abuse includes rejection, bullying and affects a child’s confidence.

Emotional abuse includes:

- Blaming and scapegoating
- Making a child perform degrading acts
- Not recognising a child’s own individuality or trying to control their lives
- Pushing a child too hard or not recognising their limitations
- Exposing a child to upsetting events or situations, like domestic abuse or drug taking
- Not allowing them to have friends
- Never saying anything kind, expressing positive feelings or congratulating a child on successes
- Never showing any emotions in interactions with a child, also known as emotional neglect.

3 Physical abuse – This includes physical injury and the failure to prevent physical injury. Physical injury includes shaking, hitting and fabricated and/or induced illness.

4 Sexual abuse – This involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.



They may also include non-contact activities such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Grooming relationship can take different forms such as a romantic relationship, authority figure along with others. Grooming can take place on social media networks, messaging apps, email and other platforms. Sexual abusers can be men, women or children. People from all walks of life and from all races and cultures can sexually abuse children.

Sexual abuse also includes:

- Having sex in front of a child
- Taking photos for sexual purposes
- Female genital mutilation (FGM Act, 2003)

Sexual Exploitation

This is a form of sexual abuse. This can involve girls or boys. Abusers target vulnerable children and young people, for example children in care or those who have no obvious adult protectors. They can initiate a relationship by offering cigarettes, money or somewhere warm to spend an evening perhaps playing music or computer games. They then may offer drugs or alcohol and later expect a payment. They also can use force and violence. They may then expect the young people to have sex with others and earn money for them.

These vulnerable young people often have self-esteem problems, relationship difficulties and behavioural issues and therefore feel unable to tell others what is happening to them. They often think they will not be believed. They should be considered victims not willing participants in their own abuse. We need to help these young people find an exit strategy and leave sexual exploitation behind.

Sexual exploitation is not specific to any particular ethnic group. People from all ethnic groups can sexually exploit children.

Every Local Safeguarding Board should assume that sexual exploitation occurs within its area and have procedures in place to deal with it (see Cumbria's Local Safeguarding Children Board Website).

The Government guidance on sexual exploitation applies to young people under 18 whether they are over the age of consent or not. They cannot legally consent to be sexually exploited. They are considered children under the 1989 Children Act.

Caring for a child who has been sexually abused

Often we do not know if a child has been sexually abused and it can come to light when settled in their foster placement.

When children allege sexual abuse it is important to believe them. Children say an important factor in their recovery is being believed.

So, when they pluck up the courage to tell you try not to react in a way that may upset them. Let them know you can handle it. Tell them you will listen. You cannot promise them confidentiality. Let them know you need to tell their Social Worker.

Listen and don't ask leading questions. Don't try to investigate. Respond to the child and reassure them they will be safe in your home. Later, write word for word what they said. Use the words the child used then tell their Social Worker. Don't shut the child down as that gives the message that it needs to remain a secret.

Signs of sexual abuse

This is not an exhaustive list but may be indications of sexual abuse. It is important to remember that behaviours taken in isolation may be about something else apart from sexual abuse. The behaviour is the child's way of communicating distress. However if you notice these behaviours please discuss them with your Fostering Social Worker in supervision. It is also important to understand that disabled children are more at risk of sexual abuse and we have to be particularly vigilant, this is related to increased vulnerability.

Under 5's

- Injuries to genitalia
- Disclosure by the child
- Sexually transmitted diseases
- Compulsive masturbation
- Sexualised drawings – children in this age group should have no knowledge of sexual matters
- Wet beds and soiling (this behaviour is not specific to sexual abuse)

5-12 years

- The same as for under-fives and also
- Running away
- Eating disorders
- Sexualised behaviour
- Smearing is an indicator that something is really bothering a child
- Does the child have inappropriate sexual knowledge for age, for example around smells, tastes, textures
- Dissociation – does the child present as cut off from his/her feelings?

12-16 years

- Often this age group is more guarded about disclosure.
- They may have money and gifts; they may have 'phones and SIMS.
- They may go missing from school and become vulnerable to sexual exploitation, substance misuse and criminality
- Self-harm can be common and can include cutting, burning, risky behaviour and misusing alcohol.
- Dissociative behaviour.
- Acting out aggressively
- They may not be able to tell
- They may depend on adults for their personal care
- They may be more socially isolated
- Their behaviour following abuse may be misinterpreted or dismissed due to their disability

Consequences of sexual abuse

Some children may have

- Memory problems
- Issues with aggression
- Unexplained tummy aches/ headaches/illness
- Hyperactivity
- An inability to concentrate at school
- An inability to trust
- A feeling/thoughts that they deserved the abuse
- A sensitivity to triggers that to us feel minor

How to create a safe environment

For all children who have been abused and ill-treated their recovery is made speedier when they feel safe and secure. All children need to feel they will be safe in your home. Children who have been abused and ill-treated may assume that all adults, including foster carers, will treat them in an abusive way. Foster carers need to help the children feel safe and secure. There are many ways to help children feel safe.

Here are some of them:

- Welcome the child into your home with a book of photographs explaining who is who.
- Explain the house rules – for example “we knock on bedroom doors.” These safety rules will be discussed with you when a child is placed. Your Social Worker will agree a Safe Caring Plan with you.
- Remember these children will require you to repeat these rules – can you make them easier to remember with visual cues?
- Remember you may have to review your safety rules, for example if your grandchildren come to stay.
- Bear in mind that sexual abuse may have taken place in bathrooms and bedrooms. The child’s reluctance to bathe or go to bed may be a reaction to that. You may have to think carefully about what happens at these times.
- Children have a right to safe touching. Some children do not like to be touched and you may have to show nurture in ways that feel safe for the child. For example, hair brushing, looking after cuts and bruises with gentleness

- Some children are confused by their feelings and touch too much. You may have to gently guide them and place their hands and bodies in a more appropriate place. Sexually abused children need cuddles too; they need to learn how to have these safely.
- Many foster carers will know about the 'Secure Base Model', the Secure Base aspects of care are:
 - Availability, helping the child to trust.
 - Sensitivity – helping the child to manage feelings.
 - Acceptance – Helping the child to build self-esteem
 - Co-operation – helping the child to feel effective
 - Family Membership – helping the child to belong to the foster family, while at the same time acknowledging that the child also has a birth family.

Ways we can help you

- Working on a Safe Care Plan with your Social Worker and being prepared to review it
- Finding more information about the child and what has happened to him/her.
- Take the online training courses (LSCB).
- Attend the CSE (child sexual exploration) 1 day training
- Attend the sexual abuse 2 day training
- Use the help from emotional wellbeing practitioners.
- We can make a referral to NSPCC

Dealing with your feelings

It is extremely uncomfortable and sometimes traumatising to think about what has happened to a child. Asking for help with your thoughts and feelings is a sign of good emotional intelligence. Discuss your feelings with your Fostering Social Worker. Supervision is a place for sharing your thoughts and worries in a supportive way.



Section 8 : Education, learning & leisure time

This section explores more parts of the fostering role and your responsibilities in different areas of a child's life. As a Foster carer you provide the day to day care for the child and that includes supporting them with their education and learning as well as supporting them to relax and enjoy their spare time. For some children they will need guidance in this area too, as a foster carer you have an amazing opportunity to help children find their own direction in these areas of their life. There are many ways to support the learning and development of children and young people, please continue to explore the training available as some of our courses offer strategies for behaviour that are useful approaches in general. Fostering Changes is a useful course for helping Foster carers respond to children and its use of play can be very effective for behaviour and encouraging learning.

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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 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 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. 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 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. Therefore it is ideal if children have a place to participate in messy play where there are no worries about any accidents or paint being spilled, both for the carer and child!

Children with additional 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 child's developmental stage, but also important to remember their need to learn skills and develop through play.

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 routines such as mealtimes, bedtimes.
- is safe from risk of physical harm or extreme stress.
- 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.
- security and feelings of belonging.
- a sense of personal identity and self-esteem.
- feeling valued.
- being praised for an achievement.



Mentally - enable children to:

- have a wide range of experiences.
- visit many different places, both locally and further away
- learn and practice different skills.
- set achievable goals.
- 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 does not need not be confined to books.

Use the many opportunities around you:

- magazines, television and safe use of the internet
- shops, signs, advertisements, notices.
- instructions on packets/cartons.
- recipes.
- 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.
- join in and participate in the activity yourself.
- above all, encourage and praise.

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

Education of Looked After Children

This provision includes playgroups and nurseries. All 3 and 4 year olds can receive 15 hours of free early years education and care, some up to 30 hours.

There is a government scheme for free education for children aged 2 years old which includes children who are looked after by the local authority.

Discussions with the child social worker are encouraged around accessing nursery for a foster child. For some the child will thrive and cope very well with nursery, for others there may need to be a more gradual build up as encouraging their attachment with the foster carer initially through time at the foster home may be the focus.

Education of Looked After Children

Cumbria County Council places a high priority on meeting the educational needs of each child or young person in Foster Care. This is in order to ensure that he/she is encouraged and supported to attain his/her full potential and improve future life chances.

Though some children and young people in care do well, educational achievement of children in care as a group remains low in comparison to other young people. Children in care often experience disruption to their education due the number of moves they may have experienced and the major changes to their lives both before and after being taken into care. This can impact negatively on their ability to access education and learning.

It is vital that Foster Carers are pro-active in ensuring that these children and young people reach their full potential by working in partnership with schools, Social Workers, the Virtual School Team and Children's Services to achieve positive outcomes for our children in care.

Access to education is an entitlement for all children and it is an important part of everyday life. Schools often provide stability in a child's life. Priority should always be given to maintaining a child at their current school, where possible. This may entail travelling a considerable distance and carers should be aware of the education details when agreeing to placements.

The Foster Carer will be responsible for taking and collecting the child from school unless there is an exceptional reason why this cannot be managed.

The Virtual School Team for children looked after provide advice, support and training to schools, carers and the young people themselves. The role of this service is to promote the educational achievement of children looked after, to monitor their individual progress as if they were attending a single school and to ensure additional support is in place to help them catch up if they have fallen behind. Each child will be appointed a Virtual School Teacher who will be involved throughout their time in care.

If a Foster Carer has an educational concern about the child or young person they are caring for then they should contact the child's school. The Foster Carer can also seek advice/support from the Virtual School Team who can provide information about the child's current attainment levels and expected level of progress and how the Foster Carer can support the child to make good progress. Each school has a Designated Teacher for children looked after who has lead responsibility for helping school staff understand the factors which affect how children in care learn and achieve.

Designated Teacher will seek to:

- • Promote a culture of high expectations and aspirations for children in care.
- Make sure the child/young person has expressed their views about learning targets.
- Be a source of advice for other staff.
- Promote the educational progress of children in care by leading on the coordination and implementation of the child's Personal Education Plan (PEP) in school.

- Closely monitor the progress and attendance of each child looked after and ensure he/she achieves.

Carers should:

- support the child in every way to enjoy and achieve at school.
- ensure the child gets any additional help they need.
- see the teacher regularly.
- go to open evenings and parents evenings and check with the social worker if the child's parents are attending.
- know what the child's homework is and support and encourage the child to complete their homework if needed.
- have a quiet place available where the child can work.
- show an interest; read to or with the child; talk and discuss; make plans; 'encourage good routines'
- attend the PEP meetings.
- make available a computer for the child to do their homework and carry out research.



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 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 progress in school is a useful indicator of their 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. Part of the Foster carers role is to take on this interest in education and support the child to engage in their education.

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 but also for social development. 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 be encouraged.

For foster children there may be extra challenges when thinking about school. One example of this is that a child may be anxious about what to tell the other children about not living with their mum and dad. Help them find a safe and comfortable way 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.

Remember to notify the Social Worker of problems and issues.

Teachers will be invited to the child's Reviews and the school will provide a report for these meetings.

In England you can leave school on the last Friday in June if you'll be 16 by the end of the summer holidays, but then you must then do one of the following until you're 18:

- Stay in full-time education, for example at a college
- Start an apprenticeship or traineeship
- Spend 20 hours or more a week working or volunteering, while in part-time education or training

As a foster carer discussions with the child are encouraged about their plans for their post 16 education, you should encourage discussion between the child and their social worker and support the aspirations of the child or young person.

Not all young people will stay on at school or attend college, although many will. There are a wide range of courses on offer both academic and vocational and good careers advice is crucial so that the young person chooses the right course and at the right level. Children looked after are entitled to advice from Inspira who offer careers advice and this can be accessed via the secondary school that the young person attends.



Care Leavers in education are entitled to the full 16-19 Bursary of £1,200 per year provided their attendance and commitment to their course is good. The young person applies for this at the school or college which he/she attends. Schools and colleges have different ways of administering this but mostly pay a monthly amount into an account.

Other options include Apprenticeships which offer the opportunity to learn and work at the same time. There are a wide range of Apprenticeships available which are advertised on the National Apprenticeship scheme website. This website gives all the information needed about Apprenticeships and how they work. Also the young person can register on-line using this website and can search vacancies and receive notification of any new vacancies. It is a really useful site and one that you should look at with the young person you care for. The Leaving Care Team also promote many apprenticeship opportunities to young people they are supporting. Cumbria County Council offer apprenticeships and these are advertised on this website. The website address is www.apprenticeships.org.uk

From September 2013 if a young person is in employment age 16-18 then there will have to be a training element to their employment.

Special Educational Needs (SEN)

The duty of every Local Authority is to provide full-time, free education for all children up to the age of 16. It is the parent(s)/ Carer's duty to ensure the child attends school. It is also the Local Authority's duty to ensure that children with statements 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 the money available.

The Local Authority 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 are 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.

How does a Carer know if the child needs an EHCP?

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.

If you have concerns about the child you are fostering you should first contact the child's Social Worker. Together you can decide how to progress this e.g. contacting the class teacher, Special Educational Needs Co-ordinator (SENCO) or Head teacher of the school, or setting that the child attends.

A number of children will have special educational needs at some time during their school life. These can range from temporary to more complex or long-term. The Cumbria County Council SEND Team and Early Years Teams promote early intervention and prevention and ensure statutory obligations are met in relation to the education of children and young people with special educational needs.

These Teams provide support and advice to parents/Foster Carers and schools/settings around the process of statutory assessment which may lead to the issuing of a Statement of SEN.

What is an Educational Health and Care Plan?

An Education, Health and Care Plan (EHCP) is a document which supports children and young people with special educational needs in education. If a child or Young person needs more support than the school can provide they may need an EHCP.

The aim of the EHCP is to consider:

- the development of the child in all ways- physical, language, and social as well as educational.
- any special weaknesses and gaps which may hamper progress, e.g. problems with memory.
- what improvements are hoped for.
- how these hoped for improvements can be made including any specialised equipment, facilities and extra teaching.

What happens when a child is assessed for an EHCP?

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 Foster Carer should attend all the meetings and examinations of the child.

When all the reports are received, a decision is made by the SEND (Special educational needs and disabilities) Team as to whether a EHCP will be issued or not.

Personal Education Plans

Every child in care must have a Personal Education Plan (PEP) which is part of their Care Plan. The Social Worker will meet with school and foster carers and parents and a PEP will be created.

The PEP should:

- Identify the child/young person's educational needs and aspirations.
- Ensure access to appropriate services to support educational progress
- Be a record of the child's views and those of the parents and Carers.
- Set short term smart targets that help move the child forward in a few key identified areas.
- Discuss long term plans and educational targets and aspirations (e.g. in relation to further and higher education, work experience and career plans).
- Act as a record of progress and achievement.
- Act as an accurate, updated record of the child's strengths, interests, gifts and talents.

The PEP should be linked to information in other plans such as a Statement of Educational Needs or an Individual Education Plan. Targets from these plans can form part of the PEP.

A new PEP is required within 28 days of a child coming into care.

It should be available for the first Statutory Review and should be discussed as an integral part of the Care Plan. The PEP should be reviewed every 6 months, and should ideally be carried out before the Care Plan Review so that outcomes can be fed back into the meeting.

The Social Worker is responsible for initiating the PEP but it is very much a joint plan with the designated teacher, Carer, child/young person and any other person involved in supporting their education.

The designated teacher is responsible for ensuring that the school information section of the PEP is accurately completed and that other relevant plans are available to help in its completion.

When the PEP is reviewed progress against targets should be clearly recorded. The purpose of the review is to collect the child's views, assess whether the targets set have been met, set new targets where appropriate and ensure that the child has access to the support they need. The Review should also be used to plan transitions such as from primary to secondary school.

Although the PEP should be reviewed every 6 months, a PEP Review can be called when there has been a significant change or deterioration in a child's schooling such as an exclusion, illness or attendance problem.

School attendance

If the educational achievement of children in care is to improve and they are to have the best possible start in life, regular school attendance is crucial. If a child misses just one day per week then over the course of their whole school career they will miss two years of schooling.

Research shows that missing even a short number of days from education can have a dramatic effect on educational outcomes, future employment and earning potential.

When a child is absent from school the Foster Carer should notify the school as soon as possible on the first day of absence and try to find out what lessons the child has missed and work with the school to ensure the child is able to catch up.

Cumbria County Council believes that school attendance is such an important factor in helping children and young people to learn and achieve their full potential that it monitors attendance very carefully.

Each school has an Attendance Policy which details procedures and processes to address irregular attendance and non-attendance. If the child or young person is having problems in school which are causing them to not attend then you must contact the school directly to discuss this with them and try to resolve the issues.

If a pattern of regular absences is developing then the Looked After Children Inclusion Officer from the Virtual School Team will contact the school to discuss the reasons for this and may also contact the Carers to discuss the issues. Attendance will also be discussed at the PEP meeting and appropriate targets and strategies put in place to support improved attendance for the child or young person.



Holidays

Cumbria County Council advises all schools that holidays in term time for children looked after are not authorised, unless the circumstance is exceptional. Guidance has been sent to all Head Teachers.

If there are exceptional circumstances the Social Worker submits a request form to the Assistant Director for Children and Families via his/her Manager. The request is then considered by the Assistant Director who will only grant permission if the circumstance is exceptional. A holiday should not be booked or arranged without this permission.

As a Foster carer if you feel that there are exceptional circumstances then you must talk to the child social worker and your fostering social worker, as stated above agreement would need to be requested.

Truancy

You should ensure that the child's Social Worker has been informed when the child has truanted. A discussion will take place to agree how the child will be located and what action will be taken. Ideally the child will be located and taken to school to attend as normal that day. If a meeting is required in school this should happen either the same day or at the start of the next school day. The child should not be kept off school awaiting a meeting but must attend as normal.

More information about school attendance can be found at this weblink: <https://www.cumbria.gov.uk/childrensservices/schoolsandlearning/ils/attendance.asp>

School changes

If a new school has to be found, the Carer can go to look round a few schools with the child and their Social Worker and talk to the teachers and pupils. The child's family may also need to be involved in certain circumstances.

Whether a child can go to the chosen school depends on a place being available. However, within the School's Admission Code, looked after children should be prioritised. The Virtual School Team can provide advice and support.

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.
- Getting it wrong.
- Being bullied or belittled.
- Not making friends.

They may exhibit:

- Sleeplessness.
- Dreams/nightmares.
- Disruptive behaviour.

Children excluded from school

Children looked after are no less able than other children. Many children have unmet social and emotional needs and, as a group, are more likely to be at risk of exclusion. Schools are expected to proactively support and co-operate with Foster Carers and the Local Authority as a corporate parent in doing everything possible to avoid excluding a child looked after.

Exclusion from school/PRUs, and permanent exclusion in particular, can place great strain on care placements and lead to even more disruption in a child's life if the Care Placement breaks down as a result.

Local Authorities, schools, Social Workers and Carers all share the responsibility for reducing exclusions of children looked after.

Schools should put in place strategies to reduce the need for exclusion for children looked after. The Virtual School Team help support schools and Local Authorities to raise the attainment and ensure progression of all looked after children and young people within the authority.

Exclusion of children looked after should be an absolute last resort. It is vital that schools/Pupil Referral Units (PRUs) and Social Workers work together in partnership with other professionals and try every practicable means to maintain children and young people in school and to exclude them only in the most exceptional circumstances. Before excluding, schools/PRUs, in conjunction with the Local Authority, should first consider alternative options for supporting the Child or Young Person.

The document Supporting Looked After Learners - a practical guide for School Governors provides information on what effective schools do to help staff understand and manage challenging behaviour where it occurs. Those schools which are most successful in preventing exclusion have policies which tackle the underlying causes of poor behaviour with strategies such as Pastoral Support Programmes and intervention from Behaviour Support Specialists.

The child's Social Worker should be involved at the earliest opportunity to work with the school to avoid the need for exclusion.

The role of designated teacher for Children Looked After in a school is central to involving other Children's Services and, where appropriate, securing additional support.

In cases where a Child or Young Person is excluded, anyone who is legally defined as a parent will have the right to make representations and to appeal. The definition of a parent for the purposes of the Education Act is broadly drawn and includes any person who has parental responsibility (which includes the Local Authority where they have a Care Order in respect of the child) and any person (for example, a Foster Carer) with whom the child lives. These are in addition to the child's birth parent(s). This means that there could be a number of people who will have the right to make representations and appeal. At any exclusion hearings, especially where support for the child may not be consistent or robust, the school should ensure that children and young people have a voice and that they feel they are being listened to. The hearing should take place in an atmosphere where they feel comfortable and able to speak openly.

Even where the Local Authority does not have parental responsibility, (i.e. where the child is accommodated under section 20 of the Children Act 1989 but is not the subject of a Care Order) the child's Social Worker should be involved at the earliest opportunity about the possibility of any exclusion. The designated teacher for Looked After Children will be able to advise on the legal status of Looked After Children in the school. The LA can advise on this too.

Although the Education and Inspections Act 2006 only requires full time education to be provided from the sixth day of an exclusion, such a break in education will have an impact on the education of children looked after. To ensure there is minimal disruption to their education, where a child or young person is excluded, it is the Government's view that schools and Local Authorities as appropriate should seek to arrange alternative provision from the first day of the exclusion.

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 any potential and existing difficulties for the child 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 educational activity.
- Where possible, schoolwork and assistance should be provided.
- Young people should not be permitted to leave the home during school hours, except when they are undertaking a planned or 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. Foster carers should encourage children's engagement in hobbies and activities in leisure time.

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 upon leaving your care.

TV/computer games

There is a great deal of debate 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 we know:

- 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.
- Computer games can help a child with number work or reading, certainly they will help with eye - hand 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.

What Carers can do:

- Select very carefully the TV programmes and computer 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 or at a computer.
- 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 TV and computer use so that they are not the child's main or only activities.
- Never let a child watch TV, DVDs, play computer games or use websites which are certified for an older age group.

Internet safety and social networking sites

We recognise that this is a large and growing area of both knowledge and risks for children and young people. The basic principles are the more you know about what the child you are caring for is doing and the more aware you are about their use of the internet and social networking sites, the more able you are to help the child use them safely. Training is available on internet safety and BAAF have also produced guidance about this. All Foster Carers should have basic knowledge about the use of social networking sites, computer use and internet safety. Speak to your Supervising Social Worker about any concerns you may have.

Holidays

When you go on holiday we need to know your dates and your plans well in advance. Children may also go on holidays with schools and clubs such as brownies or cubs. In these cases, the Social Worker for the child must be consulted about these plans as far in

advance as possible. Children should not be taken on holiday during school term time. Please talk to your Fostering Social Worker about holidays and they can talk you through any guidance or considerations that are needed.

For a child to travel abroad, Children's Services must have the permission of the child's parents. The Social Worker for the child will arrange the passport and this needs to be done well in advance. You will also need a letter from the Local Authority giving permission for the child to travel abroad. This needs to be agreed and signed by senior management so needs to be obtained well in advance of travel. Please do not book any holidays without agreement from the Local Authority.

It is not legally possible for a Foster Carer to sign a passport application. For a child looked after, the parents have to sign/ give permission, and without this the child cannot travel abroad. For children on Care Orders parental consent is not essential, as the Local Authority can give this permission as they share the parental responsibility 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 Council will usually be used for verification purposes. 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 and this could take considerable time.

If travelling in the EU, you can get free or reduced cost emergency healthcare by obtaining a free European Health Insurance Card (EHIC). Visit www.nhs.uk for **more information**.

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

It is Children's Services expectation that children you are caring for in Foster Care will accompany you on holiday as part of your family. We do however 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 also that there may be occasions when you want a break away.

If there is a reason why you cannot take the foster child on holiday with you, please talk to your Fostering Social Worker. Ideally foster children should be included in family holiday's but if there are doubts about this please discuss the situation with your Fostering Social Worker in good time. It is important however to give Children's Services as much notice as possible about this, so that the Child's Social Worker and Fostering Social Worker can make alternative arrangements if appropriate.



Approved Support Care

This is when another Foster Carer cares for the child in order that you can have a short break or if you have a family emergency that requires you to be away.

If possible foster carers are encouraged to use their identified and DBS checked fostering support for these occasions as this can be a more natural experience for a child as they are staying with someone they know well within their family network. However there are lots of reasons why children looked after may need to stay with another foster carer under ASC. The fostering support may not have a spare room and the child can not share with other children or the fostering support may not be able to manage the level of need a child has over night. In these cases we can explore finding an ASC carer for the holiday time.

Make all these arrangements with the child's Social Worker and Fostering Social Worker. The guiding principle is do not take children out of school to go on holiday. This can only be sanctioned in very exceptional circumstances.

Babysitters

It is necessary for Foster Carers to enjoy outside interests - and attend Foster Carer's 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 and your Supervising Social Worker before organising it. When considering a babysitter, you need to take account of:

- The babysitter must be 18 years of age or over.
- Prior to using a baby sitter discuss with your Supervising Social Worker who can arrange DBS and any other checks to be completed.
- Be trustworthy and reliable.
- Understand any specific issues regarding the child.
- Be able to contact you in an emergency.

Generally, young people under 16 should never be left alone, and over 16 at your discretion and after consultation with the Social Worker.

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.

As a Foster carer does not have parental responsibility then decisions about overnight stays for the child should initially be discussed and agreed with the child's social worker. However, the Local Authority can delegated certain decisions to foster carers to make the child's experience at home more natural and less formalised. Where possible we encourage as many decisions as possible to be delegated to the Foster carer and this can include the decision for the foster carer to agree overnight stays so that the foster carer does not have to seek the LA permission when a child wants to stay at their friends for example. A Delegated Authority form will be completed at the start of each placement and can be updated and changed along the way.

If the decision to agree overnights stay's has been delegated 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.
- Let the child's social worker know the address and dates.

Section 9 : Children from different cultures and religions

The section introduces the importance of valuing the different cultures and religions of the children that come into your care. As a Foster carer it is important to observe the difference that children bring but help them to embrace and develop any diversity needs that they have.

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Legislation and what this say about the role of culture and religious difference

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 to meet every need. A child's cultural and religious needs require special thought and consideration, if a direct match in this area cannot be found then ensuring that these are prioritised, developed and acknowledged by the Foster carer is an important part of the care provided.

Foster Carers are committed to helping children settle into their homes. They work to help the child fit into their family and community and do not wish to dwell on the

differences between their family and the newcomer. Although this approach is important it can cause a child with a different culture of ethnicity to feel overlooked or that part of their identity forgotten, so Foster carers need to develop a balance.

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 but will also need to work at the child's pace as they may be worried about any difference they have.

Encouraging 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 which 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 ethnically relevant literature and the watching of television programmes directed towards ethnic minorities.
- Encourage the child to maintain links to their culture through speaking in the language they learned within their family.
- Find out where there are places of worship for different religions in your community, so you are familiar with these.

Remember you must respect parent's wishes and encourage all children to value their background and care for the child in accordance with the parent's 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 children, however 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

At present the majority of our foster carers speak English as their first language so it is likely that if a child who does not speak English needs a placement that we will be unable to place them with a foster carer who shares their first language. Although we do have an interpreter service, that can be organised by the child's social worker, this would not be a 24 hour accessible service.

If you have to care for a child who does not share your language, we would share this with you before making the placement. Foster carers who have experienced this have used many methods to encourage communications, using smile and facial expressions, actions and 'google translate' for example to help to settle and reassure children. Another very useful idea is to use simple pictures or drawings to show a child your family set up or to help communicate with them.

Helping with discrimination

Discrimination means treating a person unfairly because of who they are or because they possess certain characteristics. Children may respond to discrimination by feeling ashamed, angry and 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 of the child in your care.

Culture and identity is a very important part of a child's self and encouraging this is an important part of the foster carers role. When a child leaves their family and culture this can have a large impact on their life, if by leaving they have left an unsafe situation the other parts of that life the culture and birth link need to be fostered. Making these efforts will tell the child that their culture is valued by you and that the differences between you are manageable.

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.



Section 10 : Emotional development

This section focuses on the important role of emotional development. Just as learning to walk, talk and other physical developmental milestones children have to learn and develop emotionally. For many children this can be a difficult road but for fostered children. Who's start in life may not have included soothing, support or care, or who's experiences have been interrupted along the way by trauma then emotional development will take even more time and need even more attention and encouragement from foster carers. This chapter aims to focus on the different aspects of this.

This chapter is quite a long and detailed chapter covering many different issues. Emotional development comes into many aspects of children's lives, ages and developments. This chapter covers the practical aspects of emotional development as well as some of the approaches.

The aim of this chapter is to encourage the Foster carer to support children with their feelings and emotions and to develop an understanding approach across all areas of emotional development. The Skills to Foster Course that all prospective Foster carers are encouraged to attend has a wonderful section on understanding and caring for children and these concepts remain central and should be continued and developed while you are Fostering. Concepts like attachment, separation and loss, providing a secure base, resilience and attachment, helping children express feelings, understanding behaviour, describing, observing and recording behaviour, and promoting positive behaviour are all encouraged. Please read this chapter with a supportive approach in mind and discuss with your Fostering Social Worker how to access further training and discussions around these approaches.

P.A.C.E (Playfulness, Acceptance, curiosity and Empathy)

PACE is a way of thinking, feeling, communicating and behaving that aims to make the child feel safe. It is based upon how parents connect with their very young infants. As with young toddlers, with safety the child can begin to explore. This approach is a style of caring, communicating and supporting that we advocate for in Fostering. Talk to your Supervising Social Worker to explore this further in your supervisions. This method is simple and easy and responds to the emotional needs that Foster children have.

Life story 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 as you became an adult.

Most children whose lives have been disrupted have had to experience sad and painful experiences. However, 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 with them other information about them and their development which may not be contentious and positive.

Therefore 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.

Children need to be ready to hear about their past and this needs to be shared in a sensitive and child friendly way. These decisions will be made by the child social worker but as the foster carer your observations of the child's readiness is very important. The child Social worker and the Fostering Social Worker can support you in understanding the information about a child's history and abuse and together the way, style and timing for helping a child understand will be explored together.

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. This is an important role for Foster carers and for this reason it is important that you find ways of documenting this

history when the child is with you and your family whether the child returns home or has to move on to a different placement. This is particularly important for young children who change and develop very quickly. This will become part of their life story.

Ways in which you might document a child's history and time with you

You can start by writing down regularly - perhaps on a daily basis - information about the child's development, when they walked, talked, what toys they liked, what food they liked etc. You will be asked to keep diary notes, and these can include these developmental milestones and the key bits of information about the day. The Fostering service will provide a booklet to record this information, this will have a carbon copy which will be collected by the Fostering Social Worker and stored on the child's files. You should also record any accidents or injuries in these.

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 when you were younger.

By taking photographs and/or using a video 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. For safeguarding purposes.

Keeping mementos 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 - e.g. 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 Story 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. Your Fostering Support Worker and the Child's Social Worker can help with this information if you are unclear or unsure.

In summary, your task will be to help the child in your care feel comfortable with their past.

Children's personal possessions

Looked After Children 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 Story' work, which enables them to make sense of their past experiences. 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, particularly of young children, who 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.

All children should be encouraged to keep things that are important to them, identify a draw or a box for this. In some cases, you'll need to keep them for the child.

Personal choice

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 access to a good supply of toiletries and in the case of young women, sanitary products. Older young people may prefer specific products for themselves.

Making and keeping friends

Children should be encouraged to make and develop friendships, you should also support them to learn to keep their friends. Help them find ways of linking in with past friends if appropriate, encourage writing and keeping in touch. You should help children develop skills in:

- 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 grandparent 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
- 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
- Tingling feelings in the arms and legs
- Difficulty getting to sleep and waking up tired
- Feelings of tiredness and lack of concentration

Psychological symptoms:

- Irritability
- Unreasonable complaints
- Withdrawal and daydreams
- Missing school
- Accident-prone and careless
- Poor work, cheating and evasion
- Over-eating or loss of appetite

Many of these may be just normal growing-up symptoms but if they persist, the child may have a problem.

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 amid 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 and 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 the young woman 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 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.

LGBTI (Lesbian, Gay, Bisexual, Transgender, Intersex)

Confusion over sexual identity is common to adolescence. Some young people, however, do recognise that they are gay/ lesbian, bisexual or transgender 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. Intersex means a person born with both genitals. It is important to understand that sexuality is an important aspects of a child's identity and as a foster carer you need to be sensitive and open to discuss these aspects with the child and young person.

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.
- 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.
- 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 them and also to respect themselves for who 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
- 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 a Carer, 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, blood sports, 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. Looked After Children 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 antibullying 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 Looked After Child may be separated from and miss:

- Parents
- Brothers/Sister
- 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 including clothes, toys, mementos.
- Ensure that the toys, books, etc., which you have, reflect a view of Britain's multi-cultural nature.
- 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.
- 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 Story work.

Bereavement and death

It is sensible to talk about death and what it means by talking about related incidences like discussing a dead bird or dying cat. They can talk about causes from early age and what happens afterwards. Discussions should be sensitive. Carers could talk about the ageing changes that occur throughout life, how illnesses cause different changes; and why people die.

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 a 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.

The impact of the loss is much greater if the loss is sudden.

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:

- Denial
- 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:

Carers may also need to be alert to rituals and symbols that different

- 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.

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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.

"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.

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.

There are some excellent Voluntary Services in Cumbria offering support and counselling to children who have experienced

loss and bereavement. If you feel a child may benefit please speak to their Social Worker or your Supervising Social Worker.



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 stay with the child overnight. Childcare may need to be provided for the Carer's own child/ren.

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 unless it has been a clearly delegated task and you have previous signed agreement (delegation authority form) - 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, nightgown, 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.
- Most hospitals have a list of recommended items.

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.

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 is essential. You can not 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.

It is recommended that children under 16 do 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.

Toilet training and problems

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.

Bedwetting

Some children are dry at night by 3 years, but many will take longer. A child cannot help bed-wetting.

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.

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 Looked After Young People 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 and identity 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.
- 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.
- 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

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.
- 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, dentist and optician.
- Knowledge of emergency services (fire, police, ambulance).
- Finding and using community services and resources.
- Contacting the People Directorate: Children, Adults and Families and other caring agencies.
- Contacting organisations and groups set up to help young people who are, or have been, added onto the end of a care career.
- 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.

Skills

- Help to explore feelings about moving on - positive and negative.
- Feelings about identity.
- Feelings about transition from being a young person dependant 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 appropriate.
- Recognition of ongoing unresolved issues.

Can this young person provide adequate care for themselves whilst living on their own?

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?

Emotional preparation



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

Fostering placements can end for a number of 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.

Children's Services are under a duty to terminate a placement if they consider it is no longer safeguarding or promoting a child's welfare.

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 young people 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 they have grown accustomed to, 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. From the outset if 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 re-joining 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:

- 1) Help with the learning of practical and social skills and
- 2) 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 DWP.

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 to 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 child's Social Worker or Emergency Duty

Team (EDT) Tel: **0333 2401727** (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.

Unplanned goodbyes – This term refers to an unplanned move. This was previously described as breakdowns 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” (if the child had permanance with the Foster carer) or an unplanned endings meeting if the placement was short term and ended in an unplanned way. Your attendance is so important, along with the social worker for the child and fostering to try to learn form the ending.

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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.

If you do find yourself involved in a disruption or unplanned endings, then you should expect support from your Supervising Social Worker.

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 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 will be made in advance. The foster family may be anxious and disrupted by new people in their home. The child may be excited but also could be disrupted by a change in routine and sense that something major is about to happen.

The adoptive parents may 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 may also be excited and a bit 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 postplacement review form. This helps us to look closely at the placement and help us to comfortable match 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.



Section 11 : The partnership between the Foster Carer and Cumbria County Council's Children's Services

Partnership working is important in organisations. Developing good partnership relationships improves the quality of care provided. Partnership working in social care brings together separate organisations so that they can benefit from pooled expertise, resources and power sharing.

For Foster carers want to work in partnership with yourselves and encourage this approach across all the children's teams. This chapter looks at ways we encourage partnership working and sharing information starting with the information that we offer to inform you as foster carers, but also the information that we ask you to record. This chapter considers the different meetings that you will be attending and participating in with the goal of working together for the child you are caring for.

Forms

The most important forms you will come across are detailed below:

- (a) The Foster Care Partnership Agreement signed by you at the time of approval and following any changes to registration or circumstances.
- (b) Foster Care Review Forms for Annual Reviews.
- (c) Foster Care Charter.
- (d) Fire Safety Booklet.
- (e) Placement Plan which will be signed when a child is placed.
- (f) Up to date Care Plan for the child.
- (g) Placement Agreement Meeting Form.
- (h) Delegated Authority Form.
- (i) Safe Care Plan for each child.
- (j) Other forms as and when required.

Recording/record keeping

It is essential that all Carers keep records. You will be provided with a booklet to keep records, this will have a carbon copy so that you can keep a copy of the information you record. Your Fostering Social Worker will regular take the other copy and these will be placed on the child's file by the department.

It is necessary to discuss with your Fostering Social Worker and the child's Social Worker what is required of you. Your Fostering Social Worker is there to advise and help you with recording. Part of the supervision role is to support you with understanding what is required of you in terms of recording.

Carers are in a very sensitive position and will have access to lots of invaluable information. This is an extremely important responsibility and Children's Services 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 a designated file. Its contents remain confidential.
- 2) At the time of placement, or before, a Placement Plan must be completed, giving you information about the child or young person about to come into your home. Keep it safe in a safe place. This may be included in the Placement Agreement meeting document.
- 3) Keep a daily diary of events and activities that have taken place. This can include how the child has been at school, things that they have participated in, or even foods/meals that they have tried for the first times. A copy of these diary notes will be provided to your Fostering Social Worker during supervision. These can be note form and later in the placement you may move to weekly summaries if recording general information. Note any significant incidences.
- 4) When a child moves on, all paperwork relating to the child should be returned to your Fostering Social Worker. You can keep your copy of your diary recordings.

- 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) The daily diary recordings provide an accurate reflection of events that have taken place. This provides a helpful reminder for the foster carer should they need to reflect on incidents at a later stage. They also form part life story and highlights all the positive events and milestones that have taken place whilst in your care.
 - (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.
- 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 hearings.

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. Highlight positive achievements or experiences that the child has enjoyed, as well as every day activities. Please understand that your notes will go onto a child's file so they could request access to this information and read your recording's later in their life.

Make a note about the following (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 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 safeguarding procedures, and your notes will be useful for this. Always inform the child's Social Worker and the Fostering Social Worker.

- 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.
- (13) Any other event, information or circumstances which potentially affect the well-being of anyone inside or outside the household.
- (14) The outcome of contact visits 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 Fostering Social Worker or the child's Social Worker.
- 9) When the child moves on, pass all your notes to your Fostering Social Worker or the child's Social Worker for placing on the child's file.

Where to record

Your Fostering Social Worker will provide you with a 'duplicate book' where you can record all the appointments in respect of your foster child and your own family. This enables your Fostering Social Worker to take a copy of your notes at each supervision session and leave you with the original, for your on-going records.

You should not keep detailed records in your own diary, however, or any personal information.

Details are to be recorded in separate books for each child in placement. All information should be kept in a lockable box.

It is important that each section is kept separate so that details of other children do not inadvertently get mixed in.

The Data Protection Act 1998

It is important to note that records kept about a Child Looked After 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 Children Looked After.

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 Children Looked After, but they hold this on behalf of the Local Authority. They have no right to be data controllers themselves. The information belongs to the Local Authority 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,

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 locked away in a box file, cabinet or similar. 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 Fostering 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 of Assessment, Form F, and related papers.
- (2) The Foster Carer Agreement that you have signed to enter into a partnership with Children's Services.
- (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.
- (7) Records of children placed.

All information held by Children's Services (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 Fostering Social Worker. All information is scanned onto a computer system which is protected and secure.

Conflict of interest

You need to let us know if you have any connections with any sections of Children's Services 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 (England) Regulations 2011 we are required to notify certain events to one, some or all of the following:

- Chief Inspector
- Responsible Authority
- Secretary of State
- Area Authority
- Police
- Primary Care Trust
- Social Worker

Planning and Reviews of Looked After Children

A Placement Plan and the child's Care Plan are important documents for recording the child's needs both currently and for the future. The Independent Reviewing Officer (IRO) who chairs the Children Looked After reviews will scrutinise these plans and monitor to ensure that they are being delivered and that the child is receiving good outcomes.

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. The IRO has an important role in monitoring the actions from a child's review to insure they are carried out.

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.

The Children Looked After Review will consider the child's education, health, identity, social relationships, social presentation, emotional and behavioural development and self-care skills.

Whilst the child's Social Worker has responsibility for developing the child's Care Plan, the outworking of that Plan is done in collaboration with Foster Carers, the young person themselves, their family, health, education and all those involved in supporting the child.

Carers are in a unique position of having a lot of detailed information about a child and in some circumstances you may be the best person to inform the child's Social Worker about the child's needs.

Visits from the child's Social Worker

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 the child starting a new 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.

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 child's Social Worker records the visit and any actions required.

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.

The child's Care Plan

Between the Social Worker responsible for the child, the Carer and child and other interested people, we will all be working to fulfil the child's Care Plan. It is the responsibility of the child's Social Worker to co-ordinate the

completion of the plan, and you will be asked to help in this task.

You will be expected to contribute to the child's Care Plan as appropriate, which requires certain skills in communicating and observing children you care for.

Different meetings

Foster Carers will be invited to meetings about children in their care because Carers have a unique and important contribution to make.

Childcare Reviews (Chaired by children's IRO)

The regulations determine when a Review is held. 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. Cumbria 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.

Reviews are chaired by Independent Reviewing Officers who do not have direct involvement with the child. This ensures that there is an independent point of view, and also that the Carer and Social Worker are working together.

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.

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.

It is the aim of the Local authority to include children in their own meetings and the decision making forums, children will be encouraged to participate and attend meetings where possible and appropriate and the foster carer can help to support this. If a child can not be at the meeting, then can 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. Children can meet and talk to the chair of the meeting before hand to help settle and prepare them.

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.

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.



Section 12 : Working with the child's family and friends

This chapter focuses on working with the child or young person's family, a key role in fostering. This relationship is very important for the child in your care, they have been moved for a range of different reasons but there is a link with their birth family that needs to be maintained and respected while decisions are made about the child's future. Your role as the Foster carer is to work with the family, directly or indirectly during the time the child is with you. This chapter explores your responsibilities and some of the complexities around this.

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Parents roles and The Children Act 1989

Birth families are essential to a child's life and their contact should be encouraged and supported in accordance to the child's care plan. Every parent will respond differently to their child coming into care. Some will wish to be involved in their child's life while they are with you, whereas others may have or want less of a role. It is important to try and give them the opportunity to stay involved, and to be aware of their feelings around their children being in care.

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) Children's Services are 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 also have parental responsibility.
- 7) Parents are positively encouraged to be part of the planning process and to be actively involved in decision making
- 8) All placements needs to take into account the requirement for the child to be placed as near to the family as possible, providing that risk assessments allow, and siblings should be placed together.
- 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.

The Birth parents

Many parents experience feelings of shame or guilt if for some reason they are unable to look after their children. They may also feel angry and resentful towards Children's Services, and this can in turn lead them to see you as part of the process that has taken their children from them. Birth parents could feel resentful if they view you as having a better standard of living to them. They may be fearful that you will replace them in their child's affections. All of these feelings can leave birth parents confused and powerless and it's important as foster carers, that birth parents are respected and treated fairly as parents and as people. This may not always be easy, and you will be supported to manage any difficulties and to ensure that the best interests of the child or children are met at all times.

When the child placed has a different race, religion, culture or language from you, the parents and families have invaluable information that can help the child maintain and develop important parts of their life. Sharing information between carers and birth families is essential to ensure that children can have a sense of identity and to support

them in making sense of where they are from.

Contact

The Children Act 1989 imposes a duty on Local Authorities to promote contact between a child who is in foster care and those connected to them. Sometimes this is voluntary and sometimes there is a Court Order. Supporting contact between children and their families can be challenging but can also be very rewarding.

The separation of children from their birth parents, regardless of the circumstances, will be difficult for the children and their parents. It will impact on the relationship between the child and their parents and will also affect the child's development and understanding of the world. A child's parents will always be very important to them and children will often see them as who they want them to be and not what they are.

Contact is a vital part of foster care that allows children to continue to have relationships with their birth family in a safe and positive way. Some carers will have a lot of contact with parents, and others will not. All contact arrangements will be in the best interests of the

child and monitored to ensure that it continues to be so. Even for children who do not have regular contact, you will need to support them to understand why they don't see their parents. Your Supervising Social Worker can give you advice and guidance and support with this.

At the start of the placement, plans will be made for contact visits between the child and their birth family. There are often practical implications for carers with regards to contact, and this is your opportunity to discuss these and to work with other professionals to minimise any potential disruption to your family.

Direct contact between a child and their family can take many forms. It can be at a Contact Centre supervised by staff, or in the community, or at the foster carer's home. This will all depend on the needs of the child, their family and the availability and suitability of the venue. Contact visits can be on a regular basis, particularly when the plan is for the child to return home, or they can be less frequent – for example, once during every school holiday. The frequency,

type and length of contact will be constantly assessed to ensure that it's meeting the needs of the child and is in their best interest. If contact is positive, then children will feel reassured that they are loved and missed and that they are still wanted. Contact can be difficult for all of those involved, and it's important to ensure that it's in the best interests of the child. As part of your role as a foster carer, you will keep records for children in your care and noting down their behaviour and mood before and after contact is a useful tool to assess if the contact is positive and meeting the child's needs.

If contact with a child's birth family is stopped for any reason, then it's important that the child can still talk about their parents openly with you and learn as much about them as they can. Understanding the parents situation will help you to talk about this with the child, and your skills as a foster carer will support you in helping a child to deal with their feelings of loss and rejection.

Difficulties with Contact

Contact with birth family is an important part of foster care and one that can be difficult for children, and you, to manage and deal with. You will have the support of your Supervising Social Worker to discuss any issues and to support you in managing contact for the best interests of the child. Sometimes you will take a child to contact and a worker will supervise this and then you will collect them, sometimes you may be approached to see if you could supervise the contact between the child and their parent at your home or out in the community.

Below are some of the issues that can occur during, and before and after, contact:

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

If parents turn up unexpectedly and demand to remove their child:

- Stay calm
- Try to persuade them to speak to the child's social worker
- Contact Children's Services
- If necessary, phone the Police
- Don't put yourself at risk

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
- The child may openly reject you and cling to their parents
- The child may blame the parents and reject them because they are hurt
- Visits may lead to challenging behaviour, sadness, temper, tantrums, anxiety.

The child's social worker will work with you to monitor contact, and you will also have the support of other foster carers who can offer advice and support. Working with birth families can be a challenging aspect of fostering but also one that can be rewarding and allow you to use all of your skills and experience in working with the child.

Standard 9 Fostering Services National Minimum Standard: Promoting and Supporting Contact

Contact is a vital part of the Fostering role so it is helpful to consider what the National minimum standards say about it.

- (9.1) Children are supported and encouraged to maintain and develop family contacts and friendships, subject to any limitations or provisions set out in their care plan and any court orders.
- (9.2) Foster Carers are given practical help to support appropriate contact, including financial help where needed, alongside support to manage any difficult emotional or other issues that the child and Foster Carer may have as a result of contact
- (9.3) Emergency restrictions on contact are only made to protect the child from significant risk to their safety or welfare and are communicated to the responsible authority within 24 hours of being imposed.

- (9.4) Ongoing restriction on communication by the child is agreed by the child's responsibility authority, takes the child's wishes and feelings into account and is regularly reviewed in collaboration with the responsible authority.
- (9.5) The Fostering Service feeds back to the responsible Authority any significant reactions a child has to contact arrangements or visits with any person.
- (9.6) When deciding whether to offer a Placement, the Fostering Service works with the responsible Authority in giving consideration to how the child's contact with family and significant others will be supported, particularly where a child is placed at a distance from home,
- (9.7) Foster Carers understand what decisions are delegated to them, in line with the child's care plan, and make those decisions in the child's best interests.





Section 13 : The law relating to children and young people and your role as a Foster Carer

This section provides some information about the law, but further reading can be useful. You need to be aware of the law because it provides the framework within which the Local Authority works. This looks at the legislation and the law around children in care. This spans from their placement in care and the everyday practices relating to children and the law. There is also some sections around financial matters, tax and other aspects of the role related to legislation and procedures.

Legislation and Regulations

The following link from The Fostering Network helpfully provides explanations and links to relevant legislation and also highlights the statutory guidance;

www.thefosteringnetwork.org.uk/policy-practice/policies/fostering-legislation-in-england

The Children Act 1989 came into force in 1991 and was accompanied by a set of Guidance and Regulations, some of which have been revised and amended. It is the most important reform of the law this 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 (England) Regulations and National Minimum Standards 2011 deal with the approval and supervision of Foster Carers.

The Children Act covers both private and public law relating to the care and upbringing of children and the provision of services to them and their families.

It places an emphasis on establishing plans for children, which reflect their needs and promote the welfare of the child as paramount.

At its heart is the principle that birth parents should be involved in all planning and decision making affecting their children and the Local Authority should work in partnership with families.

The Act required the following key actions to be taken:

- A Children's Commissioner for England.
- Local Authorities make arrangements to co-operate in order to improve children's well-being. Including the creation of a Director of Children's Services within the Council and a lead member for Children's Services.
- The requirement for Private Fostering Arrangements.
- A duty on the Local Authority in its role as the corporate parent to promote the educational achievement of Looked After Children.

The basic principles of The Children Act 1989

- 1 The welfare of the child is the paramount consideration.
- 2 Parents should look after their children to the best of their ability and children should be brought up in their own families, wherever possible.
- 3 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 family's race, culture, religious and linguistic backgrounds.

- 4 Children should be consulted and participate in decision making, according to their age and understanding.
- 5 Contact between parents and children must be safeguarded, if it is in the child's best interests.

Accommodation and Care Orders

A child who is looked after by a Local Authority is either accommodated under the Children Act 1989 (Section 20 often called voluntary accommodation) or subject to a Care Order under that Act. If the child is accommodated (placed in care), 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 or Interim Care Order, parental responsibility is shared between the Local Authority and the parents, and the child cannot

return to the parent without the 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. Once a child is accommodated the social worker continues to work with the parents to decide the future permanence for the child. If this is under Court directions, then regular meetings at Court will take place. The Child Social Worker will need to update the Court on progress with the care plan and their assessments. This is ongoing until a Final Hearing takes place. When a Court makes a decision, 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 doing 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.

There are many outcomes of a Final Hearing, the child could return home to parents, or an alternative relative/person under different Orders, they could remain in Foster care long term or they

could be placed for adoption. The Social Worker will assess the parents while the child is in Foster carer and decide the plan to propose to the Court for the Local Authority, they will present their decision making in a report based on the assessments they complete. The parents will have their own solicitors supporting their view and plan and the child will have their own appointed Guardian and solicitors. Children's Social Workers are trained to make decisions based on all the information in the best interests of the child and will do so. However, the Guardian is in place to ensure there is a Social Worker and Court Solicitors solely for the child. This means that the Judge has three perspectives available to make the final decision about the child's future at the end of the proceedings

Terms used in Court Proceedings

During the Court proceedings there are many different types of Court Hearings and procedures that are referred to. Although the Foster carers are not part of these meetings you may be involved in care planning where you are hearing different terms.

In general prior to coming into care children social workers will have tried to work with families under the Public Law Outline (PLO). When Social Worker's are concerned about the welfare of a child they may invite parents to a Public Law Outline Meeting (PLO) or a pre-proceedings meeting. These meetings are called if the Local Authority and the Social Worker are concerned about the care that a child is receiving and they may make an application to the Court to see if the Court will make orders to protect the child.

The PLO Meeting is a meeting that is attended by a Local Authority solicitor, but the parents are also invited to come along with their own solicitor to see if any agreement can be reached or negotiated with the Social Services department to prevent the matter going to Court. If the concerns are so great and there can be no protective plan put in place, the Court proceedings will be started and the PLO Meeting will be used to advise the parents of this. There will be some cases where the meetings do not take place because the risk of harm to the child is so great or is so urgent that there is no PLO Meeting.

Court meetings

Once the Court Proceedings are underway then at different points the professionals involved in the child's plan will attend Court to update on the progress of assessments and to update the Judge. These meetings have different names and aims. The Foster carers and the child do not need to attend these hearings but it is helpful to understand the terms used as they will often be discussed in meetings with the Foster carer and if appropriate the child.

Court Orders

Supervision Order

An outcome of a Final Hearing may be that a child is subject to 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.

(i) Child Arrangement Order

Settles the arrangements as to the person with whom the child is to live. The making of a Child Arrangement 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 Child Arrangement 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.

(ii) 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 parents or significant others; 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.

(iii) 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 is to impose a specific restriction on the exercise of parental responsibility instead of the vague requirement in wardship that no 'important step' be taken in respect of the child without the Court's consent. It could, for example, be used to prohibit the child's removal from the country.

(iv) A Specific Issue Order

Gives directions with respect to specific issues which have arisen or which may arise, for example an Order may be made for a child to attend a particular school.

Emergency Protection Order

If a child needs to be accommodated, then an Emergency Protection Order can be granted under Section 44 and 45 Children Act 1989. Anyone can apply for such an Order although it will usually be a Social Worker, someone from the 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 an Emergency Protection Order, the child can be removed from home and placed in a place of safety such as a foster home or hospital. 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 a full hearing, the parents or the child can appeal after 72 hours.

Police Protection

Section 46 Children Act 1989

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 initiate 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 than 72 hours. 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 be 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.

Interim Care Order (ICO)

An Interim Care Order is granted by the Court and can come into affect after the EPO or Police Protection Order has ended as they are time limited. The ICO means that the Local Authority will share Parental Responsibility for that child. This means that the Local Authority have the power

to make decisions about where the child lives and the welfare of the child. The parents alike a PPO and EPO can not remove the children from the care where they are accommodated. The ICO is usually in place throughout the Court proceedings until the Final Hearing.

Placement Order

If a child can not be returned to their parents and an alternative plan of adoption is agreed through the Court process a Placement Order is granted. This is made under the 2002 Adoption and Children Act, which allows the Local Authority to place a child for adoption. Parental Responsibility is given to the Local Authority, and can be exercised by birth parents and the prospective adopters to a degree determined by the Local Authority. If this Order is in place the child may remain in Foster Care until an Adoptive Placement is found. The Local Authority may have a Care Order in relation to a child and then apply for a Placement Order. Once the Placement Order is in place it suspends the Care Order.

If the Placement Order is removed the Care Order will come back into force. A child cannot be placed for adoption without a Placement Order.

Special Guardianship Order

This is a permanence order under the 2002 Adoption and Children Act. It gives the person or people with the order the right to exercise parental responsibility with certain exceptions, at the exclusion of all other holders of parental responsibility. It does not take parental responsibility totally away from birth parents. Alongside this order is the requirement for the Local Authority to assess the needs of Special Guardians and in some cases provide financial support if asked to do so. The Local Authority cannot apply for a Special Guardianship Order.

Child Assessment Orders

Section 43 Children Act 1989

A Child Assessment Order is generally used where Social Workers or Health Visitors have known a child and family for some time and have concerns that the child may be suffering significant harm.

Wherever possible, 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 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 (e) 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 of appeal once the Order has been made. Despite the court having given directions that a particular assessment should take place, the child has a right to refuse to be assessed if he is able to understand what is involved.

The National Minimum Standards 2011 for Fostering Services

The National Minimum Standards for Fostering Services are issued by the Secretary of State. They are part of a set of minimum standards, which cover all types of care provided to children and adults.

They are 'minimum' standards, rather than 'best possible' practice. Many Fostering Service providers will more than meet the national minimum standards and will aspire to exceed them in many ways. Minimum standards do not mean standardisation of provision. They provide the standards of service that the Fostering Agency must provide in order to be an Approved Agency. The full standards are available on line.

Although the standards are issued for use in regulating Fostering Services Providers, they will also have other important practical uses. Providers and staff may use them in the self-assessment of their services, they provide a basis for the induction and training of staff, they can be used by parents, children and young people as a guide to what they should expect a Fostering Service to provide and to do, and they can provide guidance on what is required when setting up a Fostering Service. Those involved with Fostering Services in any way are encouraged to make full use of these standards in these ways.

The National Minimum Standards 2011 are also available on

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/192705/NMS_Fostering_Services.pdf

There are 31 fostering standards which are split into 2 sections. Standard 1-12 are Child focused standards and standards 13-31 are standards relating to the fostering agency.

Fostering Services Regulations (England) 2011

Each standard is linked to the Fostering Services Regulations (England) 2011. The regulations set out for Children's Services 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.

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 National Minimum Standards, however, are more far-reaching and child-centred.

In Cumbria, we aim to implement at least the minimum required of us but also to exceed this by providing best possible practice.

The Care Planning, Placement and Case Review (England) Regulations 2010

These are regulations regarding Looked After Children and focus on achieving the best experiences in life, from excellent parenting which promotes good health and educational attainment, to a wide range of opportunities to develop their talents and skills in order to have an enjoyable childhood and successful adult life. Stable placements, good health and support during transition are all essential elements, but children will only achieve their potential through the ambition and high expectation of all those involved in their lives. The regulations bring together in a single set of regulations those duties which are at the heart of effective corporate parenting to improve the outcomes of looked after children, namely:

- Placing the child at the centre of the work;
- Effective care planning;
- Ensuring that a child or young person is provided with accommodation which meets his/her needs; and
- Ensuring that an effective review is conducted of the child's case within the specified timescales.

Employment of children and young people

Children can not work full time, they can work part time but there are restrictions. The youngest age a child can work part-time is 13, except children involved in areas like television, theatre and modelling. Children working in these areas will need a performance licence.

There are several restrictions on when and where children are allowed to work.

Children are not allowed to work:

- Without an employment permit issued by the education department of the local Council, if this is required by local bylaws.
- In places like a factory or industrial site.
- During school hours.
- Before 7am or after 7pm.
- For more than one hour before school (unless local bylaws allow it).
- For more than 4 hours without taking a break of at least 1 hour.
- In most jobs in pubs and betting shops and those prohibited in local bylaws.

- In any work that may be harmful to their health, well-being or education.
- Without having a 2-week break from any work during the school holidays in each calendar year.

This is general guidance, and if the Foster Carer has any concerns they need to ask the child's Social Worker. The following is a helpful link www.gov.uk/child-employment/minimum-ages-children-can-work

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 if their whereabouts are unknown and we need to confirm this.

If the young person is subject to a Care Order they need the consent of their parents and the Corporate Director of Children's Services who can oppose, even if the parents have consented. It is then the decision of the Registrar.

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 Children's Services 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.
- Children's Services will provide you with independent advice should you require this.

Financial matters

Fostering Allowances are given to cover the needs of the individual children placed with you. Full details of these allowances are given in the 'Guide to Foster Care Allowances'. Allowances are made weekly, usually by credit transfer to your bank account. For appropriate arrangements to be made, bank account details will be requested by the Fostering Team. Further details relating to financial allowance and other support areas are found at this helpful link to the fostering support web page.

www.cumbria.gov.uk/fostering/support/logon.asp (Password **Fost14**)

Foster Carers also have a career structure related to a fee level. Foster carers will start on Level 1 and by gaining experience in the role and completing training and other requirements they can progress. Details of this can be found in Section 2 and also within the "Guide to the Payment of Foster Carers".

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. Fostering Network can advise on this and can be contacted to discuss further. Your supervising social worker can help you with the contact details.

Tax Exemption

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 Carer's State Pension Entitlement

Foster Carers are entitled to Home Responsibility Protection. For many, this helps boost their pension entitlement to the full amount.

For more details, visit www.direct.gov.uk



Holiday procedures

An allowance is made for a summer holiday payment towards the cost of your child's holiday. It is important that you discuss this with your Supervising Social Worker in order to allow for processing.

When planning your holiday, you should notify the child's Social Worker of the date and address of your holiday so that Children's Services are always fully aware of a child's whereabouts. Only in exceptional circumstances and with pre-arranged permission should foster children be taken on holiday during school term-time. Before you make any holiday arrangements this should be discussed with your child's Social Worker and your Supervising Social Worker and all paperwork is completed. 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 Children's Services and a passport must be obtained. It will 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 your Supervising Social Worker.

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 Children's Services have agreed to this and are satisfied about the arrangements of administration of monies.



Section 14 : The wishes and feelings of children

This section considers the important principle of listening and responding to children's wishes and feelings. It covers the ways of working that Cumbria use to put this into practice.

As an authority the preferred methodology for engaging Children and Young People and their families is a strengths based Signs of Safety approach.

Below is a link to the Local Authority;

www.cumbria.gov.uk/LSCB/professionals/signsofsafety/signsofsafety.asp#:~:text=Signs%20of%20Safety%20%20%20%20Title%20,%20%20350k%20%206%20more%20rows%20

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 health care
 - affection and approval in order to develop self-esteem
 - stimulation and opportunity to develop their skills
 - discipline and control - age-appropriate
 - 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's Services is to promote responsible parenting and this includes Foster Care. Looked After Children 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-judgmental 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.
- 6 We need to support children and young people to be involved in the Children in Care Council and help them to make their voice heard in whatever way we can.



Children's rights

Cumbria's promise for children in care can be viewed at

<https://www.cumbria.gov.uk/LSCB/children/cumbriaspromisecommitment.asp>

- 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 they are not allowed to do.
- 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 I 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 you know what it contains.



Section 15 : A guide to common terms used

This final section aims to provide an explanation of some of the terms commonly used. I do hope that you have found this handbook useful and continue to use this for reference. Although we aim to provide as much written information as possible in both the handbook and policy and procedure I must encourage discussion and consultation with the Fostering team in areas where you are unsure or unfamiliar.

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.

Adoption

The legal process by which a child becomes a permanent member of a substitute family. Legal ties with the birth family are severed.

AIDS

Acquired Immune Deficiency Syndrome.

Annual Review

Statutory re-appraisal of all Foster Carers.

Approving Authority

The Local Authority or voluntary organisation responsible for approving (or not) a Foster Carer.

Approval Process

The assessment of prospective Carers.

Assessment

The process of identifying and agreeing the needs and wishes of individual children.

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.)

Child

A person under the age of 18 years.

Child Abuse

The physical, sexual or emotional ill treatment or neglect of a child.

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 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.

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 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 (Section 17 Children Act 1989)

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's Social Worker

The Worker responsible for co-ordinating the plans for the child.

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 a child is at risk.

Contact

The means by which a child remains in touch with his/her family, which can be by letter, telephone, visits. The preferred phrase now commonly used is Family time.

Contact Order

Court order defining contact between a child and his/her family.

Coram BAAF

British Agencies for Adoption and Fostering

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".

Disclosure

Child revealing information about alleged abuse.

Disruption

Unplanned ending of a placement. Disruption of a placement is when the child's placement ends in an unplanned way when the child has been in placement for longer than two years or when permanence has been agreed.

Drift

The situation of children who remain in care because of a lack of planning

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.

Failure to thrive

A term for a child whose growth and development is preventable delayed.

Family centre

Centres run by 3rd sector for support and advice to children, parents and Carers.

Family time

Preferred term replacing contact, see above.

Family proceeding

Court hearing concerning care and welfare of a child.

Foster Care Agreement

Agreement required between an approving Authority and an approved Foster Carer, giving the Foster Carers 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

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.

Independent Visitor

An independent person appointed to visit, and advise and befriend the child.

Interim Care Order

A renewable short-term Care Order.

Introductory visit

Planned introduction of a child to a foster home.

Joint investigation

Enquiries by Children’s Services and Police into child abuse allegations.

Local Authority

Your local authority is Cumbria County Council.

Looked After Children

A collective term for children who are accommodated by the Local Authority and in care to the Local Authority. Sometimes known as Children Looked After.

Medical consent

Written agreement by the person with parental responsibility for medical examination, assessment or treatment of a child.

Multi-agency

Agencies working in co-operation.

Package of Care

Combination of services for an individual.

Paramount

The most important consideration.

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.

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.

Partnership

Working together without compulsory powers.

Peer group

Circle of friends of similar age and youth culture.

Permanent substitute family

Family, other than the birth family, who care permanently for a child.

Perpetrator

Person who has abused a child.

Physical deprivation

When a child is lacking appropriate physical care, e.g. nourishment, warmth, hygiene, to encourage normal growth.

Placement Agreement

Arrangement for a child to be looked after.

Placement Plan

Agreement relating to a specific child, required between the responsible Authority, a child's parents and a Foster Carer before the child is placed with him/her.

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

Now termed as Child Arrangement Order : An Order setting out the arrangements to be made as to the person with whom a child is to live.

Respite care

Short stays away from home. Now called Approved support care.

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.

Same race/culture placement

Matching a child's ethnic background to that of his Carers.

Secure accommodation

Restricts the liberty of a child initially for up to 72 hours without a Court Order.

Siblings

A child's brothers and sisters.

Significant change

A major change to a Carer's situation.

Significant harm

Basic grounds for care proceedings.

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)).

Statutory

Required by Act of Parliament.

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.

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 you in the 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.

While we have tried to summarise as much information as possible Fostering will bring up many different situations. Policy and procedures do get updated. Fostering is about working in partnership so please discuss any issues with the team.

All policies and procedures must reflect the Statement of Purpose and are included in our triax procedures that are online.

- Child protection
- Allegations and complaints against Foster Carers
- Missing from home
- Safe care
- Whistle-blowing
- Disruption
- Foster Care Agreement
- Supervision
- Unannounced visits
- Health and Safety visits
- Managing and storing confidential information

- Record keeping
- Foster Care Career Structure
- Guide to the payment of Foster Carers
- Unauthorised absence
- Post-placement Forms
- Annual Review Forms
- Foster Care Procedures and Appendices
- Policy on recruitment and assessment
- Training
- Foster Care mentoring

Copies of all the above policies and procedures are available from the Foster Care Team.

Translation Services

If you require this document in another format (eg CD, audio cassette, Braille or large type) or in another language, please telephone 01228 606060.

আপনি যদি এই তথ্য আপনার নিজের ভাষায় পেতে চান তাহলে অনুগ্রহ করে 01228 606060 নম্বরে টেলিফোন করুন।

如果您希望通过母语了解此信息，
请致电 01228 606060

**Jeigu norétumète gauti šią informaciją savo kalba,
skambinkite telefonu 01228 606060**

**W celu uzyskania informacji w Państwa języku proszę
zatelefonować pod numer 01228 606060**

**Se quiser aceder a esta informação na sua língua,
telefone para o 01228 606060**

**Bu bilgiyi kendi dilinizde görmek istiyorsanız lütfen
01228 606060 numaralı telefonu arayınız**