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INTRODUCTION

Welcome to the Poole Foster Carer Handbook. We hope that you will find this book an invaluable source of information on matters relating to Fostering. We ask foster carers to ensure that the handbook is used in conjunction with related policies and guidance, which have been, or will be circulated. A list of the related policies and guidance is available on the next page. We will endeavour to keep you updated with the most relevant changes in practice. This will normally be through emails, however we do recognise that some carers do not have access to email and in these instances information will be sent through the post.

The Government's aim is for every child, whatever their background or their circumstances, to have the support they need to have the five outcomes listed above. These outcomes were emphasised in the Every Child Matters green paper.

The Government White Paper Care Matters: Time for Change (2008) outlines the importance of children in care receiving the highest possible quality of care. There is a need to improve the gap between the quality of lives of children in the care system and those of all children.

Improving outcomes for children and young people in care underpins all of the development and work of our fostering service. The outcomes are mutually reinforcing. For example, children and young people learn and thrive when they are healthy, safe and engaged. We have a commitment to ensure that the fostering arrangements made for the children in care enable them to receive the security, support and schooling they need to reach their full potential and lead a happy and fulfilled life.

USING THE HANDBOOK

We hope this guide will be a source of helpful information to foster carers. It will support you in the hugely important work you are doing in promoting good outcomes for the children and young people.

Whilst we hope you find the guide useful, it is not intended to replace the support and advice available from Child Care Social Workers and Family Placement Social Workers. Please feel free to contact us if you have any queries and concerns or just wish to talk things over. We will also offer consultations with senior managers which will offer the opportunity for discussion in relation to any changes. Your feedback is invaluable and helps to form our day-to-day practice.

• Be healthy
• Stay safe
• Enjoy and achieve
• Achieve economic well-being
• Make a positive contribution
FOSTERING NETWORK

As a Poole Foster Carer you are automatically a member of the Fostering Network, which is the UK’s leading charity in fostering. Fostering Network provides a free legal advice helpline and legal expenses cover.

Poole Foster Care consultation group

Poole foster carers have formed a support group that meets monthly in a foster carers home. This group is independent of the fostering service, however we have said that we will support its function in any way deemed necessary. The group is informal but does consider themes; these are passed back to the principle manager for consultation. All foster carers are welcome it is an open forum and those organising it have made it very clear that they want to include all carers. If you are interested please talk to your Family Placement Social Worker.

Support Groups for Connected persons Carers

Connected persons is the term that applies to foster carers who look after children that they know, these children could be related or be known to them in some other way. All these children are in the care of the local authority.

We are in the process of setting up a support group especially for these people, Poole is a small authority as a consequence we do not have many connected persons carers but feel that there are occasions where their needs differ slightly from those of main stream foster carers.

RELATED POLICIES / GUIDANCE

As Foster Carers, Poole Children and Young People's Social Care (CYPSC) will provide you with a range of documents for information and to assist you in your role, including:

- Young People’s Pledge
- Fostering Statement of Purpose (revised annually)
- CYPSC Structure Chart
- Guidance on Fees and Allowances (revised annually)
- Disability Living Allowance and Carer’s Allowance Information sheet 2010
- Allegations about Standards of Care
- Guidance about records made by foster carers
- Complaints Policy and Procedures
- Sexual Health Policy
- Whistle-blowing Policy
- Regulations governing the use of child car seats
- Delegated Authority
- Working together
- Fairness for All Policy
- Guide for foster carers with more detailed information about the Leaving Care, day to day living in your foster home, Out of Hours Social Services Guidance and useful Telephone numbers
SECTION 1

TEAM AROUND THE CHILD IN CARE
THE FOSTER CARER

THE ROLE OF THE FOSTER CARERS

The foster carer is responsible for the day-to-day care of the child. As part of the team, the foster carer will ensure that the child’s physical, health and emotional needs are met, and that they attend the appropriate school, college or playgroup. The degree of responsibility will vary according to the length of time the child is placed with the carer and the age of the child, as well as the amount of experience of the foster carer, and the degree to which the parent is involved in the child’s life. Included below are some of the many roles and responsibilities of a foster carer. Foster carers are expected:

• to care for any child placed with them as if s/he was a member of their own family and to promote his or her welfare
• to keep to all the terms of the Foster Care Agreement and the Placement Plan. The Placement Plan is made between the foster carer, the birth parents and the Local Authority at the start of each placement. It sets out the specific requirements that relate to each child. It is expected that the foster carer, the parents, the Child Care Social Worker and the Family Placement Social Worker will keep to this agreement. The Placement Plan is a working document and may be revisited and changed as the placement progresses.
• to work with all those involved in the child’s life and to carry out the child’s care plan. It is expected that the child will remain in placement for the period agreed at the start of the placement. If plans regarding the future of the foster child change, it is expected that the foster carer will agree to keep the child until another suitable foster placement has been found. If there are difficulties with the placement that cannot be resolved and it is felt by all concerned that it is in the interests of the child to move, it is expected that the foster carer will give reasonable notice to find an alternative placement. If Children and Young People’s Social Care decides that the continuation of the placement would be detrimental to the child, the foster carer is required to allow the removal of the child. (see also the section on Disruption).
• to keep regular and appropriate contact with the child’s school, and co-operate fully with any other agencies, such as hospitals or psychological services, with whom the foster child is involved, including registration with a GP and dentist where applicable.
• to attend all meetings concerning the child, as appropriate. In order to ensure that everyone is involved in the planning and decision-making relating to a child, various meetings such as case conferences and planning meetings are held as well as the regular statutory review meetings. The foster carer is usually invited to attend these meetings. Very occasionally foster carers are asked to attend court. If so, they will receive support and advice from the local authority’s legal department, the Child Care Social Worker as well as the Family Placement Social Worker.
• to keep records about the child, as appropriate and as requested by the Child Care Social Worker and to ensure all records and information about the child are stored in a safe, secure place. This should normally be in the form of a “daily record”. The maintenance of written records by the foster carer may be useful for case conferences, planning meetings and/or court cases. They may also be useful should allegations be made against the carer. It is essential to record any incident that happens, the date, time, and what action was taken. Written records must be stored securely and given to the child’s Social Worker when the child leaves the placement. Further information is provided in “Guidance about records made by foster carers”
• to comply with all Poole CYPSC Policies and Procedures concerning care of the child.
• to observe all standards of confidentiality concerning any information given or held about the child and their family. All records are the property of CYPSC and subject to the Data Protection Act.
• to promote and support contact with birth family for the child, as agreed in the child’s care plan. By law the Local Authority has a duty to maintain contact between a child in foster care and his/her family and other significant people in his/her life, except where to do so is detrimental to the well-being of the child. It is expected that the foster carer will do everything they can to ensure this contact is maintained, in accordance with the child’s care plan.
• at all times, to care for the child with knowledge of, and respect for, that child’s racial, cultural, religious and family origins, sexual orientation and disability and ensure that the child’s needs are met in relation to all of these. All carers are expected to actively promote respect for different backgrounds, ethnic origin, cultures and religions.
• to support and assist young people who are leaving care to develop the appropriate practical and emotional skills to prepare them for independent living.
• to work with the Fostering Team; to meet for regular supervision meetings and Annual Review and to undertake training, i.e., in order to develop skills and knowledge. Information and training events, together with foster carer groups, are organised to ensure that carers are equipped to undertake the fostering task. The Fostering Service will reimburse any out-of-pocket expenses incurred, such as child-care expenses and travel. New carers are required to complete the Foster Carer Standards within 1 year of being approved as foster carers. Friends and family carers have 18 months to complete the standards.
• to contribute to the child’s ‘Life Story’ work, when appropriate. In circumstances where a child is likely to need long-term or permanent care away from home, or where a child is placed, prior to being adopted, foster carers may have a vital role in contributing to that child’s life-story work. This may be by recording any information they have about the child, his or her family contacts and home. Children in care can lack information about their roots and their lives. Life Story work seeks to make sure a child has what he/she needs in order to develop a positive sense of self and identity.
• to manage the child or young person’s behaviour in a way that is appropriate and fits with the requirements of the care plan and guidance on managing behaviour. No foster carer should smack or administer any corporal punishment to a foster child. This issue is discussed further in the section on behaviour management in this guide. A separate policy is also given to all foster carers.
• to notify Children and Young People’s Social Care of any changes in the circumstances of the fostering household, other changes or events, which may affect the placement of the child.
• to notify Children and Young People’s Social Care of any serious illness or other serious occurrence affecting the child.
• to discuss concerns in an appropriate way. Foster Carers who have concerns regarding any aspect of the Care Plan for an individual child should seek to resolve this by discussion with the child’s Social Worker or Team Manager. If unresolved, foster carers may contact a senior manager within Children and Young People’s Social Care, or via the Complaints Policy and Procedures. Foster carers have a right to express such concerns and for them to be heard and responded to. It is not, however, permissible for foster carers to express concerns and provide details of an individual child’s circumstances to any individual or agency, including the media, outside of the Authority, its Officers and Members.
• to participate in an annual review of their foster care approval. The Fostering Service is required by legislation to conduct an annual review of all foster carers and shared care foster carers. This allows both the foster carer and their family as well as the social services department to review the year’s experience of fostering and to identify training needs, changes in circumstances, and a development plan for the coming year. It is also an opportunity to discuss any problems that might have been experienced. A Conference and Reviewing Co-ordinator (CRC) conducts the annual reviews independently of the Fostering Service.

REGULATION AND INSPECTION

Foster carers are included in the regulations and inspections outlined in the Fostering Service section below. It is important that foster carers know that they may be interviewed or visited as part of the Ofsted regulatory inspection process.

SUPPORT TO FOSTER CARERS

There are a number of people whose job it is to offer support and supervision to foster carers and their children. You will probably know some of them already, but hopefully this section will help show how everyone fits into the structure of the Children and Young Peoples Social Care Services.
THE FOSTERING SERVICE

The Fostering Service is part of the Children and Young People’s Social Care Service of the Borough of Poole. The family placement social workers and the children’s social workers work very closely together. They are based in different teams.

STATEMENT OF PURPOSE

The Fostering Statement of Purpose is a legal document required of all fostering services. It outlines the aims and objectives of the fostering service, and also sums up the services and facilities provided by the fostering service. It includes details about the management structure and staffing arrangements of the service.

The Statement of Purpose must be formally approved by the elected members of the council, and is updated and modified at least annually. The chart in the Statement of Purpose explains who is who in the fostering service. You can download the statement The statement of purpose is on the Borough website.

Poole Fostering Service (part of Children and Young People’s Social Care) is available to be contacted within the office hours of 8.30 a.m. to 5.15 p.m (4.45 p.m. on Fridays)

REGULATION AND INSPECTION OF THE FOSTERING SERVICE

The Care Standards Act 2000 created a new regulatory framework for fostering services. Since 2002 an independent inspection body has inspected all fostering services. From the 1-11-13 we will have a joint inspection process which will mean that the Fostering and Placements service will be inspected along side of the children’s services. The responsibility for inspection is now with Office for Standards in Education, Children’s Services and Skills (Ofsted). The Care Standards Act introduced new regulations and National Minimum Standards which all fostering services must meet. The requirements are covered in the agreements that have to be signed at the time of approval (Foster Care Agreement) and at the beginning of each placement of a child (Placement Agreement 1 and 2).

The inspection reports are available on the Ofsted website at www.ofsted.gov.uk. If you wish, your FPSW will make available to you the most recent inspection report of Poole Fostering Service. After each inspection the Fostering Service sends a copy of the published report to all foster carers. A copy of the Regulations and National Minimum Standards can be requested from your Family Placement Social Worker or can be found at the website for the Department for Education www.education.gov.uk

As part of the inspection, the inspectors sometimes visit a sample of carers in their homes, and may want to meet with a group of foster carers. The inspectors also look at records, foster carer files, and may want to observe fostering panel. Remember if they do choose to visit you they are looking at the quality of the fostering service you receive, not directly inspecting you. It is another way for you to raise any issues or make comments about the service you and the children receive.

TEAM ROLES AND THE WAY IN WHICH THEY SUPPORT FOSTER CARERS

The Fostering Team is made up of the following people:

FAMILY PLACEMENT SOCIAL WORKER (FPSW)

Each foster carer has an allocated Family Placement Social Worker who is their supervising social worker. This is a qualified worker who visits regularly and who works closely with the foster carer and the child’s social worker to support the placement.

Your Family Placement Social Worker is there to support you and your family. He or she is your primary link with Children and Young People’s Social Care. He or she offers you support and supervision and will work with you to support you in every placement of a child you undertake. You will be introduced to your FPSW following your approval as a carer. Your worker will keep in touch with you on a regular basis and will provide you with their contact details for you to contact them if you have any questions, queries or need their support.
FOSTERING TEAM DUTY WORKER

A Fostering Team member is available during office hours and will cover any issues or queries that arise when a carer’s allocated worker is not available. They will arrange placements, undertake placement plans, risk assessments for placements required. They will also visit foster carers or offer advice if the foster carers allocated FPSW is not available.

SOCIAL CARE SUPPORT WORKER

The Fostering Team has two SCSWs who provide additional support and information, particularly regarding training events, group meetings, equipment, health and safety, and general advice. This can include finding equipment you need to carry out the fostering task. They may help with contact visits, or accompany foster carers to meetings or conferences where you feel you need their support. They also play a major role in co-ordinating and presenting the training that is available to foster carers. They also hold other responsibilities for example the assessment of Private Fostering arrangements, commissioning of placements out side of our own foster carers, advertising and recruitment.

ADDITIONAL SUPPORT NETWORKS

In addition to the team, there are other support networks arranged by the team:

SESSIONAL SUPPORT

On occasions support is provided by one of the CYPSC sessional workers (for example, for child care, or contact issues). This is requested through the supervising social worker for specific needs and funding must be authorised by the Team Manager.

FOSTER CARER TRAINING AND DEVELOPMENT GROUPS

Foster carer training provides regular opportunities for contact with others. There are regular group meetings for foster carers as well as an extensive programme of training. The Family Placement Social Workers organise a number of regular groups for foster carers. It is strongly advised that you attend these groups. You will be able to share your experiences with other foster carers.

Because of the need to keep things confidential, you will be unable to share some of your experiences with friends or neighbours. Talking to other foster carers who are in the same position as you can be very helpful. There is a requirement that foster carers keep confidential any matters concerning placements that are raised during the group sessions.

The groups are also a good opportunity for some ongoing training events. The Family Placement Social Workers will organise speakers about particular themes, which will help your fostering. You will be given full details about particular group events.

CLINICAL PSYCHOLOGY SUPPORT

Sessions with clinical psychologists can be booked via the Fostering Team. They are available for consultation and for planned work if required. They also provide training to staff and carers. These sessions are not a substitute for work that may be done, or may need to be done with the child or young person by CAMHS (Child and Adolescent Mental Health Service). Children and Young People’s Social Care has direct links with CAMHS to ensure that children and young people have access to appropriate therapeutic support.

FOSTER CARER SUPPORT

In Poole we aim to offer a high level of support to all foster carers especially those that have been newly approved. We can offer to link you up with a more experienced carer, these are carers who would be in a position to give support and advice to other carers.

Please talk to your Family Placement Social Worker who will be able to put you in contact with other carers.

Please remember that this is not intended intended to be a substitute for the Out of Hours Social Service (OOHSS: Tel. 01202 657279)

Some foster carers will find it helpful to know that there are some experienced foster carers who are particularly willing to provide a listening ear or to help talk through with you the sort of issues that arise in fostering on a day to day basis. You may want to speak to a carer about a fostering query in the daytime, in the evening or at a weekend (not after 10pm please!). You may find it helpful to meet with the Buddy.
INFORMAL CONTACT BETWEEN FOSTER CARERS

Many foster carers develop networks with other foster carers and this informal contact can be very valuable.

SUPPORT FOR FOSTER CARERS' OWN CHILDREN

Children of foster carers often make a huge contribution to the effectiveness of a fostering placement.

The Fostering Service is also developing other ways of acknowledging the role that the children play in fostering and the impact on their lives. A small appreciation gift is sent to each child on their birthday. We can offer one-one visits and outings by a member of the team, or we can arrange for small groups to meet up and undertake activities with a member of the team. We also arrange a children of foster carers group. This group is aimed at encouraging children and young people who live with children in care to talk about their experiences, gain support from each other and also have fun.

SUPPORT FOR MALE FOSTER CARERS

An occasional group for male foster carers is run by the Fostering Service. In addition support is given to male foster carers to attend specific training days for male carers that are held from time to time organised by Fostering Network or British Association of Adoption and Fostering. The support, training and development needs of each carer, male or female, will be considered by the Family Placement Social Worker.

SUPPORT FOR SINGLE FOSTER CARERS

Poole Fostering Service has a number of single carers caring for a range of different types of placements. The Family Placement Social Worker will ensure that particular needs are identified. This can include, for example, linking a carer to another foster carer to enable regular support arrangements to be established. Sessional support may be provided to enable the foster carer to attend groups or have some time off. The Out of Hours Service should be informed if risk factors are identified that indicate that a single carer should receive a particularly prompt response or extra support.

THE FOSTERING NETWORK

All foster carers have membership paid for by Poole Fostering Service. Fostering Network provides newsletters and regular information, consultation, information about national developments and training etc. The Fostering Network is the only national charity whose sole interest is working with foster children, foster carers and Social Workers. It was formed in 1974 by foster carers and Social Workers, to give all those involved in day-to-day fostering a greater say in what was happening in foster care.

Fostering Network provides free phone advice service - Foster line - 0800 040 7675 (available 9am - 8 pm Wednesdays, 9am - 5 pm Mondays, Tuesdays, Thursdays, Fridays). You can also contact foster line be email: fosterline@fostering.net

The Fostering Network circulates to all carers a very interesting quarterly newsletter. Useful information is available on their website: www.fostering.net

FAMILY PLACEMENT SOCIAL WORKER (FPSW)

The FPSW has prime responsibility within Children and Young People’s Social Care for the foster carer and their family. Family Placement Social Workers are required to be suitably qualified and trained. Their role includes:

- Recruitment of foster carers. This can include publicity events with the general public, contributing to advertising campaigns and promoting the fostering service in the community.
- Advise and provide information to people enquiring about becoming a foster carer. This may involve telephone discussions, undertaking initial visits to people interested in knowing more about fostering, and presenting details about the service at information evenings.
- Prepare and assess prospective foster carers, compile a report with a recommendation to the Fostering Panel.
- Train or help to arrange training for prospective fostering families.
- Advise Child Care Social Workers on matching the children’s needs to the carers most suited to meet those needs. This involves consideration of foster homes that might be available for which kind of child, depending on their individual needs, age, background, numbers of children in family etc.
• Support foster carers on matters relating to their fostering.
• Arrange and hold regular supervision meetings with foster carers.
• Ensure that foster carers are given appropriate opportunities for their professional development and their capacity to work to the Foster Care Standards.
• Ensure that foster carers are supported and encouraged in their completion of the Training, Support and Development Standards, and their ongoing training pathway.
• Maintain appropriate records, which can, in compliance with legal requirements for safeguards, be seen by the foster carer. Prepare information for the formal annual foster carer review. This will include looking at carers’ experience and skills to update any change in their family situation and how this might alter their roles as carers. Where appropriate these reviews will be presented to Fostering Panel.
• Help carers when they are preparing a child for a move and to help the carer adjust after the child leaves.
• Participate in planning for the child.
• Ensure that all necessary equipment (prams, beds etc) are supplied to the carer.

THE CYPSC CHILD CARE TEAMS

All children who are receiving a service will have a worker allocated from one of the child care teams. Children and Young People’s Social Care has five types of child care team:

Referral and Assessment deals with all new referrals and may undertake assessments. The team deals with the immediate situation if a child needs to come into care. Longer term arrangements are passed on to one of the other child care teams.

Family Support and Safe Guarding Teams (1, 2 and 3) deal with children in need, Child Protection, and Safe Guarding. In some circumstances these children come into care the FSST service continues involvement, and will be assessing whether the child can return home or live with a family member or other known person. In situations where the child is likely to be in care for some time there will be a transfer to a social worker in the Children in Care Team.

Child in Care Team. Workers in this team work solely with children who are in care, are moving to permanence through either adoption, Special Guardianship Order (SGO), Residence Order (RO) or are to remain in long term foster care. They under take a huge amount of court work.

Pathways Team deals with young people age 16+ some of these young people will be Children in Need, others will be in Care. Some will be living or about to move to supported lodgings and others will be living independently.

Child Health and Disability Team (CHAD) are based in Children, Young People and Learning (CYPL) and deal with children with significant and life threatening illnesses or disabilities.

The Adoption and Permanence Team also hold some children’s cases when children need adoption support.

As a foster carer you may link with social workers from any of these teams in relation to placing children in care, but in general it will be the Children in Care Team, CHAD or Pathways Team that have ongoing relationships with children in care.

CHILD CARE SOCIAL WORKER (SW)

Every child in foster care must have a Child Care Social Worker who has prime responsibility for the welfare and supervision of the child. Child Care Social Workers will have a professionally recognised qualification in Social Work and are registered with the Health Care Professional Council www.hcpc-uk.org The basic duties of the child’s social worker are:

• To be responsible for promoting the individual needs of the child. This will include education, health and emotional needs and any ethnic, cultural or religious needs. This will usually be done in close liaison with the foster carer(s). The national Care Matters agenda is promoting best outcomes for Children in Care.
• To co-ordinate and participate in planning for the child, including the preparation of young people for when they leave care.
• To maintain links for the child with his/her birth family, by arranging visits etc. in the foster home, their own home or a family centre as appropriate.
• To help and support birth parents.
• In some cases to trace birth parents.
• To obtain information for the carers and to make sure all appropriate written forms are completed.
• To undertake or co-ordinate the direct work with the child, including life-story work.
• To work with the foster carer to help the child to prepare to move on and adjust to moves.
• There is a minimum legal requirement for the frequency of visits.
Poole Children and Young People’s Service Standard is that children in care should be visited every four weeks, which is more frequent than the frequency set out in law. In each case the child must be seen at each visit. If the child is not seen for any reason, the visit falls outside of the regulations (i.e. it does not count as a visit).

Each visit should usually include a period of seeing the child alone. The Child Care Social Worker will also wish to see their living arrangements, including their bedroom, from time to time.

If the child care social worker is not available, foster carers should contact the duty worker within the child care team, and/or the fostering duty worker if issues arise with a placement.

**THE ADOPTION AND PERMANENCE TEAM**

The Social Workers in the Adoption and Permanence Team recruit, train, assess and support potential adopters.

The Adoption and Permanence Panel is responsible for considering and recommending potential adopters and final approval is given by the Service Unit Head.

Adoption Social Workers also have responsibility for identifying and linking potential adoptive parents to any Poole child where the Adoption Panel has made a recommendation that they should be placed for adoption.

At the 4 month review if alternative permanence away from the birth families care is being considered a Permanency Planning Meeting will be convened. A representative from the Adoption and Permanence Team will be invited to make a decision about their involvement.

The Adoption Social Worker works alongside the Child Care Social Worker initially, to get a good understanding of the needs of the child, and to take the child’s permanence plan forward. There should be no unavoidable delays in moving the child on to permanent carers. If adoption is the route chosen as the child’s permanence plan, the adoption social worker will take the appropriate steps to eventually link the child with the potential adopters. The child’s permanence plans are presented to the Head of Service for their consideration and recommendation.

**SPECIAL GUARDIANSHIP ORDERS**

The Adoption and Children Act 2002 introduced a new order (implemented since 30 December 2005), called a Special Guardianship Order. A Special Guardian gives a child a home and formally takes on the legal powers and responsibilities of parenting that child until adulthood. The Special Guardianship Order provides legal security for children and is an alternative to other options such as adoption or residence orders.

Many of the children who could benefit from special guardianship are those who are in care to a local authority. It will be an option for foster carers, relatives, or other significant people who wish to offer the child long-term care and commitment.

It differs from adoption because it does not sever the legal tie between a child and their birth parents. The Special Guardians are given parental responsibility and are legally entitled to have the final say in most decisions. The child’s parents continue to have parental responsibility and would have to be consulted in specific situations.

The social workers in the Adoption and Permanence Team will help and advise about the processes of applying for a Special Guardianship Order. They will also advise about what support may be available for foster carers who are considering this option. This includes guidance about financial support.

**PATHWAYS TEAM**

The Pathways Team provides a range of services to:

- young people 16 years and over as they prepare to leave care and move towards adulthood.
- those 18 years plus who were ‘formerly looked after’ and
- young people ‘eligible’ for services through having been ‘looked after’ before and until the age of 16 years.
- Those young people who have been privately fostered (16+)

Young people will be supported by a social worker and/or a personal advisor and will have access to a range of services e.g. accommodation, financial support, specific grants, advice, support and counselling regarding education, employment and emotional needs. Depending on circumstances, help and support can be provided until the age of 24 years.
OTHERS IN THE TEAM AROUND THE CHILD IN CARE

THE DESIGNATED NURSE FOR CHILDREN IN CARE

The ‘Children in Care Health Team’ is based at Poole Children and Young People’s Social Care. The team consists of the following;

- a Designated Doctor who is paediatrician with a special interest in Children in Care
- a specialist Nurse who is based within the Children in Care Team
- a team administration assistant

The team completes the statutory health assessments for all children in care and has an ongoing role in supporting the health needs of the children and young people.

The team works alongside the foster carers and the other members of the ‘Team around the Child’ to promote healthy lifestyles and encourage the children and young people to make healthy choices in their lives.

THE EDUCATION SUPPORT TEAM

A dedicated group of education professionals are involved in ensuring good educational outcomes for children in care.

CLINICAL PSYCHOLOGY SUPPORT

We have access to a number of Clinical Psychologists, a number of sessions a week are set aside to the Fostering and Adoption service. They support the carers and social workers in helping to meet the psychological needs of Poole’s children who are in care or have been adopted.

THE OUT OF HOURS SOCIAL SERVICE

Foster carers must contact the Out of Hours service to report matters such as a child who has gone missing, the death or serious illness of a child in their care, a child protection matter or any other serious incident in the foster home, for which they need support.

The Out Of Hours Social Service deals with all emergency Social Services referrals and situations out of working hours. It is a service covering Poole, Dorset and Bournemouth. It deals with emergencies in adult and children’s social care. Emergencies include, for example, dealing with mental health admissions across the age range, responding to urgent referrals about older people at risk, involvement in threats to public safety, children identified as needing emergency care, young people absconding and assessing risks arising from domestic violence.

Foster carers may, from time to time, need to contact this emergency service. It is essential that foster carers link with OOHSS about statutory and other significant issues, for example absconding, placement disruptions and problems about contact. OOHSS workers are limited in the degree to which they can give time and advice to foster carers about more general fostering matters.

The OOHSS Social Workers will not know all the details relating to your foster child, but have authority to deal with an emergency. The service takes any necessary action and sends information to the relevant team for their attention on the next working day. OOHSS staff are required to prioritise the very many calls that are made to them during a working shift, and the speed of response can be variable.

The OOHSS have access to the electronic records (RAISE) of children to help inform their decision about the nature of a referral. However, RAISE records may not necessarily include the most recent case notes and records. OOHSS staff may not have time to read all the background material.

ALERTS

If the Fostering Team or the Child Care Team is aware of a situation, which is likely to cause particular major difficulties in a foster placement outside office hours, there is a system to alert the OOHSS team to give them some prior warning. The OOHSS team will not necessarily act on this unless the alert directly requests them to be involved.

The OOHSS workers will not become involved unless there is a significant issue that cannot wait until office hours.

If foster carers are looking after a young person

The service operates 7 days a week:
Monday-Thursday 5:00pm to 08:40am,
Friday to Monday 04:00pm to 08:40am,
and also bank holidays.

Emergency Out Of Hours Service
01202 657279
whose behaviour is very likely to cause some concern, it is important that risk assessment and risk management processes are in place so that OOHSS workers are informed of any strategies or contingency plans that have been agreed by the child care and fostering teams. Foster carers should be involved in any Risk Management meetings and should be fully informed of any alerts that are sent to the OOHSS.

FOSTER CARE VACANCIES

On occasions the OOHSS will need to place children as a matter of urgency and a foster placement may need to be identified. A number of carers make themselves available for this emergency service.

The Fostering Team sends details of available foster home vacancies to OOHSS on a weekly basis. Foster carers should be consulted about their willingness to be included on this list and should have the capacity to deal with emergency requests.

The Fostering Team indicates the type of placement (e.g. age range, gender) that might be suitable for a particular carer. The fostering teams in Bournemouth and Dorset similarly send details of their vacancies to OOHSS.

If you are on the emergency list, the Out of Hours Social Worker will contact you directly to discuss the placement.

OOHSS may make a placement in any of the three local authorities. There is a statutory duty that a placement made in emergencies must be considered very carefully after 24 hours and alternative arrangements must be made if required.

CONTACT WITH SENIOR CYPSC MANAGEMENT

OOHSS staff have contact details of the Head of Service, Principal Managers and Team Managers. In some circumstances they will contact the relevant manager for advice or authorisation about a specific matter. These circumstances can include:

- death or serious injury of child
- suspicious death or serious assault arising in family known to CYPSC
- mental health assessment of child
- agreement for young person to be placed in a residential, or other non local authority setting
- matters of significant media or corporate interest.

COMMUNICATION WITH DAYTIME SERVICES FROM OOHSS

Following any significant contact with a carer/child/family, the OOHSS will report to the relevant daytime service when the office opens, or by updating the electronic record which sends an email to the worker. This will give the details of the contact and the outcome of the emergency involvement.

If the Fostering Team is notified that a carer has had contact with OOHSS, it is expected that the allocated Family Placement Social Worker or the Duty fostering worker will follow this up.

Should you need to contact the Out of Hours Social Service, their number is 01202 657279

OTHER PROFESSIONALS WHO MAY BE INVOLVED

YOUTH OFFENDING SERVICE

The Bournemouth and Poole Youth Offending Service is a multi agency team coordinated by the local authorities and over seen by the Youth Justice Board. Its principle is to reduce the risk of offending/reoffending by people under 18 years of age.

The service consists of people from probation, social service, Health and the Police who supervise the under 18s throughout their order/sentence. They deliver services to victims of crime, reparation and restorative justice and court liaison work. The team also includes volunteers from the local community who act as Panel Members, Mentors Reparation Assistants and Appropriate Adult. The YOS maintains, as a cornerstone of all provision, equal access, equal opportunity and anti-discriminatory practice.

THE POLICE

The Child Protection Procedures ensure both the Police and Children and Young People’s Social Care consult with each other and plan together in situations where a child may be at risk and action may need to be taken to protect the child.

A representative from the Police attends Child Protection Conferences in order to contribute to the decision as to whether the child should become the subject of an interagency Child Protection Plan.
Note: Any child or young person under the age of 17, who is being questioned by the police or a YOS worker regarding a criminal offence, should be accompanied by an ‘appropriate adult’ - i.e. a parent or adult with parental responsibility, (which could be the child’s foster carer or Social Worker).

BOROUGH SOLICITORS

The Local Authority solicitors give advice and guidance in all legal matters pertaining to child care and represent the Local Authority in court proceedings concerning children.

In some situations - for example, where birth parents are not in agreement with the actions the Local Authority are taking with regards to their children in Court - the birth parents will then usually appoint their own solicitor, to represent them in Court.

In care proceedings a child will also have the representation of their own solicitor, who works with the child’s Guardian. The role of both is to represent the views of the child and to ensure that the child’s best interests are at all times treated as paramount.

CHILDREN’S GUARDIANS

- Guardians are employed by CAFCASS - Children and Family Court Advisory and Support Service.
- Guardians are qualified social workers completely independent from Social Services.
- Guardians are appointed by the court when the local authority is seeking a legal order in respect of a child.
- The Guardian appoints a solicitor for the child who specialises in working with children and families.
- The Guardian advises the court about what work needs to be done before the court makes its decisions.
- The Guardian writes a report for the court saying what he/she considers would be best for the child. The report must tell the court about the wishes and feelings of the child.
- The Guardian has to ensure the interests and needs of the child are always put first.
- The Guardian will spend time getting to know the child and members of the family. He or she will visit the child, talk to foster carers and any other people who can help inform what is the best plan.
- The Guardian may recommend to the court that other professionals are asked to help, such as a psychologist or a paediatrician.

Leaflets about the role of CAFCASS are available. Ask your Family Placement Social Worker.

Full information about how CAFCASS works is available at www.cafcass.gov.uk

INDEPENDENT VISITORS

There is a requirement under the Children Act for children in care who have not had contact with a parent or person with parental responsibility in the preceding 12 months, or whose communication with parents or persons with parental responsibility is infrequent, to be offered an Independent Visitor. The use of an independent visitor is for the child to decide, once their role has been described to the child.

The duties of an Independent Visitor are to visit, advice and befriend the child. It would be usual to expect an Independent Visitor to keep in touch with the young person for at least 2 years, with visiting occurring monthly. This is flexible by negotiation. An independent visitor will not be an officer of the local authority, member of committees (whether elected or co-opted), or a spouse of the above. In Poole the Advocacy Service (see below) has been contracted to supply independent visitors as and when needed, and applications for them is made via the Consumer Relations Officer.
What is advocacy?

Advocacy is very different from many other services, which are designed to support children and young people. Advocacy is not about what is in a child’s ‘best interests’ - that is left up to those professionals involved in the decision making. Advocacy is essentially about listening to the child and helping them to have their voice heard. It’s about ‘wishes and feelings’.

Advocacy is about speaking up for children and young people. This may involve representing their views or assisting them to represent themselves. It is about empowering them to ensure their wishes and feelings are respected and their rights upheld.

The Children’s Rights and Advocacy Service will provide advocacy which is ‘issue based’ and child led. The relationship between an advocate and a child or young person is not a partnership, but rather the child or young person is ‘the boss’, and an advocate will act only on their instructions, despite any personal beliefs, views or opinions that the advocate may hold.

An advocate is the voice of the young person or child, no matter what that voice says.

Independent - For young people to find this credible they need to know that there is no vested interest in any of the services they may be involved with, and they must feel confident that our advocates can act exclusively on their behalf.

Confidential - The advocacy service operate a high level of confidentiality, and the privacy of children and young people will be respected at all times. No information will be disclosed to anyone outside of The Children’s Rights Service without their agreement unless it is necessary to prevent significant harm to them or someone else.

What can an advocate do?

Listen - The primary role of an advocate is that of a listener.

Give information and advice - Often what a young person needs most is the correct information about their situation, about possible outcomes of any action taken, or where they can go for extra help.

Help ‘unravel’ or ‘detangle’ problems - Enable a young person to find their own solutions rather than try and sort out their problems for them.

Reassure - Sometimes all young people need is someone to listen, support and reassure them that they are doing the right thing.

Give practical help - This may involve helping them to write a letter, access services or attend meetings (reviews, child protection meetings, school meetings etc.)

How to make a referral

In all cases, the young person involved should be consulted and in agreement with the referral
Contact Action for Children by phone: 01202 525643. Or text to 07519671686.

By post: Please send referrals to: Action for Children, Bournemouth Learning Centre, Ensbury Avenue. Bournemouth BH10 4HG

Email www.actionforchildren.org.uk

Who you can refer:

Children and young people who are:
- aged 8 - 18 (In certain circumstances this can be flexible, please contact to discuss)
- in Care
- disabled
- in Need - we provide advocates for children going through the child protection process
SECTION 2

PROCESSES FOR CHILDREN IN CARE
PLACEMENT TYPES
A child or young person may need
• some form of shared care between foster carers and their own family
• a short placement leading to rapid rehabilitation with their family or
• a longer placement with a view to rehabilitation or independence
For some children or young people, the plan is adoption or long term fostering and foster carers are needed to help prepare the child or young person for this.

During their preparation and assessment period, prospective foster carers will have reached some decision about the sort of placement/s they feel they can offer a prospective foster child. When the foster carers’ assessment is taken to Fostering Panel, it will state the type of placements the carers are able to offer - i.e. emergency placement, respite placement, short-term or long-term placement. This will also include the number, ages and gender of prospective foster children the carers can care for.

The terms of the foster carers’ approval following Fostering Panel detail the type of care, numbers, ages and gender of the children for whom approval has been given. The terms of this approval are reviewed with the foster carers annually and a request can be made to Fostering Panel to consider any changes to be made.

The different types of placement include:

EMERGENCY PLACEMENTS
Many placements are in response to a crisis - a parent may be ill or a child injured or left alone; placement is needed immediately until further enquiries are made and a more definite plan is formulated.

There may be very little information available when a child/young person is placed in an emergency, but carers should be kept informed as details become available.

SHORT-TERM CARE - TEMPORARY INCAPACITY OF PARENTS
Sometimes, a child/young person needs foster care for a very short time to help a family through a particular crisis. This can be planned, e.g. a parent going for routine in-patient treatment, or in an emergency such as sudden illness.

Everyone is clear that the child/young person will return home quickly and there will usually be a high level of contact between child and parents and foster carers.

SHORT-TERM CARE - ASSESSMENT / REHABILITATION
When children/young people enter foster care as a result of unsatisfactory home conditions, e.g. abuse or neglect, CYPSC’s first priority is to investigate the feasibility of the child/young person returning home safely and work with the parents towards this end. This can take several months. Foster Carers often need to work very closely with the child’s parents, and sometimes with other relatives. Foster carers may be involved in helping them improve their parenting skills.

SHORT TERM - BABIES PLACED PENDING ADOPTION
From time to time we need foster carers to look after a newly born baby whose parent/s feel unable to provide the security s/he needs. Such placements are usually short term and in most cases the birth parent/s will visit the baby. The child will either move on to adoption or return to the birth parent/s. In some circumstances babies are removed from the care of their birth parents because of concerns about their safety or future well-being. Such cases may lead to contentious court cases about future plans for the child. The foster carers’ observations and records may be a significant part in the decision making process.

FOSTERING TO ADOPT
At the time of updating this handbook fostering to adopt was a fairly new concept for Poole and one that the current government favours to move children on to permanence as soon as possible. Individuals who foster to adopt are usually in the process of going through or have been through an adoption assessment when this subject is discussed as an option. These carers would then be dual approved as both adopters’ and foster carers and are subject to fostering regulations whilst the child is in the status of a foster child within the placement. As part of that assessment discussion will have taken place about children who the local authority may consider will move to adoption but are still going through the legal process. The LA assesses this based on family history and previous involvements with the birth family. There are of course inherent risks with choosing to have a child placed under these circumstances with a view to
adopting them whilst care proceedings are on going. There are no absolute guarantees that the court will favour our judgements. Bearing this in mind and the reality of living with uncertainty can create emotional turmoil for the carers which is not to be underestimated. Carers are offered a great deal of support from the Adoption and Fostering Teams as well as the child’s social worker should they chose to engage in this process.

BRIDGING TOWARDS ADOPTION OR LONG TERM FOSTERING

The Local Authority believes that every child/young person has a right to live in a permanent, legally secure family. Where possible, this should be the child or young person’s birth family, or in a Family and Friends placement with their extended family, but if not, then a permanent substitute family should be sought.

If rehabilitation cannot be achieved within a realistic time-span, appropriate to the age of the child, then either an adoptive or permanent foster family will be sought.

If CYPSC is implementing such a plan against the wishes of parents, then the legal process is complex. Foster carers need to care for the child while the legal issues are resolved. The Child Care Social Worker works with the birth parents and the child to try and help them understand the reasons for the decision while the right alternative family is sought.

This is a sensitive and often painful piece of work in which the foster carers play a particularly valuable part. They will be involved with the Child Care Social Worker in life-story work with the child and will help in the selection of a permanent family by exploring with the Child Care Social Worker what sort of family will best suit the child’s needs.

Once a family is identified, foster carers will be very involved in helping the child and his/her new parents get to know one another and a number of the introductory visits will be at the foster home.

In some cases, a child may have lived with foster carers for some time before the plan for adoption can be acted upon. The foster carers may put themselves forward to be the child’s permanent family. If CYPSC agrees that this is in the child’s interests, the child will remain with the foster carers and they and the child can gain the necessary legal security through a Special Guardianship Order, a Residence Order or an Adoption Order.

LONG-TERM FOSTER CARE

For some children, working with their birth parent/s to enable their child to return home may not prove successful. In these circumstances, the Child Care Social Worker and all concerned with the child’s care will make a ‘permanence plan’ for the child, agreeing that the child needs to be cared for away from home until adulthood.

For some children in these circumstances, adoption will be the plan and for some children (usually children who are older and who have an existing attachment to their birth parent/s) long-term foster care will be the plan.

If the child’s plan is for long-term foster care, preparations will then take place to move them on to carers who can offer that long-term care. Foster carers approved as long-term placements will be short-listed and a matching assessment will be carried out to ensure the carers can meet the needs of that specific child. As these are considered as permanent arrangements they are placed before either the adoption or fostering panel who will then make a recommendation about the proposed matching of the child to the long-term carers.

It is possible that, when a child’s care plan changes from being short-term to long-term foster care, that child’s existing short-term carers may request to become that child’s permanent, long-term carers. In these circumstances, the same matching assessments will be carried out and taken to Fostering Panel, to ensure that this is the best way of meeting that child’s needs.

PARENT AND CHILD PLACEMENTS

Some foster carers are approved to work with parents and children placed together to help assess the parenting skills of the parent. Sometimes the parent will need extra help and supervision in caring for their baby and living in a foster placement for a short period can be a very helpful process.

This sort of fostering can be very demanding and requires very specific assessment skills. It can be particularly difficult for a foster carer to keep in the background when a parent is struggling with the practical and emotional tasks required in caring for the baby or child. Keeping the balance between helping and supervising on the one hand, and letting the parent care for the child on the other, possibly in a way that does not measure up to your standard, can be very tricky.
FAMILY AND FRIENDS PLACEMENTS

Children and young people are often best placed with a member of their own extended family. In some circumstances the family member can be approved as a foster carer to look after the child. These arrangements can be for a short-term basis, or long- term, depending on the assessed needs of the child. Processes of assessment and preparation are gone through as with other foster carers. Ongoing support and training are available to the foster carer. There should be recognition of the particular relationship and position of the family and friends who become approved carers and the fostering service should be sensitive to this.

Some foster carers are approved for specific children or for specific specialist fostering tasks.

These specialist arrangements may include some of the care given to children or young people who have exceptionally complex needs, perhaps because of having a disability.

PREPARATION FOR LEAVING CARE

By the age of 16 all young people in care have a Needs assessment followed by a Pathway Plan. This details the steps to be taken in preparing the young person to achieve a successful transition to independence. Foster carers have a vital role to play in promoting independence and encouraging young people to acquire the range of skills necessary to live independently.

A STORY BY ONE OF OUR YOUNG PEOPLE IN CARE

“There once was a boy called Tom and a girl called Ginger. They had a friend called Ben he was always being hit and locked in his room, he was scared to tell someone what was happening to him.

One day Ben invited his friends around Tom and Ginger but that day Ben was hit more than ever, Tom and Ginger where watching this and thought this was very wrong. Tom and Ginger told Ben that he should give child line a ring and see what he should do.

Two weeks later his mum and dad are in court. Ben has to go into foster care the judge said. Ben went into foster care, he had two new parents called Joe and Patrick. He really likes his new parents and he thought more people out there like me, but now I am in foster care I have a new life to live.

Before he stayed in his final foster carers, He moved to a lot of foster carers house, he did not like this much because social service did not tell what was going to happen, when he was being moved all the time, they did not ask him if he understood why he was being moved place to place. But when he stopped being moved, he started to like foster care, but he knows that he will never be able to see his really family ever again.”

THE END
PLACEMENT DOCUMENTS

FOSTER CARE AGREEMENT

Before any child is placed with a foster carer, the fostering service must ask the foster carer to sign an agreement - the Foster Care Agreement - which specifies the terms of the carer’s approval and the expectations of the fostering service. This is a general agreement, renewed each year following the annual Foster Carer Review.

Other documents that a foster carer needs to become familiar with are about the particular child or young person that the foster carer is asked to look after. When a child is placed and during placement a number of meetings are held and documents completed which are as follows:

CARE PLAN

This sets out Children and Young People’s Social Care involvement with the child, the reasons why they are coming into care, the work that has been undertaken to prevent the child needing local authority care, the future plan for the child, the long term needs for the child and the type of placement chosen for the child. It also covers reviewing plans.

Every child should have a Care Plan which should be agreed before a child comes into foster care, if at all possible but in the case of an emergency placement it must be completed as soon as possible afterwards. The Care Plan will be supplemented by a Personal Education Plan and a Health Care Plan. Significant changes to the Care Plan can only be made at a formal review.

ESSENTIAL INFORMATION RECORD

This covers the needs of the child in relation to language, medical needs, ethnicity and personal details including family details. It also includes educational history, legal status, placement history and professional contacts.

This should be completed before any child/young person can be left in a placement with a Foster Carer.

It should be reviewed and updated at every review. But in the case of an emergency placement it must be completed as soon as possible afterwards.

PLACEMENT PLAN

This is a placement agreement and sets out the child’s details, the reasons they are coming into care, the people involved and significant information the carer needs.

The placement plan sets out the day to day arrangements for the child, noting their usual routine, their medical, educational, identity and emotional and behavioural needs, contact arrangements and the social and leisure activities they enjoy. It is an opportunity for discussion to be recorded as to how these needs and activities will be managed in placement.

DAY TO DAY ARRANGEMENTS

As well as the formal documents listed above, the Child Care Social Worker will encourage the child or young person to consider their expectations about the placement. A form (Day to day living in your foster home) has been developed to help prompt young people to ask more detailed questions about their care arrangements, and for carers to make it clear what routines and expectations they might have. This might include discussing how the family have meals, what sort of ‘unspoken’ rules there might be about where to put dirty washing etc. It can be very baffling for a young person adjusting to being away from home, and getting used to another household.

DELEGATED AUTHORITY

What is Delegated Authority?

• Normalising the experience of young people in care.
• Reducing children and young people’s sense of difference.
• Reducing delay in decision making.
• More productive and thoughtful thinking about who is best placed to do what.
• Discussion and forward planning regarding agreement and consent issues.
• Inclusivity and treating foster carers as part of the team around the child.
Where has Delegated Authority come from?
Delegated Authority has been largely discussed and acted upon in the recent years by Government. The Government is clear that all foster carers should be authorised to make everyday decisions about their fostered children wherever possible within the legal framework:
- Care Planning, Placement and Case Review Regulations (England 2010)
- Fostering Services Regulations 2011
- Children Act 1989, Guidance and regulations Volume 4: Fostering Services

Why has Delegated Authority been put in place for foster carers and children in care?
There are often several people involved in a foster child’s placement. This includes social workers, foster carers and birth parents. This has meant in the past that many day to day decisions regarding the child’s care have needed to be agreed by a number of people. Meaning the child in some cases has had to wait or be disappointed if an outing or visit to friend is not agreed. This can mean that a foster child is missing out on a ‘normal childhood’. Delegated Authority means that foster carers are empowered and supported to make more day to day decisions regarding a child placed in their care. Local authorities will need to balance the legal rights of the child, birth parent and foster carer and where possible promote delegated authority to the foster carers.

Arrangements for Delegated Authority:
A person with parental responsibility may arrange for all or some of their responsibilities to be met in certain circumstances by someone else. This is called delegating authority. The Care Planning, Place m ent and Case Review 2010 requires that Local Authorities ensure that the Placement Plan makes clear any arrangements for the delegation of authority and the delegation from the local authority to the foster carer. The placement plan should make clear to the foster carer what decisions they can make and this should be reviewed on a regular basis.

What should be covered in the placement plan?
• Health Care - E.g. Routine Medicals, immunisations, non-routine medical treatment (children and young people should not have to wait for pain relief or emergency treatment). The placement plan should include who can give consent in an emergency.
• Education - E.g. School day trips (including hazardous activities), choosing a school, change of school, parents evening/meeting.
• Leisure and everyday life in the Foster Home - E.g. over night stays, visiting friends, holidays, haircuts (taking into account their culture or religion), contact.
• Other areas - E.g. Photographs, school photos, sex education, mobile phones, disability living allowance.

Areas where foster carer cannot give consent?
Religion, Passports, Tattoos and Taking children or young people abroad.

Remember Delegated Authority it is not about:
• Blanket responses and approaches
• Foster carers ‘going it alone’.
• Excluding parents and encroaching on their rights.
• Excluding social workers.
• Foster carers being exposed and punished when things go wrong.
• Reducing attention to assessing risk.

If you would like any more clarity on what delegated authority means for you as foster carers, do not hesitate to contact your Family Placement Social Worker.

CORE ASSESSMENT
This is a holistic assessment undertaken by the social worker in conjunction with all of those who know the child or young person in order to look at each area of their lives and comment on needs identified in order to plan to meet them. It will have been completed in preparation for a planned placement or it may be completed following a child or young person coming into care.

HEALTH CARE PLAN
The Designated Nurse for Children in Care will take lead responsibility for ensuring that any child in care has a holistic health assessment and from this a plan to meet their health needs. This plan is reviewed and further assessments carried out with the child at regular intervals.
PERSONAL EDUCATION PLAN

Every child in Care will have a Personal Education Plan, setting out their needs in relation to education. This is reviewed on a regular basis, with the CCSW taking responsibility for ensuring it is completed.

MEETINGS FOR CHILD IN CARE

CHILD LOOKED AFTER REVIEW MEETINGS (CLA REVIEWS)

Children Looked After Reviews are a statutory requirement under the Children Act and the purpose of the review is to ensure that the day to day arrangements meet the child’s needs and that the overall care plan is appropriate.

As a minimum, the first review for a child or young person in care is to be completed within 4 weeks of a placement starting, and then within 3 months of the first review, and subsequently at intervals of no more than 6 months.

The child, according to age and understanding, and birth parent/s, as appropriate, will have input into all the plans and reviews. Their wishes and feelings should always be recorded. An advocacy worker for the child or young person may also represent the child’s views at the Review.

A Conference and Review Co-ordinator (CRC) chairs the review independently. Before the review takes place all participants are invited to contribute in writing in booklets provided. The people usually at the review will be the child or young person, the foster carer/s, the birth parent/s, the Child Care Social Worker, Family Placement Social Worker and the reviewing officer (CRC). There may also be other people who are particularly significant to the child and who all agree should attend.

Young people are consulted about where they would like their review to be held and also which people they would prefer to have present. Reviews are frequently held in the child’s foster home, which can be the most appropriate setting to help the child and adults feel at ease. In some cases there may be practical reasons, or risk factors, which mean that it is best to hold the review in a venue away from the foster home.

Children should be prepared for their reviews so that they understand the nature and purpose and are not intimidated by the process. Again the advocacy worker may be involved with preparing the child.

PERMANENCY PLANNING MEETING

The objective of permanence planning is to ensure that wherever possible children grow up within a family which offers secure, stable and loving relationships with parents or carers which will meet the children’s needs, support them through childhood and beyond, and enable them to achieve their full potential.

Achieving permanence for a child will be the key consideration in working with children in need and their families and in working with any child who becomes “looked after” by Poole.

Permanence can be achieved by:

• remaining with or returning to birth parents,
• legal permanence with extended family,
• adoption or
• permanent placement with other than extended family through other legal means.

Decision-making must be within the child’s timescales in order to prevent drift. Delay is damaging to a child’s chances and must be kept to the minimum necessary to achieve the child’s best interests.

Key objectives in planning for children are:

• To meet the child’s long-term needs as soon as possible.
• To ensure the best possible outcomes for the child by providing an environment which encourages the child to reach his/her potential.
• To enable the child to form healthy and lasting attachments.
• To ensure the child feels valued as a member of a family and society.
• To ensure the child develops a sense of belonging and feels secure.

Decision-making regarding permanence will be commenced no later than the second statutory review (4 months) for a child in care on a continuous basis. A Permanence Planning meeting will be held to draw up a plan. Carers may be invited to this meeting or as a minimum their views will be included.

Each child’s permanency plan will be reviewed at least at the child’s statutory reviews to ensure it continues to meet the child’s needs.
PLANNING FOR CARE PANEL

Is held every week to discuss the children and young people for whom the Child Care teams have concerns and that there may be a likelihood of coming into care or have very recently been taken into care.

The panel is a regular opportunity for the child’s social worker or Family Placement SW to seek advice and ideas from an inter-agency group of professionals who may be able to offer innovative packages of support for the child. The panel may consider, for example, alternative ways of helping a young person in care to achieve their potential.

There are various types of meetings or formal gatherings relating to the Children in Care. Some, such as Review Meetings, Risk Management Meetings, you will definitely become involved with. Others such as Child Protection and (even more rarely) court appearances you may come across much less frequently.

CHILD PROTECTION CASE CONFERENCES

If a child is at risk and Child Protection Procedures are being followed by the Local Authority, an Initial Child Protection Conference will be called, to assess the degree and nature of the risk and to determine whether that child should have a Child Protection Plan.

The Child Protection Conference is chaired by a Conference and Review Co-ordinator. It is usually attended by the child’s birth parent/s, the child’s Social Worker, representatives from health and education services who know the child and his/her family, a representative from the police service and from the probation service, if appropriate. Other professionals who have worked with the child or his/her family may also attend, if appropriate (e.g. the child’s Guardian, the department’s or the parents’ legal representatives etc.). In some circumstances the child’s foster carers may also be invited to attend.

The child or young person may also wish to attend the whole, or part of, the Conference and a decision will be made as to whether this is appropriate. Independent advocacy is available for children who are subject to a Child Protection Conference.

Review Case Conferences are held at regular intervals thereafter, to determine whether the child should continue to have a Child Protection Plan, and if so, under what category (e.g. risk of emotional abuse, risk of physical abuse, risk of sexual abuse, neglect). In most cases children who are protected by being Looked After will only have a Care Plan, but some will continue to have a Child Protection Plan too.

PERSONAL EDUCATION PLANNING MEETINGS

Personal Education Plans are put in place for every child in care who attends school. The meetings to look at the child’s progress in school and to identify any additional needs are co-ordinated between the social worker and the teacher. Foster Carers may be invited to attend.

COURT ATTENDANCE

There are a number of reasons why a foster carer might be called to attend Court. This might be to make a statement about observed behaviour of birth parent/s towards the child at contact, for example, or it could be to make a statement about the condition of the child when first placed with them or the reactions to the parents at subsequent visits.

If a foster carer is required to make a statement at Court, they will be fully supported in the process by their Family Placement Social Worker.

CONFERENCE AND REVIEWING CO-ORDINATORS

There are several Conference and Reviewing Co-ordinators (CRCs) who are responsible for the independent review of the arrangements made for children in care, and also for chairing Child Protection conferences. The CRCs are separately managed from the Children and Young People’s Social Care Service. They are situated in another part of the Borough in the Commissioning and Improvement Service.

One of the CRCs has particular responsibility for the independent review of foster carers. The section about Foster Carer Reviews explains more about their role.
KEEPING RECORDS ABOUT CHILDREN IN CARE

Guidance to help foster carers and staff consider the best and most appropriate form of record keeping for the particular placement is available in the document Guidance about Records made by Foster Carers.

As Poole foster carers you are expected to keep a record about each of the children placed with you. The record is part of the child / young person’s record of being in care.

The records about a child which are kept by foster carers include the information that they are provided with to help inform them about the placement, any correspondence, reviews etc.

The record that is written by foster carers has often been referred to as the daily diary. It is more helpful to refer to foster carer recording, or daily record, as the ‘book’ diary format is not always the most useful style of recording for foster carers. For very young children placed where adoption is being sort, we now have some small books which are more aesthetically pleasing to be given to the adopters, or if the child returns to birth family/ relatives.

SENDING E-MAILS

If you use e-mails to communicate with your FPSW or others within CYPSC remember that information about a child or their family is confidential. E-mails can inadvertently be sent to the wrong address or may be accessed by others. If making reference to a person use initials and for all e-mails add the following notice at the end of the message.

"The information contained in this e-mail is intended for the named recipients only. It may contain privileged or confidential information and if you are not the intended recipient you must not copy, distribute or take any action or reliance on it. If you have received this e-mail in error please notify the sender immediately by using e-mail address or phone ....".

You may add your own phone number or the work phone number of your FPSW. Most computers will have the facility to set this message up as a standard on all e-mails you send.

Please note that CYPSC have implemented a new data protection measure with effect from 10th January 2011. We may communicate with you using encrypted emails to keep personal information secure. To read or reply to an encrypted email you will need to complete a simple registration process first.
SECTION 3

CHILDREN COMING INTO FOSTER CARE
WHY CHILDREN COME INTO CARE

The Local Authority has a duty to offer help to children, young people and their families who are assessed to be "in Need". The aim of any social care work is to enable children to live happily and safely with their own family.

However, sometimes children cannot live with their families for a number of reasons. They may require temporary care because their parents or other members of their families are physically or mentally ill. They may have been left alone or neglected or have been abused - physically, emotionally or sexually. Sometimes, parents reach the point where they feel unable to cope with their child. It is very unusual for a child to be 'looked after' by foster carers without the child's social worker first offering support to enable the child to remain at home.

If a child cannot live with his or her own parent(s), the Social Worker has a duty, under the 1989 Children Act, to explore the possibility of placing the child within the extended family. Sometimes an extended family member or friend will become an approved foster carer in order for them to care for the specific child. If this is not possible the child will then be placed with foster carers who are approved for general, rather than specific children, to be placed.

LEGAL ROUTES OF COMING INTO CARE

There are two main routes into the care system:

ACCOMMODATED (SECTION 20 CHILDREN ACT 1989)

Accommodated children and young people are in care with the agreement of their parents. This is an arrangement for parents in difficulty, seeking the help of the local authority to temporarily care for their child and then work together towards a speedy return home.

Accommodated children can be removed from the foster home by their parents and there is no legal restriction of parental rights or responsibilities. However, if the removal of the child by their parent/s is regarded as being detrimental to the child’s welfare, it is possible for the Local Authority to apply for a Care Order as described below.

Section 20 care includes the Shared Care Scheme, a short break and respite service for disabled children and young people who usually live with their own families. It provides care for children up to the age of eighteen, who have a complex physical or learning disability. It enables the child to have wider social experiences, where their disability may make it difficult for them to do without the support of others. It also gives their families a break and allows them to spend time with other children or just have some time to themselves safe in the knowledge that their child’s needs are being met.

Shared Carers are approved in the same way as Foster Carers, following a recommendation made at Fostering Panel. Their approval is reviewed annually (not all children who access Shared Care are in Care).

CHILDREN SUBJECT TO AN ORDER (SECTION 31 CHILDREN ACT 1989)

This applies to children for whom the Local Authority has applied to the Courts and been granted an ‘order’ to remove the child for their own welfare. Parental rights and responsibilities for this child are shared to varying degrees, depending on the agreement, negotiated by the court, between the Local Authority (and therefore foster carers acting on their behalf) and the parents.

Parents or other family members are not able to remove a child from the care of the Local Authority without the Local Authority’s consent.

An application can be made to the court to discharge a Care Order, but until this happens, it remains in force until the child becomes an adult, i.e. on their 18th birthday.

PLACING A CHILD

REQUESTS FOR A PLACEMENT

The child care workers make referrals to the fostering team. Details about the assessed needs of the child are provided. The Family Placement Social Workers consider which foster carers may be suitable and available for a particular child. They discuss the needs of the child and the qualities of the carers required to meet those needs with the Child Care social workers. This process of matching carers to children’s needs is documented with a record kept on the carer’s file and on the child’s file.

When you are contacted about a proposed placement do consider carefully any potential difficulties and feel able to speak frankly to your FPSW if you have reservations. Consider planned holidays, visits from friends or family and other commitments that may affect the decision.
INITIAL INFORMATION

Before a placement is agreed, as much information as possible will be given to foster carers about a child and the task involved in offering him or her a foster home. This will enable the foster carer to make an informed decision about agreeing to foster a child.

In the case of emergency placements, the information available may be minimal at the time of placement and will be added to as soon as possible after placement.

At the start of a placement it is vital that you are told the legal status of a ‘looked after’ child and the implications of this in regard to decision making.

Your first knowledge of a potential new placement will usually be a telephone call from the Fostering Team, probably your Family Placement Social Worker or one of their colleagues. At this stage the Child Care Social Worker should have given the Fostering Team as much information about the child as possible.

On occasions, when the child is not well known to Children and Young People’s Social Care there will be some gaps in the available information, but you will need to know
- the child/ren’s full name,
- date of birth,
- health and medical information
- any disability
- contact arrangements with their family
- the child/ren’s routines
- special needs including diet and medication
- any known likes or dislikes
- racial, cultural, including dietary needs,
- religious background/ needs

It is also very important that you are informed about potential problems, such as challenging behaviour. If any of the above points are not covered, ask.

WHilst you have a right to the information necessary to care properly for a child, never forget that you must treat this information with utmost confidentiality, and must not share it with family, friends or neighbours.

PRE-PLACEMENT PLANNING MEETING

Except in the case of emergency placements it is good practice to have a pre-placement planning meeting. This is an opportunity to share information regarding the child, discuss particular needs, school arrangements and agree any specific additional support to the placement with you. You, the Family Placement Social Worker and the Child Care Social Worker, would normally attend this meeting.

INITIAL PREPARATIONS

You should ensure - in consultation with the Child Care Social Worker and your Family Placement Social Worker - that you have the appropriate equipment, such as car seat, baby milk, cots, nappies etc. One of these Social Workers will normally arrange for equipment needed, either from existing resources, or by authorising purchase of a new item.

Only buy something (e.g. specialist baby equipment) yourself if it is absolutely necessary and if authorised by the Social Worker. You will then be able to claim back the money spent.

Most children who are looked after in foster care, arrive in their placement with a selection of clothing and other personal items which they have brought from home. Depending on how long a child is staying, a carer will gradually replace or add to the child or young person’s clothing supply, using the weekly allowance.

Where the child has been placed in an emergency, the Social Worker should try to collect items from the child’s home within the next working day, so that the child has their own familiar belongings with them. In general you will be expected to use the normal weekly allowance to buy consumables (baby milk, nappies etc.), though if the initial outlay is significant you may be able to obtain additional initial funding from the Social Worker.

The child’s accommodation should be appropriate for the age and needs of the child. Wherever possible this should all be sorted before the child arrives. This may not be possible with emergency placements, but then the necessary improvements should be made as soon as possible after the child’s arrival. The older child will no doubt want to ‘personalise’ his/her bedroom, so in this case it may be better to provide a welcoming room with scope for modification.
Other preparations that foster carers may want to consider before placement include considering whether you might place particular valuables or items of sentimental value safely away. Some foster carers have found it helpful to put a block on the telephone to prevent calls to premium rate numbers for example.

**INITIAL MEETING (PLANNED PLACEMENT)**

If the child/ren does not come to you as an emergency and the move to your care has been planned then it is likely that the child/ren will have one or more introductory visits to you, your home and family. S/he may even stay overnight. This should enable all of you to get to know each other a little bit and the experience of coming to stay with you should be less overwhelming. For emergency placements, the ‘initial meeting’ could well be the child's arrival (see below).

**PAPERWORK**

There are a number of standard forms and documents that have to be completed for each child in care. These are outlined earlier in the handbook. Not all will be available at the beginning of a placement. As a minimum you should require from the Child Care Social Worker the Essential Information Record and the Medical consent. These should either precede the child, or be handed over by the child’s Social Worker on the child’s arrival. A Placement Agreement should be completed prior to placement wherever possible.

If any of these are not available, you should check with the Child’s Social Worker when they will be available.

Children and Young People’s Social Care has a duty to ensure that every Child in Care has a Core Assessment.

The Core Assessment will describe the child’s needs and will guide planning to meet those needs. Other items of paperwork are referred to at the appropriate time during the course of this section.

Note: the child’s birth certificate may be held by the Social Worker in the child/ren's file or retained by the birth parents. Normally it is not given to the foster carer unless an application for adoption is going to be made by the carers, but they can have a photocopy if required. Teenagers should have their own copy. There may be occasions when you need the original birth certificate. This could be in order to obtain a passport, or to open a savings account. Contact the Child Care Social Worker in these cases.

**THE CHILD’S ARRIVAL**

The child will normally be brought to your house by the Child Care Social Worker. Often either the child’s birth parent or previous carer will accompany the child as well. Their presence is extremely valuable as it reassures the child and their birth parent/s as they see where the child/ren will be living. If the previous carer is unable to be at this meeting, the FPSW will be able to provide contact details.

This provides an ideal opportunity to discuss informally the child’s likes/dislikes, eating and other routines etc. with all the people who know present. Quite often the previous carers will anticipate this and provide notes they have made on these topics.

The Child Care Social Worker will give you an Essential Information Record at this meeting. This should be signed by you, the child’s Social Worker and the child’s parent (if appropriate).

**INFORMATION FOR CHILDREN IN CARE**

Poole Children and Young People’s Social Care gives a booklet to children in care to provide them with information about what to expect when they are being fostered. This includes contact numbers to ring if they have worries or concerns they feel they cannot share with their carers or their Social Worker.

Profiles about foster carers are available to share with children and young people prior to placement. Foster Carers are expected to compile these profiles with their FPSW who will keep a master copy.

Children and Young People in care have access to an Advocacy worker. Information about this service is sent to each relevant child.
SETTLING IN

We all feel nervous when meeting strangers. Children even in the happiest circumstances are wary of adults they do not know, so for the child/young person who is under stress, meeting new carers may be overwhelming. The material conditions of a new home may be very different from their own routines, and 'house rules' will also be different.

Remember that there is a lot for everyone to take in and that takes time. You and your family have to get to know the child/young person and their family and they have to get to know you too.

The family 'book' or profile that you have prepared should be made available to the child or young person via their social worker, prior to placement. As a guideline, make sure that the child's eating and sleeping routines are not immediately and dramatically changed. Make sure they are given some personal space from the outset - somewhere they can call their own. Remember, although their own bedroom may on the face of it provide this personal space, some children will feel too isolated here, and will seek somewhere a little closer to the rest of the family.

The child may come to you with an array of personal belongings - toys etc, and with a reasonable wardrobe of clothes. This should certainly be the case when a child moves from another carer. It may be less so if moved from the birth family and especially if as the result of an emergency. If you observe a serious shortfall in clothing in particular, then discuss this with the child/ren's Social Worker.

You will need to provide reasonable storage space for the child's possessions. It helps to make a note of all the significant items so that when the child moves on they do not lose any precious belongings and can take them along.

Each child must have a suitcase / holdall or bag in which to pack and transport their personal belongings. Plastic bags etc. are not appropriate for this purpose. In the past young people moving placements have described how demeaning it felt to have their possessions bundled into bin bags.

WHAT SHOULD THE CHILD CALL YOU?

Sometimes it takes a very long time before a child calls you by name and sometimes s/he may choose not to call you anything at all! Most children you care for will have parents. It is very rare for a child not to have known a mum or a dad or both. So, if a child starts calling you by these names, this is bound to cause confusion even in the very young. Also it can be very hurtful when parents visit to hear their child calling someone else by the names that naturally belong to them.

In households where the adults are called by their first names, there will not be such a problem because the foster children can follow suit - 'Everyone calls me Mary, so you can too if you like'.

Sometimes, especially the under-fives will start using 'mummy' and 'daddy' of their own accord. When this happens, try reinforcing the message that you are, for example, 'Mummy Mary' and that the real mummy - the birth mummy is 'Mummy Joan'.

THE CHILD’S SURNAME

In short term placements, where there is a clear plan for the child to return home in the foreseeable future, the child should never go under a surname other than their own. The same is true in most long-term placements. It is important to recognise that the child has a special history unique to them and that it is part of everyone's job to help the child to come to terms with this, as well as to retain some good feelings towards the people who gave them life in the first place.

Changing a child’s name must only happen in very exceptional circumstances, and with prior permission from the Head of Service and, if relevant, the court.

Note: sometimes the child will have a surname that differs from his/her siblings or one or other of his/her birth parents.
CARING FOR THE CHILD

As you get to know the child/ren better it will be easier to meet all of their needs; emotional, physical and cultural. You will have regular and frequent meetings with your Family Placement Social Worker who will do all they can to support you. The child/ren will also see their Social Worker regularly to assess and review their needs.

CARE BASICS

All children need the basic essentials of good care:
- A healthy varied diet
- Regular sleep
- Exercise
- Social and emotional stimulation
- Warm, comfortable environment
- A safe, hygienic home.

For many children in foster carer, as well as good basic care they have additional needs arising from the more negative experiences that they have had. As well as providing for the basic care needs of the child or young person the foster carer is critically important in the following:

ENSURING SAFETY
- ensuring the child is adequately protected from harm or danger, from contact with unsafe adults/ other children and from self-harm
- recognising hazards and danger both in the home and elsewhere (see Health and Safety guidance)

PROVIDING EMOTIONAL WARMTH
- ensuring a child’s emotional needs are met.
- giving the child a sense of being valued and a positive sense of his or her own racial and cultural identity
- responding with appropriate sensitivity to the child’s needs for secure, stable and affectionate relationships with significant adults
- appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

PROVIDING STIMULATION
- promoting the child’s learning and intellectual development through encouragement and stimulation
- promoting social opportunities
- Communication, talking and responding to the child’s language and questions
- encouraging and joining the child’s play
- promoting educational opportunities
- enabling the child to experience success
- ensuring school attendance
- facilitating the child to meet challenges of life

GUIDANCE AND BOUNDARIES
- enabling the child to regulate their own emotions and behaviour
- demonstrating and modelling appropriate behaviour and control of emotions and interactions with others
- guidance and setting boundaries
- encouraging social problem solving
- helping anger management
- promoting consideration for others

ENSURING STABILITY
- providing a stable family environment
- ensure secure attachments are not disrupted
- provide consistency of emotional warmth over time and respond in a similar manner to the same behaviour
- respond appropriately to child’s developmental progress.
- ensure children keep in contact with significant family members and others.

Some examples of ways in which children in care may respond:

A child who has suffered neglect and a lack of nurturing care may have difficulties adjusting to regular meal patterns.

Children may resist a carer’s attempts to comfort them because of the confusing emotional experiences in their family relationships.

Children may have had haphazard care in respect of toileting and washing. These can be very emotional areas and carers will need to demonstrate great sensitivity and patience.

Children may not see any adults as people they can trust or rely upon. Previous experiences of abuse will distort a child’s view of what to expect from carers.
NUTRITION

Many children who become looked after may have had inadequate nutrition and may have developed poor eating habits.

Foster carers are in an excellent position to improve the health of a child. They can provide a variety of appropriate foods and drink, and can also act as good role models to the children and young people by ensuring that mealtimes are relaxed, enjoyable and nutritious.

Considerable measures have taken place to improve the quality of food provided by schools, both at lunch time and in snack foods and drinks at other times. Foster carers will find that this helps give a consistent message to children and young people about eating healthily.

Information about healthy eating can be found at www.eatwell.gov.uk

Discuss any concerns about a child’s eating with the designated nurse. The Fostering Network produces a helpful factsheet about older young people who may have eating disorders.

WORKING WITH THE CHILD’S BIRTH PARENTS AND FAMILY.

Parents and those with parental responsibility as well as extended family members will have a part to play in ensuring the child’s day to day needs are met as well as contributing to plans for the child’s future care. This may be by providing information, or by keeping in contact by phone, letter, or in person. A child’s care plan will be made with the agreement of all parties who are significant in the care of the child and the care plan will set out the duties and responsibilities of all concerned, including the arrangements for contact for the child and his/her family.

A child in care may be placed with his or her brothers and sisters. Wherever possible the Fostering Service will place siblings together. However there are some instances when children are placed, for various reasons, in separate families, or it may be that siblings have come into care at different times and some may be adopted.

It is important that a child’s care plan provides details about what contact may be appropriate for siblings placed separately.

RIGHTS OF THE BIRTH FAMILY

It is important you understand what rights the parents have whilst their child is in care. All birth parents have a right to be involved in planning and reviews. Their point of view must be taken into account.

Birth parents have the right to expect their child’s awareness of his or her cultural background to be kept alive. Birth parents have the right to state which religion they wish their child to be encouraged to observe. Wherever possible a match will be made between the child’s religion and that of the carer. When this is not possible, there will be an agreement about how the child will be helped to observe the religion.

Birth parents are expected to have contact with their child, except in rare circumstances and if the child is accommodated, i.e. not on a Care Order, the parents have the legal right to remove the child at any time, although the child’s return home is usually done in a planned way.

Birth parents have a right to know what is happening to their child. This would normally include changes of address, school, medical and dental treatment.

Parents have the right to appeal against any decision made by Children and Young People’s Social Care about their child, and to formally complain.

MAINTAINING LINKS WITH THE BIRTH FAMILY

As foster parents, you are encouraged to maintain contact with the child’s family when this is part of the child’s Care Plan. Dealing with issues of separation from their family is important for all children in care. The family may include the child’s parents or guardians at the time they came into care, brothers, sisters and significant extended family members.

The family is extremely important to the child. Regardless of how children come to be in foster care, most want to return home. You must demonstrate a positive and respectful attitude toward a child’s family, while helping the child to be realistic about its strengths and weaknesses. We recognise that this may be difficult at times if the birth family is very critical of yourselves or the care the child is receiving.

The relationship between foster families and the child’s own family can take many forms. It can be close and cooperative, tense and strained, or
anything in between. If you can maintain a close relationship with the child’s family, you will find that the child is the main beneficiary. Understanding, empathy and discussion are the best tools you can use to build a positive working relationship with the child’s family. Try to understand the parent’s feelings and how that might be influencing their behaviour towards you. Always work with parents in a non-judgmental way.

Parent’s feelings may come out in a variety of ways such as anger, competitiveness or criticism. The child’s parents can feel threatened by your role as the foster carer, or have a sense of guilt that you appear to be managing their own child better than they have. Do your best to maintain a positive relationship with the parent. One of the main skills in foster caring is in the ability to work with the parents. However, you should not be expected to put up with verbal abuse. Make any such incidents known to your FPSW as soon as possible.

**CONTACT VISITS WITH BIRTH FAMILY**

Contact between the child and their family will vary with each child and will depend on the long-term plans and legal situation for the child. Family contact may well vary over time. For example, if a return home is imminent, visits are likely to increase. You should work closely with the Child Care Social Worker, and where appropriate the birth family to ensure that the contact visits are appropriate to the needs of the child and birth family, whilst remaining practical to you and CYPSC.

In a few situations it may be agreed that the child should have no contact with his/her parents. In these cases, the parents will have been made aware of the reasons for this.

Contact will normally be discussed at a planning / placement meeting. These arrangements may have been agreed before the placement commenced, and in these cases you should have been told prior to taking on the placement.

You should be aware of all the important family members and the frequency, length of time, time of day and exactly which family members and/or friends can visit or telephone. If you receive contact at other times, or from other family / friends, then contact the Child Care Social Worker immediately. Sometimes, visits are made to the foster home or a child will go to his/her parents’ own home.

Sometimes visits are arranged on neutral ground, such as a family centre. The Courts can give instruction as to the nature and frequency of contact.

If a parent wishes to take a child home unexpectedly, then contact the Child Care Social Worker or your Family Placement Social Worker.

It is important for children to have good links with their families and this means doing what you can to help any contact be valuable and enjoyable for the child. During a visit you may dislike what you see or hear but, short of witnessing actual abuse, do not intervene. You might have been specially chosen as a carer known for your ability to help parents, in which case, the ways you can tactfully and helpfully intervene will have been discussed already.

Visits may leave a child upset and angry and behaviour may deteriorate for a day or so. You may feel similarly angry or upset, but whereas you can talk about your feelings, the child may not be able to and may remain confused. The child needs you to be strong, reassuring and positive. It will not help if you voice any negative opinions you may have of the parents to the child. This will upset them further.

Remember, too, that a child’s parents will want to see their child and will not want to give this up, even if it seems incompatible with what the child wants or needs.

Such situations will demand your tact and patience (this will not always be easy!) and you may need to reassure your foster child and explain how difficult even adults find facing such situations. Try to remember how parents may feel about visiting their child in someone else’s home. A sense of guilt and inadequacy may cause them to find fault with others, or to avoid visiting at the last moment, or over compensate by bringing things that seem out of touch with the child.

It will help to write down observations after visits on what happened, what went well and what did not go so well. As with all your records, it is most helpful to note what happened rather than your personal opinion about it.

The visit should be a good experience for the child, but it is sometimes difficult to make this fit with what is comfortable for the birth family and convenient for you. There may be a lot of frustrations, like cancelled dates at the last moment or lateness. Grin and bear these - it is surprising how many parents see foster carers as ‘posh’ and
they are quite scared. Difficulties should always be discussed with the child’s Social Worker or your Family Placement Social Worker. Arrangements can be reorganised and will be discussed at the child’s review.

Depending upon the types of placement you take you may be asked or required to undertake supervised contact. You should discuss this in full with your FPSW / CCSW or the Sessional co-ordinator. You need to be confident in knowing where and how to record the contact. Who should be at the contact how long it is for and very importantly how it should end.

Your information may be used as evidence in court proceedings. There is training available please talk to your FPSW about this.

SITUATIONS WITH BIRTH FAMILY THAT MIGHT CAUSE CONCERN

Birth parents demanding to remove a child from your care:

On rare occasions, a parent may unexpectedly demand to take their child away from your home when this is not part of the agreed plan. If the child is subject to a care order or interim care order, the parent may only remove the child with the prior agreement of CYPSC. Parents of accommodated children are entitled to remove their child. However, in all situations we would ask you to:

• Be tactful with parents and explain the upset the child may experience if suddenly moved
• Remind the parent of the agreed plan and that CYPSC needs to be involved
• Try to contact the CCSW. If s/he is not available, ask to speak to the line manager or a duty Social Worker
• If outside of office hours, ring the Out of Hours Service for advice
• If calm negotiation fails and you believe that removal would place the child at risk, call the police
• If the child is in sect 20 ( by agreement of the person with parental responsibility), the LA hold no Parental Responsibility (PR) therefore legally the person with PR could remove the child at short notice. HOWEVER you should always seek immediate advise either via the CCSW, FPSW or the duty worker in either team. If the situation arises out of hours contact the OOHs service and the police.

FAILURE OF PARENTS TO RETURN A CHILD

Parents may sometimes take a child out of the foster home. If a parent fails to return a child after such contact, then again, contact the Social Worker, line manager or a duty Social Worker or the OOHSS outside of office hours.

LIFE STORY WORK

Every child and their story is unique. Understanding that story is now recognised as a vital part of helping a child feel okay about him/herself. When some of the story is unspoken, or missing, all kinds of fantasies can go on in a child’s mind. Not speaking about something suggests it is not fit to be spoken of, so the sense of it being 'bad' can be built up in the child’s mind. A life story book is not necessary for every child, but is very important to children who, because of their circumstances, may have lost contact with their family or who have gaps in their knowledge of their birth family and their own personal history.

It is the responsibility of the Child Care Social Worker to make sure a child has a life story book when this is appropriate. The foster carers will often be asked to make contributions to the book, or to work with the child on making the book. For babies who have been cared for before they move on to be adopted, a life story book with photographs may be the only information they have about their birth and early months.

Making a life story book is not an easy task for either Social Worker or Foster Carer and discussion must take place before and while it is being compiled. The book is only one part of the wider life story work. The book will give an account of the child’s life, where s/he was born, plus details about each move. It will contain information about mum, dad, brothers and sisters and, where possible, other significant people in the child’s life.

A life story book is made with the child (provided he/she is old enough) and will incorporate photographs if possible, maps and pictures and involve the child as much as s/he allows involvement. Some children find that the work brings a lot of sadness and often the child shows their distress to the foster carer after the Social Worker has gone.

If working on the life story book upsets the child, you may feel that it should stop, but bear in mind how much you value that old photograph,
newspaper cutting, certificates of achievement or whatever your family still hoards that gives you a particular place in time and history. The process of putting a life story book together can be very therapeutic and can be immensely valuable later in a child’s life. It can be a project that goes on throughout life.

A life story book is something for a foster child to take with him/her at each move, or when leaving foster care. It can be of enormous value in counselling a child when the move is a painful one, because it will bring out the positive aspects of his/her childhood. To make the book real and valuable, the foster carer and Social Worker must be in regular contact and agreement. It is a task calling for great sensitivity and must be done at the child’s pace, as it will bring out a lot of painful feelings as well as difficult questions.

Once completed the life story book belongs to the child, sometimes children ask their foster carers to keep it safely for them. The Social Workers always keep a copy of a child’s life story book in case the original is lost or destroyed.

We have appointed a worker whose role will specifically be to undertake life story work, this person will be part of the Adoption and Permanence Team.

ADOPTION

Life story books are particularly important for children who move on to adoption as it provides a record of their past, and information from birth onwards that they would otherwise have difficulty in compiling in later life. You may be particularly likely to become involved with these, contributing photographs and writing an account of the child(ren)’s time with you. Foster carers are encouraged to keep a ‘memory box’ for the child with items that will have some significance in later years.

The life story book may contain letters from the birth parents to explain the circumstances of the child being adopted, plus a letter from the child’s Social Worker - who may well hold essential information about the child’s early months or years. Hopefully, the Life Story book will help the child join together the bits of the ‘jigsaw’ about his/her life before adoption. There are some good books on the subject. Ask your Family Placement Social Worker.

CHILDREN’S SENSE OF IDENTITY

Identity is important for all children; there are close links between the poor self-image and low self-esteem and their emotional and behavioural difficulties. Foster carers will want to work with the social workers and child’s family to enhance the child’s confidence and feeling of self-worth.

The child or young person’s self image and self-esteem are crucial in developing a positive identity and a sense of being a separate and valued person. Race, religion, age, gender, sexual orientation and disability may all contribute to this.

FAIRNESS FOR ALL (BOP EQUALITY POLICY)

The Borough of Poole works within an Equalities Policy: Fairness for All. This includes a commitment to positively promoting equality and respecting diversity in the community. The fostering service aims to ensure that foster carers provide care that respects and preserves the child’s diverse needs. The Equality Act 2012 identifies eight Protected Characteristics that need to be addressed in any Equality Policy. These are age, disability, gender reassignment, pregnancy and maternity, race, sex, sexual orientation, religion or belief.

As far as possible, children and young people who come into care are placed with families who share the same background, religion and culture as themselves. Children who are looked after by carers from a different background may be at risk of losing aspects of their identity. However, there will be times when a placement cannot be identified which match the child’s cultural, religious or ethnic identity. This may lead to the child and the foster family having different religious beliefs, language or cultural practices. It is important that you and your family respect the religion and culture of any child in your care, and that you find ways of making that child feel comfortable in your home. At no time should you try to impose your own religious beliefs on the child.

Children may have a disability and the Borough is encouraging awareness of disability hate crime. Many people with disability experience offensive comments, bullying and harassment linked to their disability. Carers should be aware of the likelihood that children may experience discrimination and help them to manage the impact on their self-esteem and address issues as they arise.
Foster carers should show sensitivity and respect for the protected characteristic listed above. Carers have a role in keeping family identity alive for the child. The care plan for the child should indicate the needs of the child and how any diversity should be addressed and promoted positively. Carers should work with the Fostering Team on how best to achieve this.

As young people mature, they may have questions about their sexual orientation and in some cases their gender. Carers will work with the social workers and others to support young people through any issues about their identity. It is important that family culture promotes acceptance and tolerance of difference to enable young people to explore their identity.

**AWARENESS OF RACISM**

The issues for people from black and Asian minorities are particularly evident because, unfortunately, racism is a reality in our society today. People are too often judged immediately on the basis of the colour of their skin, without regard to their own individual qualities. Members of a different culture run the risk not only of major forms of discrimination, but also of feeling their social identity is under assault in a number of ways. Foster carers need to be aware that having a different skin colour is likely to have a major impact on a child’s experience and life chances.

Many children have complex racial and ethnic identities. Dual heritage children are the most common group within the children in care population. Culture, religion, and language can vary widely within the same ethnic group. It is important not to make assumptions about children’s family origins without full information.

Black and Asian children are not the only minorities that experience racism and discrimination and foster carers need to remember that skin colour is not the only factor. Children from minority groups including Travellers and Gypsies also can experience prejudice and discrimination.

All foster carers need to be mindful of language used. Be prepared to challenge racist or discriminatory language used by children and young people. It is also important to support and encourage each child to develop skills to help him or her deal with all forms of discrimination.

There is a need for dialogue about race and racism with white children and young people, as a way of exploring and integrating their notions of race. An awareness of the impact of racism and an understanding of heritage are important parts of positive identity development for white children in a multi-racial and multi-cultural society.

**SUPPORT AND RESOURCES FOR CARERS**

You will be given all the help and advice we can on developing a plan that will meet the child’s needs. Both the child’s Social Worker and Family Placement Social Worker will work with you in ensuring you have the knowledge and resources to ensure the child’s religious and cultural needs are met.

We are always keen to source books and appropriate equipment that might assist you in your learning. We also have access to practical advice, for example about hair and skin care, and where to get hold of the products. See your Family Placement Social Worker.

**UNACCOMPANIED ASYLUM SEEKING CHILDREN**

When asylum children arrive in the UK, they may have lost their homes, schools, friends, and family. Some children may have witnessed horrific events, spending months hiding and sadly, some children will have been tortured. For many asylum children, mixing with other children (e.g. in school) can make a qualitative improvement in their well-being.

Many asylum seekers will require an interpreter. Please remember it is not acceptable to use children as an interpreter for other family members and some children may need their own interpreter.

If you are asked to care for an unaccompanied asylum seeking child, you will be offered specialist help and support.
FOSTERING A CHILD WITH DISABILITIES

All children and young people in foster care have special needs, but those with a physical or learning disability have their own particular needs. Although their special needs must be identified and met, it is important to treat all children and young people with a disability as children first and foremost. This means recognising their rights and needs for security, love, contact with parents, consultation about their future, individuality and all the other many things that are important to all children and young people.

No two children, even with the same diagnosis, will be the same to care for. Medical details will be important but should not define who the child is. The foster carer, the social workers and the parents will be planning and focusing on the needs of ‘this child’.

The foster carer may have a particularly significant role as an advocate for the child and ensuring that the child is enabled to access as wide a range of activities and opportunities as possible.

The child’s social worker is likely to be part of the Child Health and Disability Team and will be able to advise on disability issues and resources. The team’s Occupational Therapists can also advise on moving and handling issues, equipment and aids. Respite care is available through the Shared Care Scheme. There are special toys and equipment available and you can learn ways of handling and communicating. There are also special play schemes, clubs, activities and post approval training groups for carers.

Foster carers, social workers and teachers should be aware of the particular vulnerability of all children in care, and a child with a disability has additional factors to increase vulnerability. Much abuse of children may go undetected because parents, support carers and professionals are unable to communicate with the children in their care. If the child you care for does not use verbal communication, there will be many other ways that they make their needs known.

Communicating with some disabled children requires more preparation, sometimes more time and on occasion’s specialist expertise. It may be necessary to use alternatives to speech such as signs, symbols, facial expression, eye pointing, objects of reference or drawing.

Useful advice about providing safe care to children with a disability can be found in “Safe and Sound”, published by the Shared Care Network.

There are many negative images of disability, which can have a profound cumulative effect upon children with a disability, leading to low self-esteem and depression. Children in care have an extra dimension of separation from their family and maybe additional traumatic experiences can add to feelings of worthlessness.

Some notes about language might be helpful. The British Association of Adoption and Fostering prefer to use the term ‘disabled children’ in recognition that society’s discriminatory arrangements have a powerful disabling influence upon children who have impairments - and that this need not be so. Some people prefer to put children first in the title by using "children with disabilities".

It is also important to consider how language can have a serious negative impact. For example it is highly offensive to describe a person or child in terms of their impairment (as a noun) - for example, "a Down’s". A list of words that disabled people would regard as offensive includes lunatic, moron, idiot, imbecile, moral defective, mentally handicapped, subnormal, retarded, handicapped, crippled, invalid, wheelchair-bound, and sufferer. (List taken from J. Cousins: Every Child is Special BAAF Good Practice guide 2006)

DISABILITY LIVING ALLOWANCE AND PERSONAL INDEPENDENCE PAYMENT.

Some children and young people are eligible for Disability Living Allowance (DLA). DLA is a tax-free benefit for children and adults who need help with personal care or have walking difficulties because they are physically or mentally disabled. As from April 2013 the DLA is paid to children up to the age of 16. From April 2013 a new benefit was introduced called the PIP (Personal Independence Payment), most children will not be affected by the changes until 2015. An individual will be asked to
make a claim after October 2013 if:

• There’s a change in how the child’s condition affects them
• Their Disability Living Allowance award is due to end and they haven’t received a renewal letter.

If none of the above apply, then you don’t need to do anything and will get a letter in 2015 explaining what will happen to the DLA and how to claim for the PIP. The PIP only applies to children 16 years and over.

The link to the above is www.gov.uk/dla-disability-living-alowance-benefit

Application for support should be encouraged where the care of the young person is likely to meet the criteria. An adult appointee must apply for a child under 16 years. The foster carer may be the most appropriate person to be the appointee. This should be discussed with the social worker at time of placement or when the circumstances indicate that an application is required. The appointee is responsible for using the benefit appropriately.

Full information about a child’s disability or care needs should be made available at placement and the Placement Agreement can outline the support that is available.

It is good practice for the foster carer making the application to give a copy of this to the relevant social worker to help with continuity. The foster carer may also find it helpful to discuss the application with the designated nurse for children in care.

Children looked after in foster care are subject to regular visits from their responsible social worker and to regular statutory reviews from the Conference and Review Co-ordinators. The Family Placement Social Worker also makes regular supervisory visits to the foster placement and foster carers have annual statutory reviews. These visits provide many opportunities for discussion about how to promote best outcomes for the child or young person. This will include ensuring that full entitlement to benefits and allowances has been achieved. The aim will be to ensure that full support is available to the child or young person and the carer/s.

It is therefore appropriate that there is regular dialogue between the social workers and the foster carers about the use of the DLA. Any improper use would be investigated by the appropriate government body.

It is also important that there is careful consideration given to whether there are any changes in circumstances which need to be reported to the benefits agency. It may be that the child or young person may need more help than previously or alternatively that the condition has improved and eligibility may need to be reviewed.

If a child moves from a placement it is essential that the foster carer reports this to the benefits agency immediately in order that the proper steps are taken for the benefit to be transferred.

The foster carer may also be eligible for Carer’s allowance if the child is eligible for the DLA care component at the middle or higher rate.

This brief summary is taken in part from guidance on www.gov.uk and also from the Fostering Network’s information sheet on Disability Living Allowance and Carer’s Allowance on www.fostering.net/resources

The DLA has two parts called ‘components’: a care component and a mobility component.

Some people will be entitled to receive just one component; others may get both. The care component and mobility component are paid at different rates depending the effect of the disability. If claiming because of a child in your care, the child must need a lot more help or supervision than other children of the same age. You can claim for care needs before a child is aged three months, but benefit will not be paid before the child reaches the age of three months unless they are paid under ‘special rules’.

You can claim for mobility needs from:

• age three, if your child is unable, or virtually unable, to walk
• age three, if your child is assessed to be both 100% disabled because of loss of eyesight and not less than 80% disabled because of deafness
• age three, if your child is severely mentally impaired with severe behavioural problems and qualifies for the highest rate of care component
• age five, if your child needs guidance or supervision when walking out of doors
FOSTERING THE ABUSED CHILD

Possibly more than anything else, abuse of children arouses our strongest sympathies as well as stirring up less welcome feelings, including fear and anger. Children who need your care may have been abused in several different ways. Foster carers’ preparation programmes will have examined some of the factors in identifying the impact on children of emotional, physical, sexual abuse and neglect.

There is a considerable amount of information available that your Family Placement Social Worker can provide for you. Foster carers need to regularly update their knowledge and understanding of child protection issues.

It may not be known at the time of placement that the child/young person has been abused. Foster carers need to be aware that they may be the first to realise this through observing the child’s behaviour, or by the child talking about this. Indeed it may be more likely that the child discloses to a foster carer once they have come to feel safe in the foster home.

If it is known before placement that a child has been severely abused, particularly sexual abuse, the Family Placement Social Worker will discuss with you what additional preparation and training may be needed to support the placement of the child or young person.

What if the child discloses abuse or makes allegations not previously made?

Hear what the child says. The child needs a strong adult at this time. It is important that you do not promise the child that you won’t tell anyone. Then telephone the child care Social Worker, or the Team Manager. You should note what was said by you, by the child and by anyone else involved. Do not question the child. You need to be vigilant and listen to the child; they may choose to tell you about the abuse when they feel more relaxed this may not be at the most convenient time for you. It is really important that you make time to listen as this may be the one opportunity the child feels they have for speaking out.

What if I know about the abuse the child has suffered, but the child is silent on the topic?

Early in the placement, say to the child that you know some unpleasant things have happened to him/her and that s/he may want to talk about them sometimes. When s/he wants to talk about them, you will be glad to listen.

What do I tell other people?

Remember that any information you have about the child is confidential. Talk to the social worker about which other professionals know, or need to know. You may find that some children will give inappropriate people too much information about themselves. Spend a quiet time talking with the child about people who need to know (e.g. maybe a school teacher) and people who do not. Make a list and encourage him/her to stick to it.

How do I help the child plan for the future?

Acknowledge the child’s mixed up feelings. Do not condemn the perpetrator as ‘wicked’, because the child may retain divided loyalties. However, the child needs to understand the behaviour is wrong and that the responsibility for the abuse is the adult’s. What if the child behaves in a sexually provocative way?

Take him/her to one side and explain that the other person does not want this kind of approach. It is important to avoid potentially difficult situations, e.g. male foster carers bathing girls. Every foster family should devise their own Safe Caring Policy. Which should be updated regularly to reflect changes and different placements.

For more information, ask your Family Placement Social Worker. There are a number of useful books on the subject and there are relevant training courses (see also Child Protection).

CRIMINAL INJURIES COMPENSATION

Children who have been seriously abused, and where there has been prosecution by the police of perpetrators, may be eligible for compensation. The CCSW should apply for compensation where it is appropriate. However, there is a time limit for applying and you may like to ask the CCSW if an application has been made.

Should compensation be awarded the money will be held in trust by the Solicitor General until the child reaches their 18th birthday. There may be good reason for some or all of the money to be released, for example, to pursue further education or to help in setting up a young person in education.
SECTION 4

HELPING CHILDREN IN CARE BE HEALTHY
HEALTH INFORMATION

You should receive basic essential information prior to placement, identifying any health issues and the name of the child’s current doctor.

When a child is placed in a foster home, the Child Care Social Worker will ask for their medical card and try to obtain as full a medical history as possible. A copy of this should be given to you, together with the medical card, when the child is placed. There should be details about illnesses, immunisations etc.

Unfortunately, it is not always possible to obtain full information; sometimes the information is not available or parents are too anxious and confused to provide it at this time. However, if this is the case, you should ask the Child Care Social Worker for further details as soon as possible as it is important for the child’s medical care to have this information recorded. The Essential Information Record should contain medical details.

INITIAL HEALTH ASSESSMENT

An initial Health Assessment will be organised by the designated nurse as soon as possible after placement. The aim of this assessment is to identify current health problems and treatment and any necessary immediate actions. It determines the child’s general health status, immunisation status and developmental appropriateness, including emotional and social development. A health care plan for the child will be produced as a result of this initial assessment.

ROUTINE HEALTH TREATMENT

If the child were with you for a longer period, it would be usual to register the child with your own doctor. You must inform the GP that the child is looked after.

Access to appropriate dental care is essential for all children. If the child is currently under the care of a dentist, this treatment should continue. If not, you should arrange for the child to have routine examination (at least annually) and any necessary treatment with your own family dentist at the earliest opportunity.

You must make appointments for yearly optician checks, and ensure that these appointments and those for any remedial action are kept.

Babies and very young children will receive visits from health visitors from time to time, and in most areas you will find that there are regular baby clinics where you can go to have the baby weighed and checked over.

If the child is of pre-school age, you need to inform your health visitor and link in for all pre-school checks and advice and information with regard to the child. The Child Care Social Worker will have gathered all the information about the child’s health, so you will be informed of any immunisations due, for example.

If the child refuses to attend any appointments then you should inform the Child Care Social Worker.

EMERGENCY TREATMENT

All children suffer minor accidents/illness at times, but should your foster child need hospital treatment, please inform the Child Care Social Worker at once.

Where a child needs an operation, you MUST contact the Child Care Social Worker, as you cannot sign the consent form yourself. It may be necessary to contact the Out of Hours Service; this too should be covered in the Placement Agreement.

HEALTH PROFESSIONALS FOR CHILDREN IN CARE

There are many health professionals who may be involved in the life of a child in foster care:

- The Designated Nurse for Children in Care, based in the Child in Care Team undertakes regular health assessments of children in care.
- Dedicated time is available from a clinical psychologist.
- A designated medical officer oversees the healthcare of children in care.
- The Child and Adolescent Mental Health Service (CAMHS) has a key role with a number of children in care.

Other health professionals might include GPs, health visitors, school nurses, occupational therapists, child psychologists and other therapists.
The child’s care plan will include what actions need to be taken to meet the child’s health needs; these may include referral to a specialist service. The CCSW will give foster carers information about any specialist services needed for the child.

**THE ROLE OF THE DESIGNATED NURSE AND THE REVIEW OF HEALTH ASSESSMENTS.**

The Children in Care Health Team is commissioned by Dorset Healthcare University Trust to provide a holistic health service to the children and young people in care. This is achieved through both regular statutory health reviews and also through proactive and opportunistic interventions.

**Statutory Health assessments;**
An Initial health assessment is completed shortly after a child comes into care. The aim of this assessment is to collate a child’s health history and to assess a child’s current health needs.

Statutory Review Health assessments will be completed for each child while they are in care;
- Children under 5 years; 6 monthly
- Children aged 5-18 years; yearly

Health visitors will complete the assessments for pre-school children generally. The assessments for children of school age will be completed by the Children in Care health team.

A health plan will be created after these assessments. The plan will make recommendations designed to promote a healthy lifestyle, encourage healthy choices, and to address any gaps in the provision of health service to any child or young person. It is the role of the foster carer and the ‘Team around the Child’ to ensure the recommendations of this plan are actioned. The Health Team will support the implementation of the health plan.

Children and young people are entitled to confidential health support so long as there are no safeguarding concerns. The nurse will therefore sometimes request to meet with the child/young person on their own to discuss their health. However, the nurse will always endeavour to gain a child/young person’s consent to share health information with those caring for them.

Foster carers are asked to inform the health team of any significant health events, changes in medication or health concerns.

Young people do have a right to refuse a health assessment. However, all efforts should be made to encourage participation as it is recognised that emotional, physical and social health underpins a child/young person’s overall well being. The foster carer will be approached for health information if a young person refuses a face-to-face meeting to complete the health assessment.

The Health team is available to offer health related training to foster carers and social care staff.

**CLINICAL PSYCHOLOGIST**

The Clinical Psychologists, provide between them five sessions a week to the Fostering and Adoption service. They support the carers and social workers in helping to meet the psychological needs of Poole’s children who are in care or have been adopted.

The psychologists’ time is mostly used for consultation by foster carers, adopters and Social Workers. They also provide training for staff, for prospective adopters, and for foster carers and adopters.

Primarily the Family Placement Social Workers and Adoption Social Workers as well as the Child Care Social Workers make a request for the Clinical Psychologist’s involvement. A referral form is necessary and can be obtained from the Fostering and Adoption Teams’ administrators.

Other psychology services may be accessed for children and young people from the Poole Child and Adolescent Mental Health Team (CAMHS) based at the Child Development Centre at Poole Hospital.

**WHAT IS THE FOSTER CARER’S ROLE IN THE HEALTH ASSESSMENT?**

For health assessments to be as meaningful and productive as possible please ensure the following:
- Where appropriate the child/young person is reminded of the appointment
- A quiet and relaxed place is chosen for the meeting
- A record of dentist, optician, hospital and GP appointments is to hand
- Keep a separate health matters chronology, noting appointments etc.
- If appropriate the child/young person is given the opportunity to talk with the designated nurse confidentially
- The implementation of the care plan is supported
Encouraging and supporting healthy lifestyles and choices requires a team approach!
If you have any concerns about a child/young person's health which are not already being addressed successfully please do contact the designated nurse on 01202 735046.

ADMINISTRATION OF MEDICINE

Care needs to be taken in the handling and administration of all medicines. Appropriate safety precautions need to be adhered to including:
- locking medicines away
- ensuring that instructions are closely followed
- record how and when medicine is administered.

As much information as possible should be obtained about a child’s medical history. Guidance should be sought from the GP, the designated nurse or any other medical professional treating a foster child. Foster carers should ensure that they are equipped to provide necessary medicines and that any necessary training and preparation is provided.

In general, do not take on anything you are unsure about, and ask for help if you do not feel adequately prepared or trained.

GUIDELINES ABOUT MEDICATION

- All medication must be locked away out of reach of children.
- The child/young person may keep certain medication, such as asthma inhalers, after discussion with the Designated Nurse for Children in Care.
- Foster carers must check the expiry dates on medication and dispose of old or unneeded medication in an appropriate manner.
- Medications must be kept in their original labelled containers.
- Adequate supplies should be kept at all times.
- All dispensed medication is supplied with written information, which the foster carers should read before administering to their fostered child. Any queries should be discussed with the prescriber.
- Adverse reactions to medication should be reported to the GP immediately.
- Prescribed medication must not be discontinued without medical advice.
- The Designated Nurse for Children in Care should be informed about changes to the child’s medication.
- Non prescribed remedies such as herbal, homeopathic, vitamins, aromatherapy oils etc should not be used without prior discussion with the Designated Nurse for Children in Care.

RESPITE PLACEMENTS

The main foster carer must pass onto the respite carer a completed medication form before the child is placed with the respite carer. The foster carer should check, and where necessary, update this form each time a child goes for a respite stay. When medication is given to a child looked after by a respite carer, they should record it on the medication form as soon as possible.

EMOTIONAL HEALTH

ATTACHMENT

Understanding a child’s attachment needs is a key issue for foster carers and for social workers.

Babies and children need a secure emotional relationship with a main carer. They need to feel safe, protected and nurtured and in this way learn to trust that the caregiver will meet their needs. This helps the child to recognise and develop the social and emotional feelings and skills necessary for making relationships with other people.
Attachment difficulties can happen where the care is not good enough and the carer is not meeting the needs of the child. Many of the children in care have not had the opportunity to develop secure emotional relationships which help them feel safe and enable them to grow and develop. Attachment difficulties can be demonstrated in a variety of ways.

Children may have developed behaviours to help them cope with their unmet attachment needs and may bring these behaviours to the families they are placed with.

Children in care may find it hard to trust the carers around them, and foster carers may be confused by the child’s behaviours and difficulties and be unsure how to respond.

Similarly, teachers and other professionals may need guidance in understanding a child’s responses. It is very important for foster carers, teachers, social workers and other professionals involved with the child to work together.

A secure home environment, responsive carers, and a stable experience of school are crucial factors in a child’s healthy physical and emotional development.

Babies’ and children’s early experiences are known to affect their brain development. Insecure attachment with the child’s caregiver means the child does not learn to form close responsive bonds with other people. This is because the child’s brain has not had the patterned, responsive experiences with a main caregiver that enable the part of the brain associated with socio-emotional feelings to develop.

Children who have experienced neglect and harm from their parents or caregivers, will be cautious and uncertain of adults.

There are a number of ways that caregivers can help children to develop secure attachments. The key factors (very briefly) are:

- Being available
- Responding sensitively
- Cooperative caregiving
- Accepting the child
- Promoting family membership

The Fostering Service is committed to providing a range of training programmes which help foster carers understand the impact of children’s attachment difficulties.

Understanding attachment is a key area for all foster carers.

Please talk with your FPSW about further reading or about getting access to resources about attachment.

The Clinical Psychologists and Social Workers will help advise foster carers and will link with the other professionals working with the child.

There are many books and articles of interest please discuss with your family placement social worker. We would be happy to consider purchasing books that are relevant to your needs.

DEALING WITH EMOTIONAL TRAUMA - LOSS, GRIEF AND BEREAVEMENT

Children in foster care will have experienced loss in many different ways: death, loss of a parent either by adoption or divorce, mental illness or their unwillingness to care. Foster children removed from parents for whatever reason, or moved to another placement will experience loss, which may bring despair, depression, withdrawal, or loss of hope etc. Loss of security can result from changes like moving house/school/job, or loss of friends and can cause enormous grief to a child.

One apparently trivial loss may be the final straw, which can precipitate depression, illness, and difficult or criminal behaviour.

People who experience major losses in childhood or adolescence can be especially vulnerable to losses as adults. Children who lose a parent may be afraid to make a commitment and are often less able to achieve stable relationships in later years.
WHAT AFFECTS THE CHILD’S REACTION TO LOSS?

The child’s ability to understand any change or loss will depend on his/her age and degree of understanding. Younger children appear to be more adversely affected by the loss of a parent than older children. This may be due to the inability of young children to understand and the greater need of young children for parental involvement. The more changes a child experiences in the first two years of life, the greater the risk of emotional damage. Typical 'normal' adolescent problems may complicate the grief reactions in an older child. These might include a resistance to communicate with adults, alienation from parents, or worries about his/her sexuality.

Some children may not be able to grieve or express grief effectively because at the time, they do not receive adequate help, or the general atmosphere is too confused. By forming a sensitive and understanding relationship with a foster carer, they may be encouraged to grieve ‘healthily’.

It is important to realise that the majority of children who suffer loss can accept it and adjust, given sensitive help. But the outcome will be influenced by the particular child’s unique personality and previous experiences, as well as how they are helped.

Other relevant factors to take into account:
- When, where and how the child was told and talked to about the loss
- Whether the child had the opportunity to ask questions and receive honest answers
- Where there is a stigma attached to the separation, e.g. alcoholism, drugs, prison, etc.
- Whether the separation was sudden e.g. suicide
- Whether there was illness or death involved;
- What family relationships were like before the loss
- What relationship and contact the child has with parents, siblings, grandparents, aunts and uncles etc.
- Whether the child’s position in the family changes, e.g. youngest to oldest whether a parent remarries

It is useful for you to know as much as possible about the circumstances surrounding your foster child’s loss, so that you can help as much as possible.

HOW DO CHILDREN REACT TO LOSS OR GRIEF?

The symptoms of grief or loss are many and their intensity will vary. You may notice some of these:

Feelings:
- Depression: Feelings of sadness and despair, sometimes triggered by external events
- Guilt: Self-blame for the loss and feeling sad about their behaviour towards their parent
- Anger and hostility: Directed towards the child or family, Social Worker or foster carers

Behaviour:
- Agitation: Restless, over active, lost
- Fatigue: Reduction in normal activities, crying.
- Dependency: Clinging and introverted

Attitude:
- Low self-esteem and self reproach
- Helplessness and hopelessness: Pessimism about present situation and the future
- Possible suicidal behaviour
- Suspiciousness: Doubting the motives of those who offer help, such as foster carers
- Inter-personal problems: Difficulty in maintaining and making relationships.
- Imitation of the behaviour of the lost person and/or idealism of them

Physical Reaction:
- Loss of appetite, or sometimes overeating.
- Sleep Disturbances: Nightmares or sleepwalking
- Bodily Complaints: Headaches, sickness, tremors, hair loss
- Physical complaints of the lost one (Symptoms similar to those of the deceased parents may be felt in the child.)
- Toileting: In younger children this may regress.
- Cognitive Impairment: Lack of concentration and ability in thinking, schoolwork and creative skills may suffer

HOW TO HELP CHILDREN COPE WITH LOSS

Talking, listening and sharing feelings is one of the main messages in this, as in all your work with foster children. Where possible, children should be prepared for loss and then given honest, clear explanations about what has happened. They will need to have the opportunity to cry with you and explore their worries and feelings, which will range from sadness to anger.
Play may be very important for young children in particular, who may need to act out their feelings through play. Talking about loss and coming to terms with it may take a long time. You will need to help the child build up a full picture of what has happened to him/her, what losing a parent was like etc. People and past events need to be kept alive and this is part of the grieving process. This is where life story work can be so important.

When children have experienced loss, they need to feel safe, cared for and loved and you will be especially important in caring for them and reassuring them. It will be important to maintain a routine for children, so that they feel as secure as possible. Children in foster care have often experienced a succession of losses and it is important to minimise changes. The child may feel wary of the foster placement and unduly anxious about the loss of you as their present carer.

A child may be clinging, need reassurance and need to regress and be ‘babied’ for some time.

You may think that children are ‘too young to notice much’ or that their behaviour seems to indicate that they are unaffected, but this may not really be the case. You may find the use of special books on the subject, drawing and acting out play are helpful with little ones.

Normal problems of adolescence may intensify the conflicts of grief for older children. They may repress grief in order to appear grown up. They may dislike being an ‘odd one out’ and reject special help, as it makes them appear different.

Natural healthy grieving can’t be hurried, but it may conflict with the need to concentrate and work hard when important exams are looming ahead. Liaison with schools may be important here. You will need to help them express their feelings and act them out in a healthy manner, e.g. via sport, hobbies or music. Remember that adolescents may get good support from their friends and be able to share their feelings with them better than with their ‘family’. Sexual acting-out may occur because of a need to seek out a warm relationship and someone to love.

**PROFESSIONAL HELP**

A child you care for may be receiving, or will have been referred to receive, for example, therapy or counselling from a service such as the Child and Adolescent mental health service (CAMHS, sometimes referred to as Child Guidance), or a Youth counselling service, or may be receiving direct work from a Social Worker. If you are not certain about whether therapy has been offered or should be offered, discuss your thoughts with the CCSW and with your Family Placement Social Worker. A consultation with the Clinical Psychologist will help clarify the process. CAMHS are expected to give priority to children in care.

The need of a child for specialist therapeutic help should also be noted at the Child Looked After Review meeting and should be written into in the child’s Care Plan.

**SMOKING**

Our aim is to reduce the risk of environmental tobacco smoke for children in care and for foster carers. Smoking and passive smoking injures health and therefore should not be encouraged. Help and information about giving up smoking for children and foster carers is available - ask your Family Placement Social Worker.

The Borough of Poole operates a ‘no smoking policy’ in all its workplaces and buildings and employees are prohibited from smoking on council property. A total ban has not at this point been extended to foster carers. The number of carers who smoke has significantly reduced and new applicants are encouraged to provide a non-smoking home environment.

The Fostering Service is willing to support carers who engage in programmes, which help them give up, e.g. funding can be given to cover prescription costs.

Family Placement Social Workers are expected to advise existing foster carers and new applicants about the dangers to babies and children caused by passive smoking.

We have adopted the BAAF recommendations:

- Children less than six years old should not be placed with carers who smoke as very young children and toddlers spend most of the day physically close to their carers
- Children with a disability, who are often physically unable to play outside, and all children with respiratory problems such as asthma, and all those with heart disease or glue ear should not be placed with families who smoke
- In long-term placements, and where the approved carer is a family member, the additional health risks of the child being placed in a smoking household need to be carefully
balanced against the benefits of the placement for the child. The significant risks of passive smoking increase over time.

- Children from non-smoking birth families should not be placed with foster carers who smoke.
- Older children, who are able to express a view, must be given a choice to be placed with a non-smoking family.
- All carers should be advised that they should not be buying cigarettes for children and young people. Cigarettes must never be used as a reward or incentive for good behaviour.

Advice from the National Safety Council about minimising exposure to tobacco smoke includes:

- Don’t smoke around children or allow others to do so.
- Keep your home smoke-free. Smoke lingers in the air so children may be exposed to smoke even if they are not around whilst you are smoking.
- Only smoke outside the house.
- Never smoke in the room where the child sleeps and do not allow anyone else to do so.
- Never smoke whilst washing, dressing or playing with a child.
- Never smoke in the car with the windows closed and never when the children are present. The high concentration of smoke in enclosed space greatly increases the exposure of other passengers.

The smoker only inhales 15% of the smoke from a cigarette, the rest goes into the air and other people breathe it in. The health risks associated with smoking and passive smoking are now well known and have to be taken seriously where children are concerned. Children of all ages who have respiratory problems e.g. asthma, should not have to breathe in cigarette smoke. Children with a parent who smokes are also more likely to have chest, ear, nose and throat infections than non-smokers’ children. Many children in care are particularly vulnerable because of their previous circumstances or health issues.

As well as the immediate dangers to children’s health, we must also be concerned to help children in the long term adopt healthy living attitudes. Children are more likely to become smokers if they live in a household with a parent or carer who smokes.

We accept that at this time a small minority of foster carers do smoke. We do not insist that you stop smoking and will continue to approve you if you smoke. This will be kept under regular review. We would strongly recommend that you consider stopping and will be able to advise you about support and advice to help you with this.

If you or a household member is a smoker, you will be advised to restrict smoking to certain areas of your garden and not to smoke near the child. You must ensure that children play, eat and sleep in smoke free rooms and are not exposed to smoking when they travel in your car. You must consider how to minimise exposure to smoke when you visit friends and relatives.

Children’s Social Workers and children’s parents will need to be assured that in the small number of cases where a foster carer is a smoker, they will not do so in the presence of the children. This will need to be explicitly discussed and documented.

We strongly believe in promoting healthy living for all children. Foster carers are key role models to children in making good lifestyle choices. Foster carers should be well informed of the dangers of smoking and passive smoking and should be able to help children grow up with an understanding of this.

FREQUENTLY ASKED QUESTIONS

Foster carers have asked for advice about what to do in some of the following situations:

If a child or young person is themselves a smoker:
We advise you to discuss this with the child’s social worker and your Family Placement Social Worker. Ensure that appropriate health advice, leaflets, support etc are available to assist the young person to stop the habit. For some young people this is not easy, and you may have to reach an agreement which sets some limits to where and how much the young person smokes.

What to do if the child visits their own friends’ houses or their own birth family’s home where smoking takes place.
The foster carer is limited in what he or she can do in these circumstances. It may be that encouraging the young person’s awareness of the health issues will help them to be more confident in the way they deal with this. Unlike adults who can choose whether or not to be in a smoky environment, children have little choice. They are far less likely to be able to leave a smoke-filled room if they want to. Babies cannot ask. Some children may not feel confident about raising the subject; and others may
not be allowed to leave even if they ask. We advise you to discuss any concerns you may have with the child’s social worker.

Information about the effects of passive and second hand smoke on children can be found at www.ash.org.uk/files/documents/ASH_113.pdf

CONSUMPTION OF ALCOHOL

There is no harm in modelling a healthy social use of alcohol, but please bear in mind that children like to feel that adults are always in control; they may be anxious if an adult became incapable of being in charge of a situation. Remember, too, that many children have had negative experiences of adults and alcohol, maybe linking it with violence and abuse, so innocently pouring out a drink may trigger frightening memories for a child.

Remember that alcohol is a poison for children and should be kept out of children’s reach or be locked away. Over 1000 children are admitted to hospital each year because of alcohol poisoning.

DRUG AND SOLVENT ABUSE

Many foster carers worry about young people becoming involved with drugs. They feel that they don’t know enough about drugs to help prevent young people coming to harm.

Although there are many stories in the media about drugs leading to addiction, crime and death, it is important to remember that:

- for most young people illegal drug taking is not a part of normal life
- most people who do try drugs do not continue using them.
- those who try illegal drugs do not usually suffer any long-term harm to their health.

However, there are serious risks associated with drug use. Studies show that more young people experience problems caused by drinking too much alcohol than from drug use.

WHY DO SOME YOUNG PEOPLE WANT TO USE DRUGS?

Many parents and carers don’t understand why young people might want to try drugs and think that young people only use drugs if they are having problems e.g. at home or at school. This is not always true. They may be attracted to drugs for similar reasons as they are to alcohol, perhaps because:

- they enjoy the short-term effects
- their friends use them
- they want the same kind of experience that they get from drinking a lot of alcohol
- they are curious about the effects
- the drugs are easily available
- as part of growing up, they might just want to ‘break the rules’.

YOUNG ADULTS DRUG AND ALCOHOL SERVICE (YADAS)

The YADAS service in Poole has a fully equipped team of professional staff ready to engage with young people aged 10 to 19 who live in Poole and have drug and/or alcohol issues. However big or small you feel the problem might be, the YADAS team offers a full range of treatment options, from 1 to 1 advice, counselling, group work and detoxification.

The service is set up to offer appointments in locations suitable and convenient to the young person. This could be within the school, home, youth club, advice centres or any other location suitable for the young person.

It is quick and simple to make a referral, under 19s can refer themselves or a professional can do it on their behalf.

Upon receipt of a referral, YADAS will make contact with the young person to arrange an initial appointment. At this appointment, the key worker will talk about what the service offers and make another appointment with the young person to get further information to inform a treatment package to meet their needs. The young person will then be offered regular appointments to work towards the goals set in the care plan.

All discussions are confidential and it is only in certain circumstances that any confidentiality may need to be broken to protect and young person from harm, but this will always be discussed with the young person first.

YADAS also offers the opportunity to become involved in social activities, education packages and aftercare support to allow for the best possible outcome.

YADAS can also undertake small group work sessions. These would involve young people being individually assessed but up to 3 education sessions being delivered in a group environment.
Each young person would then be reviewed individually to assess if there is any ongoing need.

If you would like to make a referral, please just call us on 01202 741414 or contact us through the website. Our office is based in Parkstone, Poole but all of our appointments with young people are delivered in the local community.

**Contact us on:**
YADAS, 54a Ashley Road, Parkstone
Poole BH14 9BN
Telephone 01202 741414
Email yadasoffice@edasuk.org
Website www.edasuk.org

**TALKING ABOUT LEGAL AND ILLEGAL DRUGS**

To work effectively with young people on issues of drug use, foster carers need to know about the effects and risks of different drugs. It is important to give young people accurate information which will encourage them to reduce the risks they take.

Choosing an appropriate time to talk about drugs with a young person, being willing to discuss the issue and setting up a dialogue, rather than responding by panicking or lecturing, will be the best way of getting the message across.

Foster carers of young drug users need accurate information about drugs and to know where they can get support. For more information see 'A Parent’s Guide to Drugs and Alcohol’. This includes what to do in an emergency situation, sources of help and support etc. This leaflet is available from the Fostering Team.

The approach taken with young people should be specific to each individual. It will depend on their age, maturity and on their experience of drug use.

To talk effectively with young people about drugs the following guidelines are helpful:

- Show that your main concern is for their health, safety and well-being;
- Listen carefully to their views and feelings;
- Try to explain your feelings (this will help them understand your point of view);
- Talk with them, rather than to, or at them;
- Don’t panic;
- Don’t confront a young person whilst they are intoxicated;

- Don’t assume if someone says they have taken drugs, that they have a drug problem;
- Talk with them about their feelings or about drugs;
- Get them to think about how they might refuse to try drugs;
- Learn to take young people seriously. Take time to find out about their views and feelings without arguing with them;
- Be firm without being aggressive;
- Don’t ‘bully’ young people;
- Don’t preach - being ‘holier than thou’ does not help a child;
- Don’t try to scare children with shock horror stories. It doesn’t work and to someone who uses drugs and has experienced their effects, it will be unbelievable;

There may be occasions when a young person uses an illegal drug in the presence of their foster carers. It needs to be made clear that this is not acceptable. Such drug use may be designed to challenge, confront or shock, and therefore will need careful management. Such incidents need to be recorded and the CCSW informed.

**POSSIBLE SIGNS AND SYMPTOMS OF DRUG USE**

It is often very difficult to tell when a young person is using drugs and it starts to become a problem. Individual drugs will affect people in different ways. The list of signs and symptoms below may raise suspicions of drug use, although many are indicative of normal adolescence, so great care needs to be taken when applying them to individuals.

**PARAPHERNALIA**

- Cigarette papers, matches or lighters
- Small pieces of foil or cling film
- Plastic tubing or straws
- Cardboard torn into small pieces
- Spoons discoloured by heat
- Syringes or needles
- Small plastic bottles
- Drinks cans with holes in
- Empty aerosol cans

**PHYSICAL SYMPTOMS**

- Lack of appetite/weight loss
- Food cravings, having the 'munchies'
- Soreness or rashes
- Tiredness
- Frequent headaches
- Lack of co-ordination
**BEHAVIOUR**

- Changes of mood
- Restlessness/secretive
- Loss of interest in school work
- Lying and furtive behaviour
- Lack of interest

**DEALING WITH YOUNG PEOPLE UNDER THE INFLUENCE OF DRUGS**

**WHEN INTOXICATED AND FULLY CONSCIOUS**

- Stay calm and speak quietly
- Decide if medical help or the assistance of a first aider is required
- Find a quiet space
- Ask someone to contact parents/carers
- Maintain continuous supervision until accompanied home

**WHEN UNCONSCIOUS**

Send someone to phone 999 Decide whether you feel competent to help. If not, contact a first aider.

The following advice is for a competent person:

- Put casualty in recovery position
- Assist breathing by loosening anything around the neck
- Check breathing - commence artificial respiration if breathing stops
- Check pulse, commence heart massage if no pulse is found
- Keep casualty warm by using coats or blankets Try to find out what substance might have been taken
- Maintain continuous supervision

**PROBLEMATIC DRUG USE**

If a foster carer has a concern about a young person’s misuse of substances they should contact the CCSW.

The most common type of drugs are:

- **AMPHETAMINES** (sometimes called speed) Usually pill form or a yellow/white powder form and do what they say - give one speed - i.e. energy.

- **CANNABIS** - The most widely used. Comes in black or brown lumps of resin or like grass. Also known as hash, dope, weed, head, grass, gear, hashish, score, draw, marijuana, puff, bash or pot.

- **LSD** - Usually as pills. Causes lurid day dreams and can leave a feeling of despair after the high.

- **COCAINE** - White powdery appearance. Can be sniffed or injected.

- **CRACK** - Refined cocaine, using other chemicals such as baking powder. It is usually smoked and is rapidly addictive.

- **OPIATES**, e.g. heroin - White or brown powder that can be injected, smoked or sniffed.

- **ECSTASY** - Usually in capsules or tablets.

- **SOLVENTS AND GASES**, e.g. cleaning fluids and lighter fuel. Can be sniffed to produce effects similar to alcohol.
SECTION 5

HELPING CHILDREN IN CARE STAY SAFE
SAFETY ISSUES

Poole Children and Young People’s Social Care pays particular attention to health and safety in the home as part of the process of assessing prospective foster carers. Clearly the task of looking after someone else’s child brings with it a large responsibility for the safety of that child.

A health and safety checklist is undertaken at the time of a Foster Carers’ Assessment and at each Review. This includes consideration of any pets and in some case specific assessments are requested, including a vet’s advice. All foster carers are required to have smoke alarms fitted in their homes as a specified minimum standard of fire precaution.

Dorset Fire and Rescue Service can give advice about fire safety of homes, including developing appropriate exit plans. The service will also provide smoke alarms if required.

A comprehensive health and safety policy is important for all carers and should be individual to each household.

SAFE CARING

Safe caring is the term used to describe how risk of abuse to children in your care or allegations against carers is minimised. Poole foster carers will write a Safe Care Family Plan in order to:

• keep the child safe from abuse by adults
• keep all children in the household safe from abuse by other children in the household.
• keep members of the family safe from false allegations of abuse.

It is recognised that males, both adults and young people, in a household are more vulnerable to allegations, as sexual abusers are more often male. Some children are more vulnerable to abuse because of their need for greater personal care or limited ability to communicate.

The Safe Care Plan will form part of a carer’s assessment and will be reviewed annually at each review of the carer’s registration. It will be considered at each placement meeting to ensure it meets the needs of the specific child being placed at that time and covers any risks posed by the placement.

BEHAVIOUR MANAGEMENT

By providing a secure environment carers can enable children and young people to grow and mature, developing feelings of self-worth and respect for themselves and others. It is worth remembering that we all respond positively to praise and negatively to criticism. If criticism is necessary, then it should be constructive and not allowed to undermine a potentially fragile confidence. Most youngsters will welcome a consistency of approach and being directed to clear, attainable goals.

Sanctions need to be individual to the person and the situation, but there are some forms of sanctions and control that are unacceptable to be used in fostering situations and some of these are listed below. There is a continuing need to check that the sanctions used are appropriate to a child’s age and understanding.

UNACCEPTABLE SANCTIONS AND CONTROLS:

NEVER use corporal punishment - includes smacking, hitting, pushing, biting, throwing missiles and rough handling, all of which, if used, could constitute assault.

NEVER carry out intimate physical searches or intrude upon a child’s need for privacy.

NEVER punish by depriving a child of food or drink. Stopping sweets and snacks between meals is permitted, and so is not feeding certain foods on medical advice. Force feeding is prohibited. Severe feeding problems should be discussed with the child’s social worker and the designated nurse for children in care.

NEVER restrict or refuse contact with a child’s family as a punishment. Restrictions may be needed for other reasons as agreed with the child’s social worker and forming part of the placement agreement. Restricting contact with friends should be discussed with the child’s social worker.

NEVER make a child wear distinctive or inappropriate clothing (e.g. pyjamas) in the day as a punishment.

NEVER withhold or withdraw medical or dental treatment as a punishment. Neither should you administer medicine inappropriately e.g., giving sedation at night without medical advice.
NEVER use accommodation to physically restrict the liberty of any child. This does not mean you cannot use normal security measures such as locking your front door at night, but a child should not be locked in their bedroom, for example. Exceptional circumstances which could place a child at risk should be discussed with the social workers involved.

It is a legal requirement that foster carers do not use any measure of control, restraint or discipline, which is excessive or unreasonable.

NEVER deprive a child of sleep. Physical restraint should only be used on a child where it is necessary to prevent likely injury to the child or other persons or likely serious damage to property.

Any situation in which foster carers have used physical intervention or restraint should be notified immediately to the Fostering Team Manager. The Fostering Service is required to keep a record of any incidents which have involved foster carers using measure of control, restraint or discipline.

A well-prepared placement agreement should outline sanctions that are acceptable and which may be used with the full understanding of all parties. It is important that carers advise the child’s social worker at the first opportunity of any sanctions that they do apply and also keep a record of such events.

Positive methods of behaviour management can include measures such as systems of reward, star charts, limited periods of ‘time out’, withdrawal of treats, and other strategies. Foster carers should seek advice from their Family Placement Social Worker about different approaches to managing behaviour. Specialist help from the psychologist or from other professionals can also be requested. Effective communication and clear records can prove invaluable, not least to protect carers against ill-founded allegations of abuse.

Your Family Placement Social Worker can make available to you more specific advice and guidance on behaviour management. Training about behaviour support and physical interventions is provided by the fostering service.

WHEN A CHILD GOES MISSING

The Local Authority has a duty of care in respect of any child who ‘is looked after’ by them under the requirements of The Children Act 1989. This applies to all children, it includes children who are over 16 years of age and who are accommodated, even if such children are considered to be of sufficient maturity to make independent decisions.

Foster carers are dealing with the most vulnerable young people who may go absent and be at risk, yet the Local Authority as a corporate parent, retains a responsibility at all times. It should be routine that carers contact Children’s Services (using Out of Hours Service if necessary) prior to any report to police. The social services officer must carry out an accurate risk assessment prior to categorisation of the absence.

The Police have a responsibility to protect life. The Police will actively pursue cases of missing persons where circumstances surrounding the disappearance are suspicious, with a particular focus on vulnerable persons and this includes any child reported as missing.

CATEGORIES OF MISSING CHILDREN AND POLICE NOTIFICATION

The risk to any child whose whereabouts are unknown requires immediate assessment. Each missing child will be categorised as one of the following:

- **Missing** - A ‘child’ is regarded as ‘missing’ when the child’s whereabouts is unknown, whatever the circumstances of the disappearance. They will be considered missing until located and their well-being or otherwise established.

  In such circumstances the Police must be notified.

- **Absconded** - An ‘absconder’ is a child who is absent without permission of the responsible authority and is also looked after as a result of a Court Order which provides the authority with the power of detention. The Police have the power of arrest without warrant in these circumstances. In such circumstances the Police must be notified and full details of the child provided. A child who has absconded will fall within the Criminal Justice procedures for ‘wanted’ persons.
**Unauthorised absence** - This category refers to occasions when a child is absent without approval, but does not meet the definition of missing. Some children absent themselves for a short period and then return. They may be testing the boundaries of control and are not necessarily considered to be at risk.

In such circumstances an absent child would be regarded as being ‘an unauthorised absence’.

In cases of unauthorised absence the risk must be re-assessed at periodic intervals in the light of current information. If any cause for concern is raised at any time then the police must be informed.

**REASONS FOR CHILDREN GOING ABSENT**

Children who absent themselves without permission may be carrying on a pattern of behaviour that has been established over a long period, starting before any involvement with the Children’s Social Care. Alternatively they may be reacting specifically to their present circumstances. It should be remembered that it is as likely they are running from something as to something. They may want escape conflict with carers, bullying, abuse, or just general unhappiness and may be under enormous temptation to leave from peer pressure or perceived advantages of returning to their families or street life.

When a child has a history of repeatedly going absent, care must be taken not to see successive incidents as simply ‘crying wolf. Any child who consistently goes absent will be experiencing personal problems which may lead him/her into potentially difficult or dangerous circumstances. It is crucial that each episode is assessed in its own right, as well as in the continuum of incidents.

**ASSESSMENT OF RISK**

Risk assessment is an activity which enables the level of risk posed to or by an absent child to be identified. The Foster carer and the Lead Professional or Out of Hours Service will undertake this jointly. The intention is to trigger Police action at a mutually agreed stage, which is based on a high level of concern, not simply the number of hours absent.

If following the assessment of risk a child is deemed to be ‘missing’ or to have ‘absconded’, the Police must be notified immediately. The Police will then go on to agree an action plan for Police activity.

**ACTION FOR FOSTER PLACEMENTS**

On discovering that a child is absent without permission, foster carers should notify the child’s Social Worker or, outside office hours, the Out of Hours Service (OOHSS). An assessment will be made by the Team Manager responsible for the child or by the worker on out of hours duty as to which category the child’s absence falls into. The child’s parents or person(s) with parental responsibility should be informed as appropriate by either the Senior Duty Officer or Social Worker as soon as practicable.

Clearly the foster carers will be in a position to provide key information in the assessment of the risk to the child. The responsibility for the assessment, however, remains with the Social Services, who will inform the Police.

**INFORMATION FOR THE POLICE**

Information to be made available to the Police will include:

- A description of the child (including clothing worn, items taken, money etc.)
- When the child was last seen, and with whom
- A recent photograph
- Family addresses
- Known acquaintances and their addresses
- Any previous history of going missing/absconding
- The name and address of the child’s GP and Dentist
- Any information about the child’s circumstances that may increase the risk to a child should be drawn to the attention of the Police.

**PLANNING FOR THE CHILD’S RETURN**

When a child who has been missing returns, the social worker will follow some guidance about considering

- whether they will return to placement,
- how they will get there
- Do the Police wish to interview the child before he/she is returned to his/her placement? Or the child care social worker will undertake a return to placement interview.
- Is it necessary to appoint an independent person to talk to the child after his/her return and if so, who would be an appropriate person?
RECORD KEEPING

Foster carers should record details of any absence in their care diary.

A record of what the child looks like is also important. We suggest that foster carers have up to date photos available, and that a photo is made available to the Child Care Social Worker. Please be sensitive about ensuring you have the young person’s consent to be photographed.

CHILD IN TROUBLE WITH THE POLICE

If the police arrest anyone, especially a juvenile under the age of seventeen, they have to follow clear procedures. The police must inform the appropriate adult as soon as possible of the grounds for detaining a young person, where s/he is being held, and ask for the appropriate adult to come to the police station. An appropriate adult is:

- Parent/Guardian or foster carer if the child is in Care.
- A Social Worker or Youth Offending Service worker. Check?
- Any responsible adult over 18 years who is not a police officer or employed by the police.

As the appropriate adult, make a note of the reason for the arrest, place and time of the arrest and the name and rank of the Custody officer. The functions of the appropriate adult are:

- To advise the young person.
- To observe the interview to make sure it is done properly and fairly.
- To assist communication between the police and young person.

It is the duty of the Custody Officer to keep you informed about what is happening and that correct procedures are being followed. If you have any doubts, never be afraid to ask questions.

RIGHTS OF THE CHILD/YOUNG PERSON

The young person will be given a ‘Notice to Detained Persons’ and ‘Notice of Entitlement’, describing their rights in detail. You should ask to see them.

RIGHTS OF THE APPROPRIATE ADULT

You have the right to free legal advice on behalf of the child/young person. If s/he or you do not have a solicitor, there is one available through the duty solicitor scheme. Ask the custody officer.

You have the right to speak to the child/young person in private at any time if they request it.

You have the right to be with the child/young person during any of the police procedures, such as being interviewed, giving or signing a statement, being cautioned or charged, intimately searched (which is very rare), taking part in an identification parade, or when the grounds for detention are periodically reviewed.

You and your solicitor may make representations to the custody review officer. Steps should be taken for a young person to be removed to the care of the local authority as soon as practicable.

VIOLENCE

Risk assessments are made when placements are arranged, and foster carers will be informed if there is any known risk of violence from the child or young person, or family members. Strategies to deal with known risks of violence will be discussed. In some circumstances the carer’s address is not disclosed to family members.

Risk Management Meetings should take place on a regular basis if a young person with a persistently volatile or risky pattern of behaviours is placed with a foster carer. These meetings should involve all the agencies working with the child as well as the foster carer. The OOHSS should be made aware of the outcome of these meetings and any strategies that have been agreed.

Please remember that if you or a member of your family finds themselves in a situation when you are at imminent risk of harm, contact the police - 999 - in the first instance.

Whilst such incidents are rare, it is important that foster carers are aware that foster care may involve contact with people who can be very stressed or unpredictable. It is important that foster carers report all incidents of violence against themselves or members of their family to the Children and Young People’s Social Care or the Emergency Out of Hours Service as soon as possible and, where appropriate, the Police. There should be no delay in seeking medical attention or advice if required. Your Family Placement Social Worker is available for advice and support following any incident. Extra
support may be provided if required, for example counselling. There should be a regular re-assessment of any risk factors, including whether the placement should continue.

As with all serious incidents, foster carers should record the details of any events.

**BULLYING OF CHILDREN LOOKED AFTER**

All adults with responsibility for caring for children looked after by the Borough of Poole, have a shared responsibility to actively promote their welfare, health and self-esteem. They must therefore be particularly alert to the signs and effects of bullying and be clear about the strategies to adopt to both minimise the risk of bullying and overcome its effects.

Looked After Children may have suffered significant loss and trauma in their lives and may have low levels of self-esteem and confidence which will make them more vulnerable to bullying. They are entitled to safe care and protection from all forms of harm including bullying.

Children’s Services and all schools within the Borough of Poole have anti bullying policies and work actively to enforce anti bullying strategies. Studies show that over half of all children say that they have been bullied at some time. Bullying can be carried out by an individual or group and it always involves an imbalance of power i.e. the powerful attacking the powerless.

Carers in particular, should be aware of the possibility of bullying within their own household, particularly where more than one child is being looked after.

If you are worried that the child in your care is being bullied, ask him or her directly. Children who are being bullied are often frightened to tell about what is happening so be prepared for them to deny at first that there is anything wrong. Encourage them by saying that you are concerned and that you want to help and support him or her, whatever the problem. Take whatever the child says seriously and find out what exactly has been going on. Don’t promise to keep the bullying secret but reassure the child that you will help them sort out the problem.

If you find that the child is a perpetual victim and that they are bullied wherever they go, try and think how they react to people. Perhaps they don’t know how to talk or play with other children? Help them develop social skills by role-playing with them. (Pretend you are another child and help the child in your care work out acceptable approaches.)

The following guidance is taken from Kidscape guide for parents, a valuable source of information and support. www.kidscape.org.uk

**BULLYING - POSSIBLE SIGNS**

A child may indicate by signs or behaviour that they are being bullied. If you are concerned and become aware of any of the following, you may wish to ask if someone is threatening or bullying them.

Children may:
- be frightened of walking to or from school
- be unwilling to go to school
- ask you to drive them to school
- change their route to school
- begin doing poorly in their school work
- come home regularly with clothes or books destroyed
- come home starving (because dinner money was taken)
- become withdrawn, start stammering
- become distressed, stop eating
- attempt suicide
- cry themselves to sleep
- have nightmares and even call out ‘leave me alone’
- have unexplained bruises, scratches, cuts
- have their possessions go ‘missing’
- ask for money or begin stealing money (to pay the bully)
- continually ‘lose’ their pocket money
- refuse to say what’s wrong
- give improbable excuses to explain any of the above.

**HELPING A CHILD WHO IS BEING BULLIED**

Bullying has been compared to form of brainwashing, with the victims ending up believing that somehow they deserve to be bullied. Victims feel vulnerable and powerless. Their self-esteem may have been considerably damaged, especially if the bullying has been going on for some time, and you need to build up their self confidence with plenty of praise and affection. Here are some suggestions:
- keep telling the child that you care about them very much and that you are 100% on their side
- reassure them that the bullying is not their fault
- explain that reacting to bullies by crying or becoming upset only encourages them. Victims should try not to react to the bullies' taunts. If bullies can’t goad the victim into a response, they’ll get bored.
• practise assertiveness techniques with the child; practise saying ‘No’ very firmly and walking away from a bully. It is hard for the bully to go on bullying if the victim doesn’t get upset and just walks away.
• help the child think up simple responses to the bully’s most frequent taunts. Responses don’t have to be brilliantly witty or funny but victims say that it helps to have a reply prepared.
• explore ways to minimise opportunities for bullying: i.e. don’t take valuable possessions to school, don’t be the last person in the changing room, don’t linger alone in corridors. Stay with a group even if they are not friends - there’s safety in numbers
• If the bully threatens them to get money or possessions, tell them that they should give up whatever it is the bully wants. Keeping safe is more important than keeping possessions
• make time to sit down and talk to the child - encourage them to tell you how they feel; discuss their ideas and feelings
• praise them whenever they accomplish something or whenever they behave well
• make opportunities for them to do well; for example, let them help with tasks around the house - praise them when they carry them out
• give them responsibilities - this helps to make them feel valued and important
• make a star chart (every time they do something helpful or behave well, they get a star to stick on a chart - every five or ten stars give them a small treat)
• help them make a ‘feel good’ poster: find a happy photograph of the child and stick it in the centre of a piece of paper. Around it write down some of the pleasant things which different people have said about them, together with reminders of the successes they’ve had. Put it somewhere they can see it every day
• sometimes victims become withdrawn - help them develop social skills: invite other children round (don’t invite more than one at a time at first otherwise they might ‘gang up’ on a meek, quiet child) and arrange outings
• encourage the child to join groups like Rainbows or Scouts where they can make new friends
• try not to let them sit around moping - they need diversions. Encourage them to develop a hobby or a sport
• encourage them to do something they are particularly good at - this will help their self-confidence

WHAT TO DO IF THE CHILD YOU CARE FOR IS A BULLY

If you learn that the child you care is responsible for bullying:
• try and stay calm
• try not to become angry and defensive
• ask exactly what the child has been doing
• ask if they have behaved like this before
• talk to teachers, playground supervisors, other parents - the more you can find out about what has been going on, the easier it will be to work out why your child has been bullying and what can be done about it.

HELPING THE BULLYING CHILD

• see if he or she has any ideas about why they bully and what they think might help them stop
• reassure your child that you still care about them - it’s their behaviour you don’t like but you will work with them to help change this
• find out if there is something in particular which is troubling him or her and try to sort it out
• work out a way for the child to make amends for the bullying
• set up some sort of reward for good behaviour
• set limits. Stop any show of aggression immediately and help the child find other, non-aggressive ways of reacting
• if they bully when faced with certain situations, help them work out and practise alternative ways of behaving
• explain that getting away from a situation where they can feel that they are losing their temper, or things are getting out of hand, is not weakness. It is a sensible way of ensuring that the situation doesn’t get worse
• teach the difference between assertive and aggressive behaviour
• praise when they do things well. Create opportunities for them to shine
• talk to the school staff. Explain that the child in your care is making an effort to change his or her behaviour. Ask what ideas they have to help. It might be helpful for you and the child to talk to an educational psychologist.
• talk to the staff about setting realistic goals for them - don’t expect too much too soon - and about rewarding him or her when they achieve one of these set goals. Ask if the school can provide a room where the children could go if they feel they need time to ‘cool off
• other children may deliberately provoke a bully, especially if they think the bully is trying to reform. Explain to the child in your care that they may be taunted and provoked but that
they should try not to respond aggressively. The child should walk quickly away if they think someone is trying to pick a fight.

- Carers and other adults can help by controlling their own aggression and by making it clear that violence is always unacceptable.

**CYBERBULLYING**

Cyberbullying takes different forms: threats; intimidation; harassment or ‘cyber-stalking’; unauthorised publication of private information or images; impersonation; and ‘happy slapping’. Cyberbullying is a particularly insidious type of bullying as it can follow young people wherever they go, with no refuge, and the anonymity that it seemingly affords to the perpetrator can make it even more stressful for the victim.

Bullying evolves as society and technology changes, so we need to get to grips with newer forms of bullying and the different impact these have on the victim. We must help young people understand that as bystanders, they can inadvertently become perpetrators - simply by passing on videos or images, they are playing a part in bullying. It is important that young people are aware that their actions have severe and distressing consequences and that participating in such activity will not be tolerated. Information about preventing and tackling cyberbullying can be found at: www.childline.org.uk

If you are having problems with mobile or online bullying, here’s a few ideas about what you can do to help you deal with it and stop it happening completely:

- talk to someone you trust about it, like a friend, a teacher or an older relative
- keep and save any bullying emails, text messages or images you receive
- make a note of the time and date that messages or images were sent, along with any details you have about the sender
- try changing your online user ID or nickname
- change your mobile phone number and only give it out to close friends
- mobile phone companies and internet service providers can trace bullies, so don’t be afraid of reporting it to them
- block instant messages from certain people or use mail filters to block emails from specific email addresses
- don’t reply to bullying or threatening text messages or emails - this could make matters worse and lets those carrying out the bullying know that they’ve found a ‘live’ phone number or email address
- report serious bullying, like threats of a physical or sexual nature, to the police

**HOMOPHOBIC BULLYING**

Schools are issued with guidance around the issues of homophobic bullying and how teachers can address instances of homophobic bullying sensitively and effectively, while developing a culture of respect, tolerance and understanding to prevent it from happening at all. Research suggests bullied pupils often feel uncomfortable about reporting homophobic attacks to their teachers. There are also concerns that casual homophobic language in school playgrounds isolates many pupils, leaving them exposed to more serious forms of bullying.

**PERSONAL RELATIONSHIPS AND SEXUAL HEALTH**

Research tells us that children and young people in public care can be vulnerable to poor sexual and emotional health. Without trusting and stable relationships with adults, whether a teacher, or parent, for example, it can be difficult for any young person to access information, education and support about sexual matters. Without proper support a young person may receive inadequate or incorrect sexual information and negative messages about sex and sexual orientation.

Sex and relationship education is a lifelong learning process of acquiring information, developing skills and forming attitudes and beliefs about sex, sexual orientation, relationships and feelings. Talking about sex and relationships is important because it enables young people to:

- build self esteem
- explore their values and attitudes
- make informed decisions about their behaviour, personal relationships and sexual health
- develop social skills, including assertiveness and negotiation, which can also be used in other areas of their lives
- neither exploit nor be exploited
- protect themselves against sexually transmitted infections and unplanned pregnancy.
- Have positive and fulfilling relationships.

Foster carers need to be able to talk about these issues in easy to understand, simple language. They need to be prepared to answer questions honestly and be non-judgemental. Many carers and parents find it difficult to discuss sexual issues with
their own children, or children in their care. These conversations should only be shared on a strict need to know basis.

If we don’t talk to young people about personal relationships, we leave them in a position where they have to rely on information from friends and the media. Such information is often inaccurate and misleading and may generate prejudice and fear.

‘People Like Us, the report of the Review of the Safeguards for Children Living away from Home’ (Utting, 1997, DoH) states that ‘Foster children should also be given age appropriate sex education. Agreement should be reached between the Child Care Social Worker and the carer about how this can be best provided’. Emailed Alison Vokins 19-4-13

For most young people, their understanding of their sexuality and the development of their sexual orientation is a gradual process. A general climate which values different sexual orientations needs to be developed, and appropriate behaviour needs to be modelled by carers and Local Authority staff. Homophobic language and attitudes must be challenged and corrected.

**SEXUAL HEALTH**

Sexually transmitted infections (STIs) can be passed from one person’s body to another during sexual contact. Most STIs can be cured when treated early by a doctor. If you are concerned that a child or young person is at risk then you should ensure they visit the local sexual health or young person’s clinic.

Anyone who has sex without using a condom is putting themselves at risk of STIs and HIV.

**HIV/AIDS**

HIV stands for Human Immuno-deficiency Virus. HIV damages the body’s immune (defence) system so that it cannot fight off certain infections and cancers. The virus can be passed on when HIV in the semen, vaginal fluids, blood or breast milk gets into the blood stream of someone else. HIV is not spread by everyday contact such as touching, kissing and sharing crockery etc.

If a person is HIV positive it means that HIV antibodies have been found in their blood. It is possible to be HIV positive for 20-25 years or longer before developing an AIDS-related illness.

There is still no vaccine or cure for HIV. A person who knows s/he is HIV-positive may choose to take prescribed drugs to try to prevent these specific illnesses developing as well as a combination of anti- HIV drugs. Treatments are available for many of the illnesses while new therapies are also being developed.

The Governments 2012 report on HIV, about 65% of cases in the UK are men. About 48% of total cases are thought to be due to man to man transfer, about 44% are thought to be due to heterosexual transfer, with small numbers due to maternal-baby transfer and other routes of infection. The overall number of people with HIV is increasing because infected people are living longer and are expected to gradually increase their life expectancy as time goes on and treatment improves.

AIDS stands for Acquired Immune Deficiency Syndrome. When a person has AIDS it means that s/he is HIV-positive and has developed one or more specific infections or cancers.

**SAFE CARE**

All foster carers should as routine be taking precautions in respect of general house hold hygiene. You should be wearing gloves if you are cleaning up any bodily fluids or excrement. The use of safe procedures should be standard practice in all situations, not only in caring for someone who is known to be HIV positive. If you are in any doubt our childrens looked after nurse will be able to advise you.

**HEPATITIS B**

Hepatitis is the medical term for inflammation of the liver. Many things, including a virus known as Hepatitis B Virus (HBV), may cause it. This virus occurs all over the world and can have lasting effects on your health. HBV is very infectious, much more than HIV (the virus that can lead to AIDS). HBV can be found in blood as well as semen and vaginal fluids, and any other body fluid that becomes contaminated with blood.

HBV can be passed from one person to another when infected blood, semen or vaginal fluids come into contact with the bloodstream of someone else. Therefore, you can acquire Hepatitis B Virus:

- By sharing needles, syringes, spoons or water to inject drugs with someone who has HBV
- By having sexual intercourse without a condom with someone who already has HBV
• After a needle prick with a contaminated needle
• By sharing a toothbrush with someone who has HBV
• By being bitten by someone who has HBV, or
• A mother can also pass HBV to her baby during pregnancy or at the time of birth

You cannot catch HBV by shaking hands, hugging someone, or from a toilet seat.

There is a vaccine available for Hepatitis B and it is recommended that Foster Carers request this from their GPs. The Local Authority will pay for this vaccine.

HEPATITIS C

Hepatitis C is an inflammation of the liver caused by a virus known as Hepatitis C Virus (HCV). There are many different strains of HCV and it is possible to be infected with more than one strain of HCV at the same time.

• It is known that HCV can be very easily acquired by sharing needles, syringes, spoons or water when injecting drugs
• Toothbrushes and razors should not be shared;
• Bloodstained tissues, tampons etc. should be carefully disposed of;
• Wounds should be covered with waterproof plasters;
• Waterproof gloves should be worn when coming into contact with anyone’s blood

Cleaning with bleach does not kill HCV

Hepatitis C and Hepatitis B are different conditions caused by different viruses. As yet there is no vaccine against Hepatitis C Virus, although research is being carried out to develop one.

HCV can be found in blood and can survive in dried blood outside the body for many days. HCV can be passed from person to person when infected blood comes into contact with the bloodstream of another person. The amount of infected blood required can be so small that it may not be visible. Also, if someone already has one strain of HCV they can still become infected with one or more of the others.
SECTION 6

HELPING CHILDREN IN CARE
ENJOY AND ACHIEVE
Children in Care do not do as well as other children as is shown in lower exam pass rates, poorer progress between key stages and fewer care leavers in further or higher education.

They are also more likely to move around, are about ten times more likely to have a statement of special educational needs and may have problems engaging in education as a consequence of abuse and neglect. Children in care are also eight times as likely to be excluded from school. All of this makes it unsurprising that in 2012 only 14.6% of looked after children got 5 GCSEs at A* - C grades, including English and Maths, compared to 59.4% of all pupils.

It is vital that we work together to improve the quality of life of looked after children, recognising the importance of both continuity of a high quality education and the value of friendships and relationships a child has made at school.

School Placements

When the local authority looks after a child, priority should be given to maintaining the children at their current school. Sometimes this entails a great deal of travel between the foster home and child’s school. Ideally the foster carer is the person who should take the child to school. However this is not always possible and therefore it is essential you establish exactly how the child will get to school with the Child Care Social Worker, before agreeing to any placement. It is also essential for the foster carer to establish what the arrangements would be if the child were not at school for whatever reason. The expectations are that the foster carer would be there for the child, but again this is not always possible.

If a change of schools is involved, the social worker should discuss this with the Head of Poole Virtual School. Top priority is given to children in care in cases of over subscription, under the new School Admission Code, which came in to force on 1st February 2012. A school admission application form needs to be completed by the child’s social worker, explaining why the preferred schools are the only schools which can meet the child’s needs.

POOLE VIRTUAL SCHOOL FOR CHILDREN IN CARE

“Raising educational aspirations and achievement”

Local Authorities as corporate parents have a duty under Section 52 of the Children Act 2004 to promote the educational achievement of children in care and is responsible for making sure that the education of children in care is seen as a priority by everyone who works with them. We see the role of foster carers as key in this.

The Poole Virtual School aims to provide:

- Support to schools to identify, plan and implement necessary support.
- Training programmes for foster carers, school staff, social care, school governors

We work closely with you, designated teachers and a wide range of professionals to:

- Monitor and track the progress of children in care
- Improve attendance and reduce exclusions of children in care
- Promote equality of opportunity for children in care
- Promote stability of foster care placement and school placement
- Support schools to improve progress and achievement of children in care
- Quality assure the educational provision for children in care

Who Are We?

**Tammie Lewis** is the Head of Poole Virtual School for all Poole children in care wherever they are educated and for all children in care in Poole schools. Tammie is responsible for closely tracking their progress and ensuring they receive the support they need.

Contact Tammie at:
Children, Young People and Learning
Floor 6, Crown Office.
Tel 01202 262736
T.Lewis@poole.gov.uk

**Katy Bravery** is an educational psychologist and part of her week is dedicated to supporting children in care, liaising with school educational psychologists and social workers.

Katy can be contacted on:
Children, Young People and Learning, Dolphin Centre, Poole, BH15 1SA
Tel: 01202 261900
k.bravery@poole.gov.uk
Jane Kilgannon provides direct teaching to children in care and support for teachers in schools. She attends personal education planning meetings for children in Poole schools and is involved in training provided by the Virtual School.
Jane works 0.5 a week
Contact Jane on:
j.kilgannon@poole.gov.uk

Iris Kinsey is part of the Education Welfare Service and works part time for the Virtual School. She promotes the attendance of children in care and attends the personal education planning meetings for children educated outside the borough. Iris is co-located with social care and works closely with social workers to promote stability of educational placements.
Iris can be contacted on:
Children and Young People’s Social Care
14a Commercial Road, Poole.
Tel: 01202 714708
i.kinsey@poole.gov.uk

Personal Education Plans

Personal Education Plans are put in place for every child in care who attends school. The meetings to look at the child’s progress in school and to identify any additional needs are co-ordinated by the Virtual School, the social worker and the designated teacher for children in care.

Foster Carers are invited to attend and play a significant role in providing a picture of the child’s progress at home and in supporting any identified actions or interventions which have been agreed to support the child’s progress and attainment.

The plan is reviewed as part of the statutory review of the child’s care plan and at other times as is necessary.

The child’s plan should commence within ten days of a child coming in to care and thereafter, within three months and then every six months.

Pupil Premium Allowances

The Pupil Premium Allowance (PPA) provides additional funding for schools to help them improve the progress and attainment of their children in care. It is for schools to decide how the premium is spent to meet the needs of the child but this can be discussed with you during PEP meetings.

Eligibility for Support

The Pupil Premium is available to fund support for children who have been in continuous care for six months. As from April 1st 2013, schools will receive £900.00 per annum for each eligible child in care.

Uses of Pupil Premium

Examples of the types of activities that a PPA might be used to support include:
- Additional one to one tuition to support their learning;
- Additional Support in school that will build the child’s self esteem and confidence;
- Alternative, personalised learning resources
- Wider activities that will benefit the child or young person’s learning and development;
- Additional support for vocational training.
- Alternative education packages

The use of the premium and its impact on raising the child’s attainment and achievement should be discussed at PEP meetings. Schools need to be open about how it has been used.

Any support provided is additional to that which is received from other services. In particular, PPAs should not be used to replace:
- The support set out in a statement of special educational needs or made at School Action or School Action Plus;
- Resources that social care provides for through its allowances for foster carers
- Basic equipment that the child needs for school, such as school uniform or equipment for physical education lessons;

It may be appropriate to pool the budget for a group of children in care where this would result in increased levels support.

If you have queries or concerns about how the pupil premium is being used you should discuss this with the designated teacher for children in care, or a member of the Virtual school staff.

What are our aims?

“Our goals for children in care should be exactly the same as our goals for our own children.” Johnston, Green Paper Care Matters 2006

Our aims are to provide:
- Support to schools
- Training programmes for foster carers and social workers.
We work closely with Designated Teachers and a wide range of professionals to reduce exclusions and to promote:

- Equality of opportunity for children in care
- The five outcomes for children in care in our role as corporate parents
- Stability of foster care placement and school placement
- Attendance
- Progress and achievement

**WHAT DO WE DO?**

We promote joint working between education and social services to ensure the best possible outcome for each child or young person in care.

We actively promote attendance.

We ensure equality of access to educational provision and promote equal opportunities for all children in care.

We offer advice and support on educational issues to social workers and foster carers.

We offer guidance and training in the completion of Personal Education Plans and evaluate their completion.

**POOLE PARENT PARTNERSHIP SERVICE (POPPS)**

PoPPPs is part of the Poole Children and Young People’s - Integrated Services. It gives impartial information, help and support to parents and carers in Poole who have a child with Special Educational Needs (SEN) and who may need extra or different help from that given to other children of the same age.

Many children will have special educational needs of some kind at some time during their education. Schools and other organisations can help most children overcome the barriers their difficulties present quickly and easily. But a few children will need extra help for some or all of their time in school.

If you would like any further information about special educational needs (SEN) or to talk to someone about a particular concern, please contact:

**CARER’S ROLE IN EDUCATION**

A very useful publication is available to carers called ‘Who does what. How Social Workers and Carers support the education of children in care’. If you do not have a copy please ask your Family Placement Social Worker.

The child’s social worker should ensure that the school understands your role and responsibilities towards the child. You as the foster carer will carry out the day-to-day care of the child in relation to schooling.

Whether you are fostering a child for a short or long period of time, your influence as a foster carer can make a real difference to his or her education. You can work with the child’s parents, social workers and the school to improve the child’s prospects by taking an interest in schoolwork and providing support and encouragement.

Registering the child at your local library and providing books around the home is a good way to encourage their interest in reading. Even pre-school children will enjoy being given the opportunity to choose and borrow their own books.

The following is a general checklist about your role in relation to education:

1. You should expect to have a close liaison with the Designated Teacher for Children in Care. Every school has a statutory responsibility to provide a member of staff whose role it is to champion the needs, well being and progress of their children in care, by implementing the government requirements: “Care Matters”.

2. Be clear as to what the educational status of the child in your care is? Do they attend school full or part-time? Does the child have a statement of special educational needs?
3. Have you confirmed arrangements for the child’s schooling with their social worker?

4. Have you approached the local school appropriate to the child’s religion? Or is the child to be maintained at their current school?

5. Have you checked the child’s progress in settling into a new school?

6. Do you know the school’s homework and behaviour policies?

7. Do you know when the next parents evening is and have you made arrangements to attend / informed the birth parents?

8. Is the child confident at school, or are there any problems you need to address?

9. Do you support your foster child with reading and homework?

10. If your foster child is not currently attending school (e.g., has been Excluded), what alternative educational provision has been made?

HOLIDAYS FROM SCHOOL

As with all parents it is not ideal to remove children from school. However we do recognise that there are occasions where this is unavoidable. And of course there is the financial Please ensure that you discuss this with the child’s Social Worker before booking any holidays. It may be that you will need permission or that the holiday isn’t possible because of issues in relation to contact for the child.

EXCLUSIONS AND SUSPENSION

Sometimes a child’s behaviour is such that s/he has to be suspended in order to maintain school discipline or in the interests of the safety and welfare of other pupils.

Suspension from school can pose a problem for foster carers, particularly those who work outside the home. Your Family Placement Social Worker and the Child Care Social Worker will work with you to make the best plans for the child in these circumstances. It may be that the possibility of exclusion from school for a particular child who is placed with you will have been foreseen and discussed with you before the child is placed. In this case a contingency plan may have been discussed.

Poole Schools will work as far as possible to avoid the need to exclude a child in care, but when there is no other choice, they follow an agreed procedure to ensure alternative educational provision can be put in place from the first day of the exclusion. The Child Care Social Worker and the Family Placement Social Worker are your points of contact. They will work closely with the Strategy Manager and the Education Support Team in resolving the situation.

It is important that the excluded child does not perceive his/her time away from school as some form of holiday, so you should try to structure each day to resemble a school day as far as possible.

RECREATIONAL ACTIVITIES AND CLUBS/SOCIAL EVENTS

Children and young people should be encouraged to try out and take part in as wide range of activities as possible, but there are several things to bear in mind:

- If a child takes up an exercise hobby, for example horse riding, consider whether they may or may not be able to continue if or when they go home.
- Try to encourage a child into activities in which they can get positive role models of their own culture and which will develop their confidence and self-esteem.
- Take care not to encourage an activity which may offend the parents’ cultural or religious beliefs, for example many people disapprove of boxing.
- Written consent is necessary if a child is to join the Navy or Army Cadet Force or Air Training Corps or to participate in any dangerous sport such as hang-gliding, rock climbing or caving.

Always discuss any proposed activity with the Social Worker, parents, and as ever, if in doubt, ask.

The Borough of Poole will support Children in Care and their foster carers by giving each foster carer an Access to Leisure card, which gives reduced cost to local leisure facilities in Poole.

Foster Carers will be supplied with ID cards that will be required alongside the Access to Leisure Card. They may also be required to show an ID card if visiting a foster child in hospital, for example.

OVERNIGHT STAYS

Most Children enjoy sometimes staying overnight with friends and the local authority want to encourage children in foster care to be encouraged
to develop and maintain friendships in the same way as all their peers. We must always ensure that the child is safe and should minimise risks as appropriate. Please refer to the section on Delegated Powers which give guidance on the above.

A child’s care plan must state the arrangements for staying away from their primary placement overnight, and must identify if there are any persons considered a risk to the child.

The Local Authority may chose to assess the household where the your person is staying.

PART-TIME JOBS

Please consult the Child Care Social Worker and parents before agreeing to allow a foster child to take on a part-time job. The department has no objection to foster children working part-time, as long as they are over the age of thirteen but you will need to get a form from the Education Welfare Service which must be completed by the foster carer and the proposed employer and returned to the Education Department. The employment of school children is controlled by byelaws, which essentially relate to the hours that school children may work and the jobs they may do. The Education Department will supply a copy of the byelaws upon request. Ask your Family Placement Social Worker if you would like a copy.

POCKET MONEY / BANK OR SAVINGS ACCOUNTS

The amount of weekly pocket money given to a foster child is agreed in the initial placement agreement, and is paid for out of the Allowance. Please refer to the Fee and Allowance guidance for details.

Some young people want or need to have a bank or savings account. It is good practice to encourage a responsible attitude to money and to savings.

Please discuss with the child’s or young person’s social worker. As the young person gets older starting up a bank accounts is part of moving towards independence and learning to handle money. This is obviously needs to relate to the young persons ability and understanding. It may be that having discussed the situation with your child care social worker a decision is made to set up a bank account. The young person spends all the money on what you consider is ‘rubbish’. This is very hard but is sometimes a way of allowing that young person to make mistakes. We cannot be risk adverse and have to work around the mistakes as this is part of growing up. As the young person becomes older and moves on to the Pathways service the importance of budgeting becomes more relevant and important. Young people in care differ from your own children in so far as once they are 18 they are deemed adults and not in Care to the LA (this is different for children with a diagnosed disability), it is therefore extremely important that we assist them towards independence in the best way we can.

TELEVISION / COMPUTERS / DVDS

All foster carers should give some consideration to how they will manage the child’s or young person’s access to television and computers. Our concern in writing these guidelines is about safety, that is the safety of the child, but also of the foster family. Clear guidelines are a safer framework for the fostering task.

As a positive source of information and education, children can benefit enormously from access to many media. Foster carers should discuss with the fostering service how to ensure that young people have appropriate opportunities to develop their computer skills, and to enjoy television and computer technology in a way that helps them thrive.

The more negative issues about computers, television, iPods / MP3 players, phones, games consuls and other mobile devices cannot be ignored. Awareness of these should form part of the foster family’s safe caring strategy. Children today are exposed to more violence, sexually explicit images and sexual violence on the screen than ever before. Carers are advised to follow the ‘watershed’ (9 pm) and film classification systems. However, these are only for guidance. It is your responsibility to decide if material is suitable for children and young people. If you are not sure about the suitability of a DVD or a video, even when it is classified within the age range of the child, watch it yourself first. Information about classifications can be found on www.bbfc.co.uk.

There are some circumstances when a carer may need to have some flexibility about what a child is allowed to watch. For example, some schools require permission from the parent or carer to allow a child to watch a curriculum related film which is classified for a slightly older age range. In a well-established placement, where the carer is very familiar with the child’s or young person’s
vulnerabilities, it is more acceptable for the carer to make their own judgement about this sort of request. In longer term placements the foster carer, the family placement social worker, and the child's social worker can reach an agreement about this level of discretion and this should be documented.

Be aware of the time spent on computer games etc. You must take responsibility for ensuring that children do not have unrestricted access to the Internet and Chat rooms. We advise you to set up parental controls on your computers.

**FREQUENTLY ASKED QUESTIONS**

**Q. Can a foster carer allow a child to watch a DVD or play a computer game that is classified as for an older age group, if the carer assesses it to be suitable?**

A. As stated above, we advise you to stick with the classification system. Safe care guidelines help minimise the risk of allegations being made about the foster carers. If some discretion has been agreed and documented, as discussed for some longer term placements, then the carer may have some flexibility.

**Q. What should the foster carer do about DVDs and videos that are classified as suitable for an older age range, but the child brought them with him or her from their home (or previous placement)?**

A. We suggest you discuss with the child's social worker and family placement social worker. You would want to be tactful but also make your own house rules clear. You should keep the child's possessions safe, and reassure them that they will be kept until the young person is the right age. Of course, if the material was of an extremely inappropriate nature, there could be implications for the social worker to assess.

**Q. What can the foster carer do if the child or young person visits a friend and unsuitable material is watched?**

A. Again, this is a situation that might need further monitoring and you would need to discuss with the social worker.

**Q. What should the carer do when a child or young person says they were allowed to watch something in a respite placement that they have not been allowed to watch in their main placement?**

A. Hopefully these guidelines will prevent this sort of dilemma arising. This has been raised as an issue by some carers. Having a discussion with the respite carers before the placement can help ensure that there are shared expectations. It may be that some programmes or games have been found to be particularly unsettling for a child, even if they fall within the right classification. The respite carer won’t know this unless they are told.

**IT FOR CHILDREN LOOKED AFTER**

All Children in Care who meet the criteria (mainly to be at school and over a certain age) are entitled to free access to a computer and use of the internet (suitably monitored of course).

Much school work now requires the use of a computer. It follows that children without these facilities can be at a disadvantage. As a result, most foster carers who have eligible Children in Care are entitled to receive one free loan computer. They in turn are expected to provide adequate desk and storage space for this, and allow the children appropriate access to this and the internet (the standard child fostering allowance is deemed to cover the running costs, whilst Poole Children and Young People’s Social Care pays a monthly fee to the Foster Carer towards Internet charges).

It is strongly recommended that computers are sited in communal rooms rather than a child’s bedroom, and that you make appropriate checks to ensure that the children are not misusing them. You should also ensure that appropriate parental controls are operational on the computer. Please read the section “Safe and appropriate internet access”.

You should include consideration of how you monitor internet usage, including webcams, as part of your family’s safe care policy. This should be regularly reviewed and updated in consultation with your Family Placement Social Worker. Below is a list of useful websites for Carers on e-Safety Policies & Guidance. You can also download information from www.safekids.com/

If you require more information about this, contact your Family Placement Social Worker.
USEFUL WEBISTES FOR CARERS ON E-SAFETY POLICIES AND GUIDANCE

**Think U Know** - Child Exploitation and Online Protection (CEOP) resource containing loads of information on how to stay safe online and safe surfing for young people. Includes link for parents. www.thinkuknow.co.uk Child Exploitation and Online Protection Centre - Internet safety advice for parents and carers and a virtual police station for reporting abuse on the Internet www.ceop.gov.uk

**Childnet International** - The children's Internet charity committed to helping to make the Internet a great and safe place for children. Links to CEOP, Kidsmart, Know it All. www.childnet-int.org

**Know it all for Parents** - part of Childnet International www.childnet-int.org/kia

**Kidsmart** - for kids, parents / carers and teachers. Lots of good advice and support. Part of Childnet International. www.kidsmart.org.uk

**BBC Online Safety Guide** - Internet safety made simple by the BBC www.bbc.co.uk/onlinesafety

**Stop Text Bullying** - advice and info on how to deal with text bullying on mobile phones, emails or on-line chat rooms. www.stoptextbully.com


**PhonepayPlus** for advice on premium rate services www.phonepayplus.org.uk or www.phonebrain.org.uk

**Family Online Safety Institute** - FOSI recognises and recommends the work of other organisations in the field of child safety and provides links to internal and external resources. www.fosi.org/resources.html

**Searching the Internet and Child Safety** - a guide on how to help children search safely provided by the Home office and Childnet International www.dorset.police.uk - provides advice, info and diagrams on setting up and maintaining a safe working environment.

Securing PCs and laptops:

- Take some basic precautions and use simple tools to protect your PC from hackers, theft, misuse and damage.

- **Get Net Wise** - advice on PC protection, antivirus software, firewalls, junk mail filters. www.security.getnetwise.org/About.com -information on computer security. www.netsecurity.about.com/cs/generalsecurity/a/aa100803.htm

- **Net Nanny** - provides internet protection solutions making the web a safe and productive environment www.netnanny.com

- Secure Internet - blocks unacceptable websites, spam and email viruses. www.cleaned-internet.com

Helplines:

- **Childline** - offers a free 24-hour helpline for children and young people. Telephone 0800 1111. www.childline.org.uk

- **Kidscape** - runs a telephone advice line exclusively for parents and carers giving advice about bullying. Telephone 08451 205 204 (10:00 am to 4:00 pm Monday to Thursday) www.kidscape.org.uk

- **Get Connected** - offers a free confidential helpline for young people (open 1:00 pm to 11:00 pm every day). Telephone 08088 084 994. www.getconnected.org.uk

- **Samaritans** - has a helpline for those in distress offering multi-channel support. Telephone 08457 90 90 90, email 3o@samaritans.org or www.samaritans.org
SAFE AND APPROPRIATE INTERNET ACCESS FOR CHILDREN AND YOUNG PEOPLE

The Internet is a great way to find out information, learn new things and chat with friends. No one should be afraid to use the Internet, but you need to know that there are some risks and dangers - and that not everything you see is true. Share these simple guidelines so that they can surf safely and enjoy the web without worry.

**DO**

1. Check with your carers before you go online.
2. Ask your carers for permission before joining a chat line or setting up your own web space.
3. Use your common sense. If you need help, or if you see something that seems wrong or makes you uncomfortable, tell your carers.
4. Check with your carers before downloading anything from the Internet or replying to emails from individuals or organisations that you do not know.
5. Be aware of the possibility of Internet fraud - including spoof email and phishing scams.
6. Make sure that your computer is set up in a comfortable position with good lighting and the keyboard and mouse easy to reach and use.
7. Make sure that your anti-virus and anti spyware software is working and up-to-date.
8. Make sure that your friends are surfing safely - share help, advice and tips - and let an adult know if you think that they may be at risk.
9. Always treat other web users in a way that you in turn would like to be treated.

**DON’T**

1. Give out any personal information (your name, your age, where you live, where you go to school, your phone number etc). In chat rooms, always use a nickname.
2. Give anybody any information about your family or friends.
3. Accept or share files and photographs with anyone that you do not know and trust.
4. Make arrangements to telephone or meet up with anyone that you first contacted via the web without first discussing this with your carers.
5. Visit websites whose content makes you feel worried or uncomfortable.
6. Download or share any files (music, games, videos etc) that have not been legitimately purchased.
7. Post anything on the Internet (or send emails) that contains rude, hurtful or untrue comments about others.
8. Try to over-ride the security and content filters and settings on your computer.
9. Spend too long at your computer without taking a break to give your eyesight a rest and to stretch your arms and legs
10. Believe everything that you see and read online. Not everyone is trustworthy and honest!
SECTION 7

WHEN A CHILD MOVES ON
WHEN A CHILD MOVES ON

All foster children will move on from you at some stage of their life. Unfortunately, children in foster care may experience many moves and this may leave them feeling vulnerable and insecure. All moves and losses are painful; even positive moves can still involve mixed feelings.

Foster children may return to their birth family; usually back to their parents, but sometimes to grandparents or other relatives. They may move to a new family as part of the long-term plan for their permanence. This may be another foster placement or an adoptive placement. As they grow older, they may move to greater independence by living away from their carers on their own or with friends. Some children move to a new foster family because the placement is not working.

Whatever the reason for the move, ideally all moves will be carefully planned. Foster carers, parents and children will understand the move and the reasons for it, even if everyone may not agree with the plan. You have an important part to play in any move, in helping the child adjust, ensuring a transition, which is as smooth as possible, and gauging how well the child is responding to the change.

When a child moves, there is a lot that can be done by all involved to make the move as positive as possible. Your role will be particularly important, but remember that Family Placement Social Workers, Child Care Social Workers and other foster carers have help and expertise to offer. There are also a number of useful books and other material, which will help, available from the Fostering Team.

The timing of moves is important and will vary considerably, but remember that the same ideas of good practice apply whether it is an emergency move or a gradual, planned move. The difference is in timing. How the child reacts will depend on age, the number of previous moves and how adequately prepared everyone is. Do not expect a move to be without hiccups, second thoughts and mixed feelings. These will need to be talked about and sometimes a change of pace or plan might be needed.

MOVING TO ANOTHER PLACEMENT

In this situation, you will need to work closely with the new carers to pass on information about your family, your lifestyle, the child’s likes, dislikes, behaviour etc. You will need to talk to the child about the move and the new placement. Involve the child in this as much as possible; remember that even older children may be reluctant to express themselves to new people.

Circumstances vary, but usually families spend time together to learn these things and for children to see that both sets of carers communicate with each other.

This joint work is often much more difficult where the placement is not working out for whatever reason. However, it is just as important (if not more so) for the child and, in this situation, it is important for everyone to understand that sometimes people just do not get along together.

Contributing to the child’s life story book will be vital to help children understand what has happened to them and to have a record of events and important people. A child will need to share their thoughts with you, as they get to know their new carers.

MOVING TO A CONNECTED PERSON, FAMILY OR FRIEND

A number of children move back to their own families and, in this situation, you may have been working closely with the child’s parents. You will need to share with them what has happened in your home, routines and boundaries etc. You will need to talk to the child about going home and what will happen there. Contact with the family will increase as the move becomes closer. The time with you will be important to discuss worries and anxieties.

These moves can be distressing to foster carers, as sometimes they are unsure that the care the child receives will be as good as their own. Most children retain a strong loyalty towards their birth parents - this may be hard on you if you have cared for them for a long time. Remember to focus on the child’s wishes and interests and do discuss your worries with the workers concerned.

When a child is moving to live with extended family or with friends, rather than parents, the handover work will have a different focus as the new carers may not know the child as well as you or the parents do. Sharing information as you would with other carers will be important.

The likely difference in these circumstances is that the child is likely to know, and already have an attachment, to the prospective carers and they will have offered to care for the child because of these bonds. The child is likely therefore to feel positive about this move, as someone who already knows and likes them cares enough to offer them a home.
However, this must not be assumed and opportunities must be made for children to express anxieties. Living with extended family may also facilitate contact with birth parent/s for the child.

**MOVING ON TO ADOPTION**

Some children may go to foster carers as a pre-adoption placement. For others, circumstances may dictate that the permanence plan for a child already with foster carers is one for adoption.

Once a child is matched with adopters, careful plans are made about the process of moving the child to the new family. There will be a lot of contact meetings and events during the transition phase in order to familiarise the child with the prospective adopters and to pass on knowledge and understanding of the child to the new parents. As with all fostering, this is a team effort between you, the social workers and the adoptive parents.

The transition phase from when the child/ren first meets their permanent family to when they leave you will normally last between 1 and 3 weeks depending on the needs of the child. Although for babies this could be shorter. Contact will usually start with a fairly short introductory meeting at your house, arranged by the child’s Social Worker, who will also be present.

The adoption social workers and child’s social workers will have planning meetings with you and the adoptive parents. A timetable for the introductions will be planned and a further meeting to review progress.

After the initial meeting, longer meetings between adoptive parents and child/ren will occur. These will usually happen in your home, with you present, though eventually the adoptive parents will start to take the children out on their own. You will also involve the parents in mealtimes, and at the right time, bath and bedtimes. New parents cannot wait to tuck their new children in bed, even if it is in your house initially!

The next phase starts with a visit to the adoptive parents’ home. Ideally you will take the children and stay with them for this first meeting, and some subsequent meetings, though the plan will be that, as things progress, you will start to leave the children there on their own. The emphasis therefore shifts from your home to the parents’ home, and you will find that at this stage it becomes more natural for the parents to take the lead on activities and discipline.

One of the difficulties at this stage can be that the parents are keen to get on well with the children and so may be more tolerant of bad behaviour, eating habits etc. You may find that your house rules carefully instilled are flouted with ill-disguised glee when their new parents take over. Remember this is a ‘honeymoon period’ problem only, and anyway, it is rapidly ceasing to be your problem! It does not hurt however to gently remind them that when in your house the rules still apply.

As part of the transition, you need to build in goodbyes to the circle of friends (including your own family) that the children have established while living with you. These are an important part of the move and should be recognised in the adoption plan.

Some carers hold a party, including family, friends, the new parents, teachers maybe, and Social Workers and others who have been involved. Others may choose a low-key set of goodbyes - the choice is up to you and (where of appropriate age), the children.

What about contact after the move? It generally helps if the child/ren know that you approve and support the move. It also helps if you can visit them after the move, so that they do not feel suddenly abandoned. This however has to be tempered with the need for the new family to settle down and establish itself, so visits should not be too long or frequent, and of course you should not meddle in their lifestyle, even if it differs from yours! Where babies/toddlers are involved - who may easily adapt to a new home, but could be confused or upset by your presence bringing back memories of a previous ‘existence’, you may agree that a gap of several weeks before visiting is advisable.

However, the ultimate factor in this is the adoptive parents. They after all have the final say, so when you visit, and if you even visit at all is entirely up to them. It is possible to establish a formal arrangement through the Social Worker - e.g. 2 visits per year or whatever, but this cannot be enforced, and if it is felt necessary to have such an arrangement, then it is unlikely to be adhered to anyway.

On the plus side, sometimes carers remain firm friends with the new family for many years, even becoming godparents or honorary aunts/uncles or grandparents as appropriate.

Of course, you should hand over all the child’s clothes and possessions which they came with or
which they have accumulated since staying with you. Many carers also give the child a present/memento of their stay - there are no rules about this, it just depends on how you feel.

**NOTE:** An older child may feel very confused, or unsettled during this transition period and will need increased support and understanding. It can be helpful to talk to your FPSW about the range of feelings both you as carers, and the child you care for, may be experiencing.

**MOVING ON TOWARDS INDEPENDENT ADULTHOOD**

**Arrangements for young people 16+**

The Pathway’s Team is made up of Social Workers, Personal Advisors an Education Training Employment Worker and an Accommodation Officer with the specific focus of supporting, enabling and promoting young people into independence. The Children (Leaving Care) Act 2000 placed responsibilities on Local Authorities in their role as ‘corporate parents’ to provide greater support and preparation to young people who are preparing for and leaving care. The team are passionate about making the transition for young people as positive as possible and the best outcomes for this group.

It is important to understand that the transition from dependence to independence is completely individual to each care leaver and should therefore reflect this in terms of planning and preparation. Leaving care should not be seen as a single event but a process that marks a gradual transition to complete independence. The process involves much more than practical and financial support; it encompasses an appreciation of their individual, social, emotional, health and cultural needs.

It can be a very unsettling time for a young person, as they may need to think about and understand why they have been in foster care and check out details about their past. Supporting the young person in preparing emotionally for this will be central to a successful move, and your full support of the plans will help ease the transition.

Preparation for adult life will form part of your everyday informal interaction with the young person but becomes more formal just prior to their 16th birthday and the team then become the lead service for that individual. Holistic planning for this group takes the form of a Pathway Plan which is informed by the Needs Assessment conducted around the time of the young persons 16th birthday. This Plan will determine the future shape of care and services as the young person moves towards adulthood and independence and will set out how the identified needs will be met. Decisions will be based around the need to provide continuity and support particularly in respect of their mainstream education whilst also encouraging them and those around them to start to prepare for an independent future.

This Needs Assessment will cover key areas:
- Practical and Life Skills Health
- Development and Identity,
- Finance and Budgeting,
- Education/training Employment,
- Family and Social Relationships,
- Housing and Contingency Planning.

The Pathway’s Team Social Worker will work with them, you and any family members and other key individuals to build up a picture of the young person’s needs. As a carer you will be crucial to this assessment process as you will know how they manage day to day life, their key skills and vulnerabilities.

The Pathway’s Team worker will co-coordinate and review the Plan every 6 months until the young person is 21. This process of planning and preparing young people at an earlier age should help ease what is for many of them a difficult transition.

**Housing/Accommodation Options**

Although the physical move from their foster home may happen by 18, the move to full and complete independence may not occur until they are in their 20s. The Needs Assessment would have identified what specific assistance a young person will need in relation to housing. Within Poole and the immediate surrounding area there is a range of accommodation to suit different levels of need including ‘Supportive Lodgings’, Specialist Hostels, Shared Houses, Training Flat, Local Authority tenancies. Some young people will need the oversight of support workers in semi-independent units before they move to complete independence. Young people will be given the opportunity to visit accommodation and make informed choices about their future. The Team's Accommodation Officer is there to assist with this process.

For some young people, the best option is to stay
on in the household of their foster family beyond 18 years. Many foster families have established an enduring and significant bond with the young person which will help support them into adulthood. Where foster carers are able and willing to continue to provide a home for the young person beyond 18 years, a ‘conversion’ process will be discussed with them which enables the foster carer to become an approved supported lodgings provider. A specialist worker in the Pathways Team will undertake the supported lodgings assessment and discuss funding arrangements. The status of the carer as an approved foster carer will not necessarily be changed. However they may not be able to offer fostering placements if there is no vacancy.

Where young people are continuing any 2 year educational course starting in year 12, and their 18th birthday falls prior to their final exams the continuation of the fostering fee and allowance can be extended. This then negates the need to convert the placement to a supported lodgings placement. Some examples of educational courses include A levels, BETEC, apprenticeships and NVQ. However if the young person leaves the course without completing it and is 18 their placement will be converted to a supported lodgings placement and the financial arrangements will change in line with this.

If the young person resumes another course after a break the placement does not revert back to a foster placement and the funding stays the same.

Financial arrangements

The rent for the flat is provided by the Pathways Team, the young person will continue to pay rent to their carers, this is to cover their room costs. The supported lodgings carers will receive a reduced Supported Lodgings Allowance (at the time of writing this £50 per week). This reduction reflects the change in support that carers will be giving during the young persons stay in the flat.

Foster carers will continue to receive their fee but will not receive the allowance for the duration of the young persons stay in the flat. The young people will be provided with an allowance to cover their essential costs.

For those young people under the age of 18 the Pathways Team will pay an allowance. If the young person is entitled to claim benefits or have an income this will continue and will fund their living costs.

DISRUPTION / UNPLANNED ENDINGS

Sometimes the Care Plan for the child does not work out as envisaged and the child wishes to leave a placement, or the foster carers feel the child is not appropriately placed with them. The incidence of disruption in long-term foster placements increases very significantly with the age of the child. For some children it may be necessary to consider changing the plan, whereas for others it may be regarded as an interruption in the original plan.

In these circumstances, the Family Placement Social Worker and the CCSW need to work with the foster carers and the child to assess the situation and determine whether, with additional work, help and support, the situation can be stabilised for the child and the placement continue.

If, after this, it is the foster carers who feel that the placement cannot continue, they need to give the Service a period of time to make alternative arrangements for the child and to enable themselves and the child to end the placement and move on in a positive way.

For all concerned, including social workers, foster carers and foster child the disruption of a placement is a very difficult period, evoking considerable and varied emotions. It is important, though not always possible, to try to make decisions that are not unduly influenced by prevalent feelings of the moment.
It is important for all involved to understand and accept that sometimes relationships between child and foster carers cannot be effectively established, or break down, even with a great deal of goodwill and desire on both sides for the placement to succeed. There are a host of reasons why a placement can get into difficulties. It may be, for example, that the foster carers’ own children are experiencing difficulty in relating to the foster child; or the foster child may be unwilling to settle because to do so means for them a loss of their birth parent/s; or a foster child may have feelings of guilt that they are living apart from their birth parent/s; or a foster child and foster carers may just not ‘gel’ and attempts to work this out are unsuccessful.

It is essential that carers involve the Family Placement Social Worker and the child’s Social Worker directly they feel that things are going wrong.

The unplanned ending of a placement often feels like a huge failure to foster carers and can cause feelings of guilt, rejection, anger and disappointment. The Family Placement Social Worker will support foster carers in these circumstances, to understand and work through the experience.

These feelings of failure and disappointment and loss are also likely to be experienced by the child and all concerned with his/her care and can make the period of ending of a placement a very stressful time for everyone. The Family Placement Social Worker will support you throughout.

**Process for reviewing disruption**

In the event of a placement encountering difficulties, a statutory review should be held at the earliest juncture, involving Team Manager Fostering, as well as any others working to support the placement. It is important that support networks and post placement work should be operating effectively to resolve problems wherever possible.

If it is clearly evident that the placement cannot be maintained, the foster family’s Family Placement Social Worker and the child’s Social Worker must try to ensure that the ending of the placement is as smooth as possible, and properly planned. The Manager of the Fostering Team should be notified immediately.

At the earliest appropriate juncture the social worker for the child and the family placement social worker will set up a disruption meeting. Chaired by the Independent Reviewing Officer.

Following the meeting it may be necessary to arrange for a review of the prospective foster carers, chaired by an Independent Reviewing Officer. The review will consider the needs of the prospective foster carers and their family, as well as make recommendations about any future fostering, including any training needs.

A disruption meeting should include views from all persons who have been involved with the child, including previous carers, teachers, and social workers. Consideration should be given to the appropriateness of involving the child and/or the birth parents.

The purpose of the disruption meeting is to establish why the placement disrupted, future factors for placement, and to inform practice. It is not to apportion blame.

The meeting should be recorded to make a detailed and impartial account of the meeting. The copies of the final minutes should be passed to the Principal Manager Children in Care services.

The Fostering Panel Adviser should, together with the relevant Family Placement Social Worker ensure that a report is prepared for Panel members summarising key issues from the disruption meeting, and relevant learning points for Panel.

A disruption meeting can be a difficult and painful meeting. It is not however a meeting in which anyone should feel blamed. It is an opportunity for views and feelings to be expressed and dealt with, so all involved can learn and move on and training or additional support can be set in place for carers or staff, if needed.

The report of the disruption meeting will be given to the foster carers, and will also be submitted to the Fostering Panel.

**THE AFFECT OF MOVES AND DISRUPTIONS FOR THE FOSTER FAMILY**

Whatever the circumstances of the move, any move will also affect you and your children deeply and it may take some time to adjust. You will need to consider the affects on your family and future fostering. It is important to learn about what is appropriate for individual children, so we can make good plans for the future.
DEATH OR SERIOUS INJURY OF A CHILD IN CARE

Foster carers must inform the Child’s Social Worker or Principal Manager or Out of Hours Service without delay. Contact will be made by Children and Young People’s Social Care with the parents or those with parental responsibility.

The ambulance staff and police will contact the child’s GP or the forensic medical examiner, in order to certify cause of death.

Following a child’s death an inquest will be held, the foster carer may be asked to attend. The department will provide support throughout such a distressing period, including the provision of counselling.

Internal and inter-agency review processes will also take place to examine the circumstances. Under the Fostering regulations Schedule and there is a duty for the local Authority to notify certain people including the Chief Inspector.
SECTION 8

SUPPORTING THE FOSTER CARER
SUPERVISION OF FOSTER CARERS

The purpose of supervision is to offer regular support. It also identifies with the foster carer any issues or concerns they may have about their fostering and highlights training and development needs. Supervision helps ascertain that the foster carers’ approval is still relevant to their current work in fostering.

When we use the term supervision of foster carers, we mean the process by which the fostering service ensures that:

- foster carers are doing what we have asked them to do
- foster carers are clear about their task
- foster carers understand the needs of the child in placement and the plan for that child
- foster carers and their families have the right support and training to do the fostering task.
- foster carers are able to raise issues with the fostering service
- the service is meeting the needs of the child/ren in placement and the foster family in caring for the child/ren

All foster carers have the right to receive regular and effective supervision from their family placement social worker. In this respect they are similar to social workers who all have regular supervision with their line managers. This is an important means of ensuring that important issues are regularly discussed and any actions required are addressed.

The National Minimum Standards for foster care require that foster carers should be regularly supervised and that they should be clear about the role of their supervising social worker. In Poole the supervising social worker is the Family Placement Social Worker.

- All foster carers should be supervised by a named, qualified social worker whose role is to provide supervision and support
- The supervising social worker’s first responsibility is to the child in placement
- The supervising social worker is the manager of the foster carer
- The supervising social worker must ensure that foster carers are supported in their fostering tasks

SUPERVISION SESSIONS

In general these will take place in the foster carer’s home, but on some occasions foster carers and family placement social workers may agree on another venue, for example the office.

The FPSW do need to see your house in order to undertake the health and Safety form. Supervision sessions will generally be arranged in advance. On occasions the family placement social worker is required to make an unannounced visit to the foster carer’s home; these visits will not always be convenient for use as a supervision session.

Ideally, supervision sessions should involve both approved carers, where more than one person in the household is approved. If this is not always possible, the supervising family placement social worker will agree with the carers an appropriate level of frequency for the sessions to be arranged with both partners.

The frequency of supervision sessions may vary. Good practice in general would be for monthly supervision sessions to take place. In some cases, a less frequent pattern of supervision may be agreed, with the fostering team manager’s approval. This would be discussed and agreed in writing with the foster carers, and reviewed from time to time.

The supervision meetings should have a clear purpose. The discussion should include any support needs that the carer and the family might have:

- information and advice they need for their fostering
- what assistance the carer might need in dealing with other services, for example health, and education
- any issues arising about respite needs
- any financial and practical matters
- any training and group support needs that they might need, including other members of the household
• any changes or events going on in the family which might require the carers to need extra support

The supervision sessions are a valuable opportunity for foster carers to consider their progress in the completion of the Training, Support and Development Standards.

A record of each supervision session is kept on the foster carer’s file and a copy of the record given to the foster carer. A standard form has been devised to ensure that the supervision sessions consistently cover the significant areas.

CONFIDENTIALITY

Carers have a right to as much information as they need to care properly for a child, which in turn has to be treated with utmost confidentiality.

Family, friends and neighbours will know that you are a foster carer and that any child who appears in your family is fostered, but that is all that can be shared. The reasons a child is with you or anything about the child are confidential so any questions or enquiries must be dealt with tactfully and firmly.

All paperwork should be securely locked away. Discuss with the Social Worker first what information you can share with a teacher, doctor or other professional involved with the child.

When the child moves on, remember to hand back to the Social Worker or your Family Placement Social Worker all the paperwork you were given relating to that child. All records are the property of Children and Young People’s Social Care and subject to the Data Protection Act 1998.

FOSTER CARER REVIEWS

Once foster carers are approved, there is a process of regular review of their fostering status. There must be a review at least once a year.

The annual review is an opportunity for foster carers to feed back on the service they receive, their experience of fostering and any issues they want to raise.

Your Family Placement Social Worker will prepare a report about your fostering experience. You will see this report before it goes to the reviewing officer.

The report will include:
• an update on any changes to the household
• an updated health and safety check
• an overview of any placement changes
• a summary of fostering over the previous year
• any significant events or circumstances that have happened in the household.
• consideration of whether the family safe care policy is relevant and updated

The views of yourselves, and your own children are an important part of the review.

The views of the children that you look after, and their parents wherever possible, are also very important for the review.

The social workers responsible for the children in your care will be asked their views, and also will advise about the best way of consulting the children and their parents.

The actual review will be co-ordinated and conducted by an independent reviewing officer (a Conference and Review Chair).

Following the review the report gets seen and signed by a senior manager. If the recommendations are accepted, approval is confirmed for another year.

A copy of the review report, once finalised, will be sent to you.

In some circumstances the review report will be presented to fostering panel.

These are:
• The first annual review of every foster carer is required by legislation to go to panel
• Every three years the Poole Fostering Service takes foster carer reviews to panel, along with confirmation of updated criminal records bureau checks
• Where there has been a significant change in the foster carers’ circumstances
• Where foster carers have been subject to an allegation or complaint
• Where there is a recommendation to change the terms of approval of the foster carer. (For example, to care for an older age group, or to be considered for Enhanced placements)

Foster carers will be invited to attend Fostering panel by either their Family Placement Social worker, or via the Fostering and Adoption Admin support Team. Should you wish to attend you will
need to let your FPSW or admin know in plenty of time as the agenda is set well in advance of panel. We would not ordinarily be able to accommodate any late requests.

NOTE: The gender, number and ages of the child/ren you are approved to care for will have been discussed at the Fostering Panel and noted as part of your approval as a foster carer. If you, in consultation with your Family Placement Social Worker, decide at any time that you wish to change any of these, any increase in approval levels, or permanent decrease, has to be presented to fostering panel. All this information will be taken into account before you are contacted about a possible placement. Recommendations to panel will normally be 0-18 years with a preference for (and the age and number of children will be inserted in here).

**TRAINING AND INFORMATION**

**PRE-APPROVAL TRAINING**

Foster carers will have been expected to undertake the preparation training that is based on a programme devised by the Fostering Network.

Experienced carers who have had specific training with Fostering Network, and staff from the Fostering Service present the programme. Although other Social workers from the Fostering Team also attend. The preparation programme is linked to the assessment of a carer. The material in the programme is designed to help raise awareness about fostering issues. People on the programme are asked to give feedback about how they experienced the training. The people presenting the programme are also asked to give feedback about their views of each person attending.

The Borough of Poole Fostering Service organises several approval programmes per year dependent on the number of approvals at any one time. Approved carers are encouraged to discuss with their Family Placement Social Worker whether they might benefit from re-visiting all or part of the programme, or attending any sessions that they might have missed.

**TRAINING, SUPPORT AND DEVELOPMENT STANDARDS**

The standards are as follows:

- Standard 1: Understand the principles and values essential for fostering children and young people
- Standard 2: understand your role as a Foster Carer
- Standard 3: understand health and safety, and healthy care
- Standard 4: know how to communicate effectively
- Standard 5: understand the development of children and young people
- Standard 6: safeguard children and young people (keep them safe from harm)
- Standard 7: develop yourself

Following approval the Fostering Team will provide opportunities for foster carers to demonstrate that they reach the standards as laid out in the Standards workbook. For new carers these need to be completed within one year of approval.

The Fostering Service is providing a range of learning opportunities which can be linked with the standards. Workers in the team are also helping carers in groups and on an individual basis to identify and learning needs or to find ways of evidencing their skills and knowledge.

Your Family Placement Social Worker will assist you in providing the opportunities for you to show that you meet the standards. They will identify your training needs and help you in planning your training for the year in your regular supervision meetings.

Once the evidence for the completion of the standards is collected it will be 'signed off by the Family Placement Social Worker. The Certificate of Completion will be forwarded to the Fostering Panel.

**POST-APPROVAL, ONGOING TRAINING**

Carers are expected to undertake at least a minimum amount of training each year in order to meet the Fostering Service Standards.

The Fostering Service is strongly committed to promoting training for foster carers and to developing more training opportunities available to carers. A programme of training events is sent regularly to all foster carers.

A wide range of training is offered to foster carers. Some of this training is specific for foster carers. Some courses are alongside other people involved in promoting the needs of Children in Care.

An annual training plan is produced by the fostering team and distributed to carers.
In addition foster carers can ask about alternative courses, or their Family Placement Social Worker might invite them to attend a course that would be particularly relevant for their circumstances.

All foster carers are required to attend some training in each year and this will be discussed with you.

Support for you to attend training can be available. This can include providing day care, or evening care so that you can attend a course. Please give good notice if you require this. We will also fund any travel costs incurred by coming to a training event.

**CORE TRAINING**

Some of the training that we see as particularly important for you to attend and to keep updated in, includes the following:
- Child Protection
- Attachment issues
- Education needs of looked after children
- First Aid
- Diversity

Other important training may be more relevant to some carers and not others. For example carers who look after very young children may be more interested in attending some joint training about adoption issues, rather than the Care Leavers training.

All foster carers should have their own personal training record, a portfolio. A record of foster carers' training will also be kept on the foster carer file, and will form part of the foster carer Review.

Your training needs will form part of the discussions that you have with your Family Placement Social Worker when you have your regular supervision sessions.

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**The Fostering Services Regulations (2011) and the National Minimum Standards (NMS) also outlined what fostering services are expected to have and the standards specific to carers’ training needs are listed below.**

**NATIONAL MINIMUM STANDARDS (NMS) FOR TRAINING**

There is a set of minimum standards for fostering. The standards shown below refer to training.

NMS 20.1. all new foster carers receive an induction. In Poole we supply Induction Packs to ALL new carers.

NMS20.2. all foster carers, short breaks carers and Connected Persons carers who are approved are supported to achieve the Training and development Standards. These should be attained within the first 12 months of approval (foster carers, shared carers) and 18 months (connected persons carers).

NMS 20.4. foster carers maintain an ongoing training and development portfolio which demonstrates how they are meeting the skills required of them by the fostering service.

NMS 20.5. foster carers personal development plans set out how they will be supported to undertake ongoing training and development that is appropriate to their development needs and experience.

NMS 20.6. The reviews of each carer’s approval include an appraisal of performance against clear and consistent standards set by the agency, and consideration of training and development needs, which are documented in the review report. The foster carers personal development plan is reviewed and the effectiveness of training and development received is evaluated. Reviews take into account the views of each child currently placed with the foster carer.

NMS 20.7. The fostering service is clear and transparent with their foster carers about the level of support available to them and how to access such support.

NMS 20.8 Support and training is made available to foster carers, including hard to reach carers, to assist them in meeting the specific needs of the children they are caring for or are expected to care for. Specific consideration is given to any help or support needed by the sons and daughters of foster carers.

NMS 20.9. Appropriate training on safer caring is provided to all members of the foster household, including young people of sufficient age and understanding, and ensures that foster carers understand how safer principles should be applied in a way which meets the needs of individual children.

NMS 20.10 All training fits within a framework of equal opportunities and anti-discriminatory practice and is organised to encourage and facilitate
attendance by foster carers.

NMS 20.11 In cases where foster carer moves to a new fostering service, details of the development and training which he/she has undertaken, and of the extent to which the agreed training and development standards have been met, are made available on request to the new provider, and the foster carer is able to take their training and development portfolio with them.

THE FOSTERING PANEL

National Minimum Standard 14
Fostering panels makes its recommendations on the suitability of a prospective foster carer within eight months of receipt of the prospective foster carer’s application to be assessed. Panels also provide a quality assurance feedback to the fostering service provider on the quality of reports being presented to panel.

The Fostering Panel is an important part of the way a fostering service safeguards children.

The panel monitors the processes by which carers become approved. The panel also oversees any issues about the quality of care given to young people.

There are strict legal requirements about who can be on a Fostering Panel. All panel members have had Disclosure and Barring Service check. They have all signed confidentiality statements. They receive training and regular briefings about developments in foster care.

The fostering panel in Poole has an independent chair person, and an independent vice chair person, both with substantial social work experience. There is a medical adviser and a legal adviser. They do not attend panel.

Other panel members include an experienced foster carer (approved by another local authority) and a care experienced young person, a member who has an education background, and social workers. An elected councillor also sit on the panel. The panel administrator formally records the discussions at panel and the relevant part of the panel minutes is placed on the foster carer’s files.

The panel considers all the information presented to it, and will be asked to make a recommendation. This recommendation, with reasons, goes to the senior manager in the local authority who is responsible for deciding whether or not to accept the recommendation of the panel.

The decision maker in the Poole Fostering Service is the Head of the Children and Young People’s Social Care.

Foster carers may attend panel and many of them report that they are pleased to have done so, even though they sometimes find it a bit daunting to go into a room with so many people.

Panel members are always pleased to consider different ways of helping people feel more comfortable, so your feedback is important to them.

If you do not want to attend panel you will not be penalised. The recommendations are made on the basis of the evidence and information before panel, not on what you look like, or whether panel members felt they liked you! You may however find it helpful to meet with the people who are discussing you and your family situation. Panel members also find it helpful to put a face to the information that they have been reading about.

Your Family Placement Social Worker will talk through with you the process about attending panel. They will also be asked to attend with you. You will be able to participate in the panel discussion, although certain issues will have to be discussed without you present in the room - specifically, this is where there is third party information, or where panel need to have some clarity from the social worker about a particularly complex or sensitive issue.

FINANCIAL SUPPORT

In summary:-
• Age related allowances are paid to offset the costs of caring for a child
• Fees are paid to Foster Carers
• All foster carers receive a fee which recognises that they have the capacity to offer foster care to the children, to the standard required by the fostering service
• A higher level of fee may be paid in respect of some children whose assessed needs mean that they require extra qualities and skills in the foster placement
• Extra allowances are paid for holidays, for birthdays, and at Christmas, or other relevant religious occasions
• Some equipment to support foster placements is provided or lent
• Ex gratia payments are also available for specific services or work undertaken for example, caring for a child placed by the Out of Hours Service. Undertaking assessments or working with of parents in your home

For detailed information on the current fee/allowance rates, please see the Fees and Allowance Guidance which is updated annually and will be an appendix to this handbook.

Insurance and legal liability

Foster Carers must have appropriate insurance for their home, the contents and car. You will be asked to show your insurance certificates to your FPSW at the time of Approval and at each annual Review.

You must ensure that you have told your insurance company that you are fostering. Any claims for damage should at the first instance be made through the foster carers own household insurance. If not accepted, please speak to your FPSW, to arrange for an ex gratia payment to be paid.

HOLIDAY ARRANGEMENTS - GUIDANCE FOR FOSTER CARERS

Many children and young people who have been looked after in foster care remember the holidays that they enjoyed with their foster families as some of their best experiences.

In particular children in foster care whether this is long term or not may benefit from participating in holidays with their foster family. The fostering service would want to ensure foster carers are supported in making arrangements that include the children and that will be enjoyable for all the family.

Foster carers do need to give particular consideration to the following points before making holiday arrangements:

CONSENTS
Check well in advance with the social worker that there is consent from the child’s parent, or person with parental responsibility (this could be the Local Authority for children subject to court orders). If going abroad it is also recommended that you carry authorisation from the Borough of Poole to explain to border officials, for example, why you have a child with a different surname with you, the principle manager will write a letter of authorisation. If you are planning to take the child abroad the child care social worker has to complete a process that will provide enough information for the Principle manager to agree with your plans. This information includes:

• Your destination with dates
• Your travel details i.e. airline ferry train. With flight numbers or reference details
• Where you are staying abroad to include all addresses of a accommodation whilst away
• The sleeping arrangements, any safe care issues. We do recognise that it is not always practicable or appropriate for the children to have rooms of their own. You will need to discuss how if you are all in the same area you will manage this
• Your insurance details with details of who is covered

THE PRINCIPLE MANAGER HAS TO AGREE TO THE ARRANGEMENTS, THE SOCIAL WORKER CANNOT GIVE PERMISSION

If you are wanting to go away in the UK, usually this is agreed between yourself and the Child Care Social Worker (who will discuss with their line manager in supervision). For most of these holidays there will not be a problem; however it is worth remembering that if we do not hold PR (those children under sect 20 Children act 1989) as good practice we still need the consent of the person with PR. If they refuse to give consent we may need to consider what legal action could be sort and if this will effect the court proceedings.

Where there is a high level of family contact as agreed through the court process, other arrangements should be considered if the holiday is thought to be in the best interest of the child. This may not be the case if the children are going to move either home or to other family members.

Similarly it would not be appropriate for those children where introductions are planned for them to move to an adoptive family.

PASSPORTS
If you are intending to go overseas for the holiday allow enough time for a child’s passport to be sorted out. Obtaining a passport of children who are in care is quite a complex situation, especially if we do not hold Parental Responsibility or have consent of the person who has PR. There can also be problems if a child has more than one name surname and we don’t have the birth certificate. Please ask the child’s social worker before making any arrangements to go abroad, if the child does not have a passport it is not advisable to book the
holiday until you know the passport has been obtained.

LOCATION
Holidays abroad may be very attractive, but for many children in care the experience can be stressful and it is advisable to be cautious about planning for such trips. Please discuss your ideas well in advance with your supervising social worker and the child’s social worker before making any plans.

SAFE CARE
Do remember your family’s safe care policy when you are making your holiday arrangements.

Please check your plans well in advance with your social worker and in particular check before booking

On some occasions foster carers may need to have a holiday without the foster child. Again, please discuss this well in advance with your supervising family placement social worker. We know that respite for carers is crucial for supporting many foster placements and it is important that many foster carers can have planned periods of time when they can ‘recharge their batteries’.

Feedback from young people in foster care has often made it clear that they can feel unsettled and angry by ‘respite’ arrangements especially if made at the last minute, and even more so if they have to stay with someone unfamiliar.

Wherever possible we are trying to link young people to ‘respite carers’ with whom they can feel comfortable, and who will become a regular link to the family. In some fostering arrangements this has been made possible by ‘natural solutions’ where the family have been able to identify someone in their own support network who is known to the child and is willing to provide care for short periods of time.

BABY SITTING

PLEASE ALSO REFER TO DELEGATED POWERS.

As a general rule, arrangements for sitting for children in care should be consistent with the attributes of good parenting. Thus children should only be left with sitters known to and trusted by the foster carer and who the child themselves knows.

Foster carers may identify family members or friends who can offer regular baby-sitting for children in their care.

In all cases, the Child Care Social Worker or your Family Placement Social Worker should be notified of baby-sitting arrangements for the child, within 24 hours of the arrangement being made and a child’s parent/s should be informed about any regular arrangements.

The sitter should always know how long the foster carer plans to be absent and how to contact them or someone in an emergency. Sitters should be made aware of and required to abide by the rules of the home and be informed about any special requirements for the child. No babysitter should be under 16 years of age.

Where a babysitting arrangement leads to the need for the babysitter to stay overnight in the child’s home, the carer should satisfy themselves of the safety of the arrangement and the responsibility of the baby sitter.

Foster carers will be expected to pay for babysitting arrangements, which are made for their own social or leisure purposes. Children and Young People’s Social Care will reimburse carers where a carer is attending a training session. The foster carer should discuss the arrangements with their family placement social worker or the child’s social worker.

RESPITE FOR FOSTER FAMILIES

At the time of placement, agreement should be reached as to the level of respite care required by a child, or by the carers, and how this should be provided. This need should be evidenced on the child’s care plan. The respite care may be arranged to enable a child or young person to experience social or leisure pursuits, which they would not otherwise have an opportunity to experience.

It is recognised from time to time carers may require a respite period in order to sustain a placement. This should be planned as part of the placement agreement. In these circumstances the carers should not be providing respite for other children.

Aims

• To support the well-being of foster carers.
• To promote placement stability for children and young people.
• To ensure that consideration is given to the needs of children and young people when respite arrangements are made.
• To support fostering placements
Principles

• Caring for children can be challenging. Foster families need periods of respite time when the child or young person is cared for elsewhere in order for the foster family to ‘recharge’
• Respite breaks can be a valuable contribution to the success and endurance of a placement
• Children and young people need to feel that they are an important part of their foster family
• Foster carers need to help children and young people feel secure and safe
• Foster carers should be supported in identifying appropriate respite arrangements which will be appropriate for the needs of the child or young person in their care, as well as for the needs of the foster family

All Poole foster carers are entitled to two weeks paid respite per year.

OPTIONS FOR RESpite

Wherever possible arrangements for respite should be made which enable a child or young person to be cared for by someone who is part of their natural network of significant people.

Young people have made it very clear how much they dislike going to respite arrangements with people they have never met.

Young people have also said that more attention should be given to enabling respite arrangements with people known to them.

Option 1 - A person known to the child or young person, e.g. a birth family member, or the family of a school friend etc.

As part of the Core Assessment information about young people coming into care, or already in care, there should be information about people significant to that young person. These may be people who are related to the young person or who have some significance to the emotional needs of the child.

The assessment should have considered whether these people could provide care for the child or young person. It may be that, whilst unable or not suitable for an ongoing arrangement, they may be suitable for short-term periods of care. The child or young person’s social worker should regularly consider and review any relationships which may be helpful to the child, and contact arrangements should be discussed at the ongoing statutory reviews. This might enable more staying visits to be arranged. Young people may also identify friends' families who may be able to care for the young person for short periods of time.

In all these circumstances there should be a timely assessment of the potential for these arrangements to provide a ‘natural solution’ for the need for respite which might be essential to support the substantive arrangement.

If the child is on a Care order a senior manager has to agree that the child can stay overnight with their parent/s. The child care social worker has to undertake an assessment which is presented to the senior manager prior to the arrangements being made. A lot will depend on any court proceedings it is always good practice to discuss any arrangements with either your family placement social worker or the child care social worker.

Option 2 - A person known to the foster family, who is part of the fostering family’s network

The Family Placement Social Worker will encourage, wherever possible, the foster carers to identify family members or friends, who can help them if they need a break. It might be that if these individuals are willing to offer regular respite and that that is agreed as part of the Care plan we could consider assessing them as foster carers specifically for that young person.

Option 3 - approved carers who can offer regular support to the child and family

The Family Placement Social Worker will aim to meet requests for respite by identifying already approved carers who can offer regular support to the child and family.

Introductions should be made and the views of young people taken into account in this period. Once a relationship is made with ‘respite’ carers, every effort will be made for continuity in the arrangements so that the carers become part of the child’s network of known adults.

Option 4 - Support Care to Families

The Fostering Network defines Support Care as being a ‘short term, preventative foster care aimed at families in crisis with a view to avoiding a child or young person being taken into care long-term. It is offered alongside a package of other support services available to families’. 
MANAGING THE RESPITE ARRANGEMENTS

Placements made with a respite carer require that relevant information is available to the respite carer, including copies of the relevant medical consent documents.

ESSENTIAL INFORMATION

- Carer’s contact details
- Social Worker’s contact details
- Out of Hours Service details
- Family contact information
- Any health / dietary / allergy information
- All relevant information about risks
- Arrangements for school, clubs activities etc (if relevant)
- Details of day to day arrangements, including routines, pocket money etc.
- Medical consents
- Medication arrangements e.g. what is prescribed, how it should be stored (does it needs to be refrigerated?), whether the child or young person manages the medication themselves.

FINANCIAL SUPPORT TO RESPITE PLACEMENTS

Please refer to Guidance about Foster care Fees and Allowances when arrangements are being made with an approved foster carer.

COMPLAINTS PROCEDURES FOR USE BY FOSTER CARERS FOSTER CARERS’ COMPLAINTS PROCEDURE

We hope that the relationship, which develops between you, as a foster carer and Poole Children and Young People’s Social Care, will mean that any difficulties that do arise can be resolved by talking about them and sorting things out. However, there may be occasions when this does not work and it is then you may want to use the formal procedure. Here’s how to do it:

- Try to resolve your difficulty informally with the worker or manager concerned
- If you fail to get satisfaction, you can contact the Consumer Relations Officer
- Use the Complaints leaflet

The above procedure applies to all registered foster carers wishing to make a complaint on their own behalf. It is not, however available for foster carers who wish to complain about termination of their approval as foster carers or for prospective foster carers whose registration is not recommended by the Fostering Panel. Whilst carers and prospective carers in this position can complain - for example, about the service they received from the department or the accuracy of reports submitted about them by a particular worker - the decision to accept or reject the offer of service is, under current legislation, a decision which cannot be appealed against through the complaints process.

Since April 1st 2009, the remit of the IRM (Independent Review Mechanism) has included an independent review of fostering suitability applications from potential and current foster carers whose fostering service provider has decided not to approve them as a foster carer, or to terminate or change the terms of their approval. Details can be found at www.independentreviewmechanism.org.uk

COMPLAINTS ON BEHALF OF THE CHILDREN IN CARE

There is a procedure for children and young people to make a complaint. Ask the CCSW or FPSW for a leaflet if you wish to make a complaint on behalf of a child or young person, or to help him/her register a complaint. Foster carers should also assist children or young people wishing to complain about aspects of their foster placement, by ensuring s/he understands the complaints procedure and, if necessary, ensuring s/he is assisted in the pursuit of the complaint.

The Borough of Poole has a Whistle-blowing policy, a copy of which should be available for all foster carers. This policy describes the procedures involved in raising a concern about any malpractice. Please ensure you have a copy and that you have read it.

ALLEGATIONS OF ABUSE AGAINST THE FOSTER CARER(S)

The above guidance has been updated.

Sometimes children make false allegations about their carers. However it is also the case that some foster carers do abuse children and the local authority has a duty to take every means possible to safeguard the children.

All foster carers who are subject to allegations will continue to have the support of their family placement social worker, or another team member. However foster carers will also be directed to other sources of support. The family placement social worker is an employee of the local authority and has primary responsibility towards the children involved.
Their support will therefore be limited to:

- ensuring the foster carer is kept informed of the progress of the investigation and
- providing information to the investigating officer about the foster carers
- continuing to supervise the foster carer’s role with any children in placement

The designated Family Placement Social Worker must make his or her responsibility clear to the family at the outset. Foster carers have the right to know of allegations, although on a case by case basis the investigating officers may have to make decisions about protecting evidence and disclosure of information, which limits what information can be shared at different stages of the process.

Information about any allegations and their outcome is recorded on the foster carer’s file. The information is included in a foster carer review, which is presented to the fostering panel.

FOSTERING NETWORK

Fostering Network can provide independent legal advice for a carer who is subject of an investigation. Your FPSW will also support and explain all the processes and procedures.

GENERAL PRINCIPLES

When allegations of abuse are made, the primary responsibility of Poole Children and Young People’s Social Care is the protection of the child. It is essential that all statements alleging abuse are taken seriously, and that all allegations are dealt with fully and honestly.

Foster carers have a right to a service which acknowledges that they are undertaking a demanding task on behalf of the local authority, and would not be in this vulnerable position if they had not become foster carers.

A significant number of foster children will have been abused prior to coming into care. Some children may make false allegations about their carers. However it is also the case that some foster carers do abuse children and the local authority has a duty to take every means possible to safeguard the children.

CHILD PROTECTION ENQUIRY

Any enquiry or investigation into allegations against foster carers should be referred immediately to the relevant Child Care Team Manager and Principal Manager who have responsibility for the child. A social worker from the relevant child care team will be appointed to co-ordinate enquiries. The Local Area Designated Officer will also be advised as this is an allegation against a individual who has responsibility for the wellbeing of young people.

A Strategy Meeting will take place and this will involve all relevant professionals; a senior manager chairs this. The meeting must include the Family Placement Social Worker and the child’s social worker. It will also include social workers responsible for any other children in the placement.

An action plan will be devised to consider:

- The safety of any children in the household and any necessary action to ensure this
- The nature of the allegation, its source and reliability
- The knowledge that the local authority has of the foster carers i.e. how long they have been fostering, how many children they have cared for, known strengths and weaknesses, and any exceptional features about the child and/or placement
- Decision about at what stage the Looked After children’s parents should be informed of the allegations
- What support can be offered to the carers

There must be a recommendation on if, how and when an investigation needs to take place.

If there is to be no further action, a recommendation should be made about who should inform the foster carers of the enquiry and its outcome. The investigation must include a review of the past history of the child, especially in relation to other allegations of abuse.

Whilst investigations are continuing, the responsibility for the decision to remove a child should lie with the Principal Manager responsible for the investigation. Children should only be removed from their foster families where there is risk of immediate harm to them or where the placement has irretrievably broken down. A hasty removal may cause more damage to the child/ren and family than the alleged incident may have done.

After the investigation the foster carers should be given a written statement of the allegations against them, the investigations and its outcome, by the Principal Manager. A copy of this letter should be attached to other documentation about the investigation on the foster carer’s file.
CHILD PROTECTION CONFERENCES

In some circumstances, the investigation indicates that a multi-agency Case Conference must be held as part of the safeguarding decision making process. The Principal Manager must decide whether a case conference is needed.

It must be made clear to the foster carers that the conference will consider the potential risk to all children in the household, including the foster carer’s own family.

The case co-ordinator should give the foster carers information about the purpose and structure of the case conference and should invite them to attend.

The decision of the conference must be communicated in writing to the foster carers by the Conference Chair Person.

Departmental Policy and practice on parental attendance at case conferences should be adopted.

FOSTERING PANEL

Following any investigation about allegations made by a child against a foster carer, the details of the investigation and outcome will be forwarded to the Fostering Panel as soon as possible.

The Fostering Panel will consider all issues that have arisen in the course of the investigation and will consider whether to recommend continued registration of the foster carer. The panel may choose to recommend continued registration with certain conditions, for example, a specific training need, or change in the age range of children that a foster carer is approved to care for.

POST CONFERENCE

The decisions and recommendations of the Child Protection Conference should be forwarded as soon as possible to the Fostering Panel for consideration. The outcome of this review should be communicated to the foster carers in writing by the Chair of the Panel.

If allegations are considered to be substantiated and/or the children in the household are made subject/s of a child protection plan, the Foster Carers names will be removed from the Department’s fostering register and alternative placements will be sought immediately for any foster child currently placed with the family. There may be occasional exceptions to this, for example, an older child who has been placed in the foster home for a long time and who has made no allegations of abuse may express a strong preference to stay. Whether or not this can be agreed will depend upon the attitude of the foster family and the attitude of the child’s parents and may require the alleged perpetrator to engage in a contract of work aimed at reducing the risk of abuse of any child remaining in the home.

Responsibility for this decision will lie with the Head of Children’s Services. In this case, the Fostering Panel may approve the family for specific registration to foster that child.

If the children in the family become subject to a child protection plan, the case conference conclusions should be forwarded to the Fostering Panel as soon as possible. The Fostering Panel will then consider all issues which have arisen in the course of the investigation and consider whether continued registration of the foster carer is appropriate. The content and outcome of this review should be communicated to the foster carers in writing by the Panel Chair as soon as possible.

FOSTER CARERS’ RIGHTS TO INFORMATION HELD ABOUT THEM

Foster Carers have a right of access to information held about them by the Department. This is called a subject to access request under the Data Protection Act 1998.

THE CARERS OWN CHILDREN

Fostering is not something that just your parent or parents do. It is a whole family commitment involving a great deal of ‘give and take’ from everybody.

As well as sharing your home, maybe your toys and other belongings, you will have to share your parents and their time with a foster child and with social workers.

It can be very frustrating to come home from school bursting to tell your parents something or wanting to talk to them because you are upset only to have to wait because they have to spend time with the foster child or a social worker is visiting or a review is going on. You will need to be very patient.

Sometimes it might not feel very fair when a social worker takes the foster child out and you might feel they are having more treats than you.
In some cases you might not feel you are getting on with the foster child too well, and this can be quite miserable.

If a foster child bullies you, takes your things or otherwise makes your life a misery - tell your parent at once.

You must also tell your parent if the foster child wants to tell you 'secret' things that have happened to them, maybe before they came to live with you. This can be hard for you if you have become good friends and they feel they can trust you. But it is important to remember that fostering means being part of a team and that means no secrets, because everyone is working together.

Remember - 'secrets' are different to 'surprises'. A 'surprise' is something like not telling someone what they are going to get for their birthday, and a 'secret' can be something that it is important for your parent and the social worker to know about, so that help keep the foster child safe.

If you are growing up in a family that fosters, you are in quite a responsible position. There is support and advice available to you. Parents can be very helpful, but sometimes it is good to talk to someone outside the family.

Your Family Placement Social Worker will be only too willing to talk to you. On occasions they will want to talk to you about how you feel the fostering suits the family and whether anything needs to change.

There will be opportunities to arrange for you to meet with other children and young people whose families foster. Ask your Family Placement Social Worker about the next meeting.

We hope you enjoy sharing your parents' fostering. We hope you will have a lot of fun times. The fostering team organise events and activities from time to time and we hope you will join in with these.

**MEN IN FOSTER CARE**

The 'traditional' foster family model in which the foster mother does most of the caring for the children is no longer typical. In some foster families, the primary carer is a male carer. In other families, where the main carer is female, the role of the male carer is much more recognised for its importance in fostering.

Poole Fostering Service aims to ensure that men in foster care are valued and supported. Some specific training opportunities are identified from time to time for men. Family Placement Social Workers are encouraged to ensure that they have regular contact with both carers, if a couple are approved together.

For many children in care it is particularly important that they are able to know men who are loving and caring. Many of them have not experienced good male role models.

We would encourage vigilance about safe care practice and men in foster care do have to be aware of their particular vulnerabilities with some placements. It is also important however for men in foster care to find positive ways of developing relationships with the children.

Some Fostering Network articles refers to some common complaints from male foster carers: that social workers ‘always asked to speak to their wives’; that ‘fostering services only sent letters and payments to female foster carers’; that ‘training is often held during the day when they are at work outside the home’ and that ‘informal foster carers’ networks are women-dominated and hard to access’.

Poole Fostering Service is striving to ensure that these issues have been addressed. There is an increasing range of training available in the evenings. In addition we are encouraging access to some on line training which may be more accessible for more people at weekends and evenings. Men and women foster carers usually attend foster carer groups. Payments may be made to whichever partner is preferred by the foster carer.

Men who foster for Poole should discuss any of these matters with their Family Placement Social Worker. Specific training or other arrangements for support can be provided.

**HEALTH AND SAFETY FOR FOSTER FAMILIES**

**INTRODUCTION**

Health and Safety are key issues for foster carers. Keeping children and young people safe, and promoting their health and well being are the central tasks for foster care.

Foster carers look after children within the overall framework of the Local Authority. There are clear
procedures about Child Protection which are outlined in the Foster Carer handbook. The monitoring of the health of Children in Care is also closely regulated, with requirements for regular health assessments. Specialist advisers are available to children and their carers.

This guidance is designed to highlight health and safety factors which also involve the whole fostering household. It is important that foster carers look after their own and their family’s health and safety needs, as well as the needs of the children they are looking after.

HEALTH AND SAFETY CHECKLIST

Assessments of all foster homes include a comprehensive health and safety check. This is completed by the assessing Family Placement Social Worker together with the foster carers. The document should be signed by the family placement social worker and the carers. Any actions that need to be taken should be discussed fully and a plan, with timescales agreed. In some cases the process of approval may be held up if certain actions are not completed, for example, ensuring satisfactory safety precautions around and over a garden pond.

The checklist should be seen as a useful tool for carers and the social worker. They need to consider any hazards in the foster home or garden that may have different implications for a fostered child but have not been a concern to the family.

For example, family members may well have become very accustomed to a steep staircase, or a tricky temperature control on the shower. Both these issues could be very hazardous to a child or young person coming in to the household.

Foster carers need to consider their house and garden through the eyes of a child and young person who already has a lot on his or her mind. The health and safety assessment will take into account the type of fostering that the carers are considering, including the age range of the children likely to be placed.

If there is a need for specific safety adaptations to be made, for example, because the carer is proposing to look after children with mobility problems, the family placement social worker will advise about what assistance may be given.

The Health and Safety assessment should include all aspects of the carer’s home and garden, including garages, sheds and any other outbuildings.

Foster carers need to ensure that they keep a high level of safety awareness in any other environment that they go to with the children and young people. This will include travel arrangements, holiday accommodation, caravans, family visits and other outings.

The Health and Safety assessment document will be presented to the fostering panel with the carer’s full fostering assessment.

As part of the health and safety process we will make a referral to the Fire Officer who will visit at your convenience. They will be able to give advice about fire safety if required.

HEALTH AND SAFETY REVIEW

The health and safety of the foster home will be reassessed on an annual basis and the checklist will be reviewed. This will form part of the foster carers’ annual review.

Throughout the year the foster carers must advise the family placement social worker of any changes to the house or garden which might have safety implications for the looked after children.

INSURANCE

Carers should notify their household and car insurance policies that they are approved foster carers. Details about this will be checked by the Family Placement Social Worker at each annual foster carer review. The Family Placement Social Worker will discuss reimbursement of any increase in insurance costs that have resulted from the fostering status.

The Borough of Poole pays for all approved carers to have membership of the Fostering Network. The Fostering Network is an independent source of legal advice and also provides considerable information about relevant health and safety matters.

GENERAL GUIDELINES

No carer can eliminate risk from children’s lives. In fact risk taking is an essential part of growing up and becoming a fulfilled member of society.

The foster carer should have a good understanding of the particular risks that might be involved in caring for a looked after child. The carer needs to be able to identify hazards and reduce risk of harm wherever possible.
Encouraging children to understand risk and have the confidence to take some risks is important for the development of independence. Children and young people should have opportunities to explore and have new experiences.

The foster carer, with the support of the Family Placement Social Worker, will need to identify any risks about a particular placement arrangement. For this the carer must have full information from the child’s social worker.

The process of matching a child to a particular foster family involves careful consideration by the child’s social worker and the family placement social worker. Any risks known about the child or young person, or their family, should be written down in a risk assessment. The risk assessment should make it clear how any risks are going to be reduced or managed if the placement is to go ahead.

Consideration must be given to the following

- identifying any hazards
- deciding who might be harmed and how
- assessing the risks and taking appropriate action to remove them or reduce them as far as possible
- recording the findings
- checking the risks from time to time and taking further steps if needed

Full information about the proposed placement should be given to the foster carer so that any risks can be highlighted and discussed using these guidelines.

Specialist advice may be available about some identified risk factors. For example the designated nurse for looked after children will be able to advise about health, infection and hygiene issues.

Specialist advice could also be sought from a Fire Safety Office in the event that there may be concerns about a young person’s possible fire setting behaviours.

Specific training may be essential where certain identified risks may be involved in order to meet the assessed needs of the child. Examples of this would include training about manual handling, invasive medical techniques, and specific behavioural approaches.

The particular training needs will be discussed prior to placement and reviewed regularly.

It is the expectation that all foster carers will attend First Aid training, Safe Caring training, and behaviour management training.

There are many leaflets, books and sources of advice about health and safety matters. The foster carer handbook includes information about various relevant areas.

Further useful information can be found at the health and safety website www.hse.gov.uk

RISK MANAGEMENT - PRACTICAL TIPS

The following list is designed to help foster carers think about some of the practical factors in everyday care that may include risks or issues about health and safety. You will see that there may be a risk in practically any situation and most of the risks can be managed by good common sense and planning. However in some cases there is specific guidance which foster carers have to be aware of.

This list is by no means exhaustive. There may be many other examples that you can think of, i.e. events or situations that may need an extra alertness to safety aspects when you are looking after a foster child.

In a number of cases this list refers to a separate guidance document in the handbook or elsewhere and foster carers will need to cross-reference.

Please discuss any concerns with your Family Placement Social Worker.
# A - Z GUIDE

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<td><strong>Accidents</strong></td>
<td>All accidents and injuries to looked after children must be reported to the fostering service and child’s social worker. Note details in foster carer record. Good advice about the prevention of accidents can be found on the website of the Royal Society for the Prevention of Accidents (ROSPA) <a href="http://www.rospa.com">www.rospa.com</a></td>
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<td><strong>Activities</strong></td>
<td>Activities with children should be promoted as part of a healthy and varied lifestyle. However foster carers need to consider safety issues and appropriate levels of supervision. It is important not to make assumptions about children's confidence or abilities. Some examples - there could be many more: Foster carers should ensure they have social worker's (and parent's) permission for potentially hazardous activities such as horse riding, rock climbing. Also a specific risk assessment should be discussed with FPSW. Some potentially hazardous adventure activities (e.g. caving, rock-climbing, water sports) must be properly licensed by the Adventure Activities Licensing Authority. See <a href="http://www.aala.org.uk">www.aala.org.uk</a> Swimming - Maintain high level of supervision at all times. Consider issues about confidence etc Cross reference to safe care policy (e.g. how foster carers may manage children in the changing rooms) Trampolining - ensure clear safety rules are followed by children. The Royal Society for the Prevention of Accidents (ROSPA) produce a valuable Trampoline Safety Fact Sheet.</td>
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<td><strong>Alcohol</strong></td>
<td>See handbook for guidance notes about alcohol. Attention should be given to the storage of any alcohol, and how it might be accessed by children.</td>
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<td><strong>Allegations</strong></td>
<td>Allegations made about foster carer - see separate document. Refer also to Safe Caring Policy.</td>
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<td><strong>Allergies</strong></td>
<td>Consult the health professionals about any concerns you may have about caring for a child or young person who has allergies.</td>
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<td><strong>Animals</strong></td>
<td>See also pets Some children may never have had contact with farm animals or zoo animals. Carers may need to consider any fears or worries that a child may have. Also the need to monitor how a child behaves around animals. Hygiene issues, washing hands after contact etc. need to be remembered</td>
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<td><strong>Babysitting / Informal child care arrangements</strong></td>
<td>Discuss who you may use as a babysitter with your FPSW.</td>
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<td><strong>Behaviour Management</strong></td>
<td>Refer to behaviour management policy. Any incidents where you or another member of your household has had to use physical intervention or restraint with a fostered child must be notified as soon as possible to your FPSW and the child’s social worker. Make a clear record. Training should be part of foster carer's post approval training programme.</td>
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<td><strong>Bicycles</strong></td>
<td>Provide children with a safety cycle helmet. Check regularly for any flaws or dents. Encourage children to undertake cycle proficiency classes. Discuss with social worker before acquiring a cycle for a child. More information at: <a href="http://www.kidshealth.org/kid/watch/out/bike_safety.html#cat116">www.kidshealth.org/kid/watch/out/bike_safety.html#cat116</a> Also see <a href="http://www.direct.gov.uk">www.direct.gov.uk</a> for helpful advice.</td>
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<tr>
<td><strong>Bullying / Car travel</strong></td>
<td>See handbook for guidance about dealing with bullying. The handbook includes guidance about car restraints. The Department for Transport has good information about road safety, keeping children occupied when travelling etc. See <a href="http://www.gov.uk/government/organisations/department-for-transport">www.gov.uk/government/organisations/department-for-transport</a></td>
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<td>Contact</td>
<td>Discuss with the child's social worker and your FPSW if any issues or concerns arise for you in managing a child's or young person's contact with their family members.</td>
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<td>Chemicals</td>
<td>Ensure hazardous chemicals are kept locked away and are not accessible to children. Remember these products can be found in cars, (antifreeze etc), in the garage, the shed, the bathroom, kitchen and other locations. Please check with your FPSW if you have any doubts.</td>
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<td>Diet / Nutrition</td>
<td>Any concerns about food or diet should be discussed with the relevant health professionals. Information about food, additives, labels etc can be found at <a href="http://www.nutrition.org.uk">www.nutrition.org.uk</a></td>
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<td>Drugs</td>
<td>See guidance in handbook.</td>
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<td>Electricity</td>
<td><a href="http://www.adviceguide.org.uk/england">www.adviceguide.org.uk/england</a> tells you about things to check for, such as frayed wires, overloading, poor wiring etc. Children and young people may have their own electrical appliances which they bring with them to your home, and you will need to be alert to any risks with them. Foster carers can encourage young people to develop their awareness of the need for safe appliances.</td>
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<td>Eating Disorders</td>
<td>Food and nutrition are very key areas for foster carers and caring for a child who may have an eating disorder can be very distressing and concerning. Seek advice from the relevant health professionals.</td>
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<td>Emergencies</td>
<td>Have emergency contact numbers readily accessible. Keep the social worker or manager closely informed. Remember to contact the Out of Hours emergency duty service if an emergency arises after office hours or at the weekend. Tel 01202 657279</td>
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<td>First Aid</td>
<td>Foster carers are required to attend basic First Aid training. Ask your Family Placement Social Worker. Keep a First Aid box in the home, regularly updated.</td>
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<td>Fire</td>
<td>Check smoke alarms regularly. Restrict access to matches / lighters. Fire safety precautions in home may include fire blankets etc. Consider family exit routes. In some circumstances advice may be sought from the Fire Safety Officer if there is any known risk that a young person may have fire setting behaviours. <a href="https://firekills.direct.gov.uk">https://firekills.direct.gov.uk</a> has more information about fire safety.</td>
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<td>Gas</td>
<td>Get all gas appliances regularly checked. More information: <a href="http://www.hse.gov.uk/gas">www.hse.gov.uk/gas</a></td>
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<td>Guns / Firearms</td>
<td>Any guns kept by foster carers for sport or pest control, for example, should be discussed in the Health and Safety Assessment. The Firearms licence must be shown to the FPSW. Ornamental weapons of any sort should also be considered in case they pose any risk. Young people may be particularly interested in these items and should not have unsupervised access to them. Young people may want to use air rifles or BB guns. These interests must be discussed fully with the social worker and restrictions agreed.</td>
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<td>Health</td>
<td>See separate guidance in handbook. Reporting any health concerns is essential. The designated nurse is available for advice. Also refer to anti-smoking guidance.</td>
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<td>House and Garden</td>
<td>There is an annual Health and Safety check as part of the foster carer's Annual Review. On a regular basis the FPSW should be kept informed of any changes (e.g. if foster carer decides to dig a pond, knock down internal wall etc) Kitchen safety can be particularly difficult, especially when caring for children of different ages and abilities. ROSPA have some helpful fact sheets.</td>
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<td>Household Members</td>
<td>Any changes in household must be reported to FPSW. All adults must have a DBS check, renewed every 3 years. The FPSW must make an assessment of whether any changes in the household composition affect the space, and the relationship dynamics etc. which might need to be considered for fostering.</td>
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<td>Holidays</td>
<td>Many children have said that their holidays with their foster carers have been memorable. Holidays however can bring added risks and stresses. Discuss any holiday plans well in advance with the child’s social worker and your FPSW. Permission from the child’s parents will need to be sought in most cases. Foster carers need to ensure they have sufficient documentation to prove they have the right to take a child out of the country.</td>
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<td>Hygiene</td>
<td>Food hygiene information is available at <a href="http://www.food.gov.uk">www.food.gov.uk</a> Ask the designated nurse for advice if you have concerns about a child's or young person’s personal hygiene issues.</td>
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<td>Information / Placement planning</td>
<td>Foster carers must be given full information about any known issues to do with a child’s health or risk behaviours.</td>
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<td>Insurance</td>
<td>Your FPSW will need to check your car insurance and household insurance as part of the assessment and the annual review. On approval you will become a member of Fostering Network which gives you access to further sources of advice and information, together with specific insurance cover in the event of you needing legal advice in your role as foster carer.</td>
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<td>Internet</td>
<td>The handbook includes guidance about internet safety. Think U Know - resource containing loads of information on how to stay safe online and safe surfing for young people. <a href="http://www.thinkuknow.co.uk">http://www.thinkuknow.co.uk</a></td>
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<td>Medication</td>
<td>All medication should be stored securely. You must keep clear records of any medication given to foster children. See handbook for guidance and always seek advice from a relevant health professional.</td>
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<td>Mobile Phones</td>
<td>Many young people will have a mobile phone and foster carers and social workers may need to have detailed discussions about concerns that may arise. Other risks involve phones being used as tools for bullying and coercion. Sophisticated phones with cameras and internet access also can be a concern to vulnerable young people. The Direct Gov web site has detailed information about some of the issues about mobile phones and internet use. <a href="http://www.getsafeonline.org">www.getsafeonline.org</a> Discuss with your FPSW and the child’s social worker any rules or restrictions that you are considering. For example, whether you prevent the child having the phone at night-time.</td>
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<td>Noise</td>
<td>A child’s hearing can be damaged by exposure to a sudden loud noise, or by the cumulative affect of years of damage. Noise levels in toys are subject to regulation but hearing can be impaired by prolonged or too close exposure. <a href="http://www.deafnessresearch.org.uk">www.deafnessresearch.org.uk</a> Fostering may cause an increase in the general noise level in your home, and this can contribute to higher levels of stress.</td>
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<td>Pets</td>
<td>See also Animals. Consider issues about pet hygiene, sleeping arrangements, pet behaviours. Foster children may require extra supervision around pets. Some may have health issues or allergic reactions. Pets may react unpredictably to changes in the household. The level of supervision of the pet should be discussed with the FPSW.</td>
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<td>Poisonous Plants</td>
<td>Some indoor and outdoor plants can be hazardous. Some information is available at <a href="http://www.bbc.co.uk/health/conditions/poisonousplants">www.bbc.co.uk/health/conditions/poisonousplants</a></td>
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<td>Public Transport</td>
<td>Encouraging children to use public transport, walk or cycle has benefits for their health and general well-being. Foster carers can do much to help children develop their awareness of the benefits and any safety factors they may need to consider. Confidence about using public transport is a major step in developing independence. Use of public transport with children in pushchairs, or with a child who has a disability, may need careful planning.</td>
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<td>Safe Caring</td>
<td>Refer to Safe Caring Family Policy</td>
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<td>Self Harm</td>
<td>Consult, promptly, with your social workers and the designated LAC Nurse if you think the child or young person in your care is at risk of self harm.</td>
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<td>Skin Care</td>
<td>The basic personal care needs of black and minority ethnic children require that the foster carer should be well informed about skin and hair care. Your FPSW can provide you with specialist information.</td>
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<td>Sleepovers</td>
<td>Refer to separate guidance about when foster carers can permit young people to sleep over at a friend’s house.</td>
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<td>Smoking</td>
<td>See guidance in handbook.</td>
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<td>Stress</td>
<td>Stress is an unavoidable part of life. Some level of stress can be a good thing. It keeps us on our toes! Stress occurs when there is an imbalance between the pressures encountered and the resources available to meet these pressures. Stress is the reaction people have to excessive pressures or other types of demand placed on them. It arises when they worry that they can’t cope. When the pressure recedes, there is usually a quick return to normal. It is when the pressures are intense or prolonged that problems occur. People feel trapped, unable to exert control and confused by conflicting demands placed on them. Regular discussions with your FPSW about the stresses that the family is going through are very important. Information about stress, and stress management can be obtained from the fostering team.</td>
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<td>Sun Exposure</td>
<td>Children have an increased risk of damage because their young skin is very delicate. The British Association of Dermatologists warns, &quot;There is increasing evidence that excessive sun exposure, and particularly sunburn experienced when under 15 years of age, is a major risk factor for skin cancer in later life.&quot; Because of this it’s important to ensure that they have adequate protection against the potentially harmful effects of the sun. Bupa have information on <a href="http://www.bupa.co.uk/individuals/health-information/directory/s/sun-care">www.bupa.co.uk/individuals/health-information/directory/s/sun-care</a></td>
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<td>Tools</td>
<td>Store knives, garden tools, domestic and work tools safely. Teach children the safe use and safe storage of tools.</td>
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<tr>
<td>Trip hazards</td>
<td>Falls account for the greatest number of accidents in the home. Be alert to any hazards arising from loose carpets, damaged or uneven floors, wet or oily floors, uneven or slippery surfaces outside etc. There is a lot of information about reducing risk of slips or trips from the Health and Safety Executive. Although much applies to work in organisations like schools it includes some helpful advice. See <a href="http://www.hse.gov.uk">www.hse.gov.uk</a></td>
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<tr>
<td>Videos/DVDs</td>
<td>See guidance in handbook about DVDs</td>
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<tr>
<td>Violence</td>
<td>Full information should be given to a foster carer when there is a known risk of violence from a young person, or from their family members. Discuss fully with the child’s social worker and with your FPSW.</td>
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<tr>
<td>Water</td>
<td>Be alert to risk of drowning - baths, swimming pools, sea, garden ponds - maintain high level of supervision, have clear knowledge of limits of ability of child or young person. ROSPA have useful fact sheets. <strong>Temperature</strong> of water in the house - carers need to ensure satisfactory regulation of hot water temperature. Young children and children with some disabilities will require very close supervision with hot water. Be alert also to the risk from hot radiators. Because a young child’s skin is so much thinner than an adult’s, it can take just <strong>five seconds</strong> for a toddler to suffer a third degree burn from water flowing at 60oC from a bath hot tap. Yet water must be stored at these high temperatures to avoid the risk of legionella. Information about this is available from the Child Accident Prevention Trust (capt) <a href="http://www.capt.org.uk">www.capt.org.uk</a></td>
<td></td>
</tr>
<tr>
<td>Windows</td>
<td>Is there a need for safety restrictors? Windows form part of the H and S check annually updated. Discuss with your FPSW.</td>
<td></td>
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</table>
## GLOSSARY OF ABBREVIATIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>BAAF</td>
<td>British Association of Adoption and Fostering</td>
</tr>
<tr>
<td>CAFCASS</td>
<td>Children and Family Court Advisory and Support Service</td>
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<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Service</td>
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<tr>
<td>CEOP</td>
<td>Child Exploitation and Online Protection</td>
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<tr>
<td>CICT</td>
<td>Children in Care Team</td>
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<tr>
<td>CLA / CiC</td>
<td>Children Looked After / Children in Care</td>
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<tr>
<td>CRC</td>
<td>Conference and Review Co-ordinators</td>
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<tr>
<td>CYPIS</td>
<td>Children and Young People’s Service - Integrated Services</td>
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<tr>
<td>CYPSC</td>
<td>Children and Young People’s Service - Social Care</td>
</tr>
<tr>
<td>DfE</td>
<td>Department for Education</td>
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<tr>
<td>EACH</td>
<td>Education Action Challenging Homophobia</td>
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<tr>
<td>FPSW</td>
<td>Family Placement Social Worker</td>
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<tr>
<td>FSST</td>
<td>Family Support and safeguarding team</td>
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<tr>
<td>HCV</td>
<td>Hepatitis C Virus</td>
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<tr>
<td>HIV / AIDS</td>
<td>Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>NMS</td>
<td>National Minimum Standards</td>
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<tr>
<td>NSC</td>
<td>National Safety Council</td>
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<tr>
<td>Ofsted</td>
<td>Office for Standards in Education, Children’s Services and Skills</td>
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<tr>
<td>OOHSS</td>
<td>Out of Hours Social Services</td>
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<tr>
<td>PEP</td>
<td>Personal Education Plan</td>
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<tr>
<td>R&amp;A</td>
<td>Referral and Assessment Team</td>
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<tr>
<td>SW</td>
<td>Social Worker</td>
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<tr>
<td>SCSW</td>
<td>Social Care Support Worker</td>
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<tr>
<td>YADAS</td>
<td>Young Adult Drug Advisory Service</td>
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<tr>
<td>YOS</td>
<td>Youth Offending Service</td>
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