

Blackburn with Darwen Borough Council

Fostering Service

A-Z Guide for Foster Carers

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What is fostering?

Fostering is concerned with helping children and young people by looking after them in your own home at a time when their family are unable to do so. This may be due to family illness, relationship difficulties, family breakdown or sometimes because the child or young person has been badly treated, abused or neglected. Foster carers are asked to provide a safe, secure, stable and stimulating environment for him or her.*

More often than not, there is much more for foster carers to do. They work with children's families and with the local authority to help as many children as possible to return home quickly. Whether or not a return home can happen quickly, foster carers assist children to maintain beneficial relationships with their own families. This may mean helping children visit their parents, their brothers and sisters, and members of their extended family who are important to them. In the right circumstances, it may mean allowing family members to visit the child at the foster home. It always means keeping careful records during children's stays and providing parents and social workers with information about them.

Wherever possible, brothers and sisters are looked after in the same foster home and in the same area or community as their parents. Foster carers are often able to maintain links with schools and clubs attended by the child. If possible, children keep their existing GP and dentist.

Foster care can last for days, months or even years. Most children return home to their family but others may be in foster care permanently, be adopted, go to live in residential care or be helped to live independently.

Social workers and foster carers work in partnership with parents to meet children's needs. Every child who is looked after has a social worker. Foster carers talk to the social worker to discuss how the child is getting on. Records about the child's development and progress need to be kept. Social workers visit the child, usually in the foster home. There are regular meetings for each child, the family, social workers and the foster carers to discuss the situation and plan what happens next.

Looked after children need to gain as much as possible from their education. Foster carers need to encourage children to learn and to enjoy school. They may have a lot of contact with schools or colleges. They will need to support children in doing homework.

Foster carers have to promote and protect the physical and mental health of each child they look after. This may be by arranging regular dental and eye tests or medical attention for a particular condition. They also need to be able to listen to children so that they can express their feelings.

**Hereafter, for the sake of clarity and brevity, the term 'child' or 'children' should be taken to include 'young person' or 'young people', i.e. older children (teenagers). However, the latter terms will still be used where particularly relevant, e.g. in references to matters that are more commonly associated with older children.*

The fact that the majority of references in this document are to 'children' and not 'the child' is not intended to lump together all children, since each is an individual with a unique set of needs to be met. However, using the term 'children' minimises the need to say 'he or she' (or 's/he'), 'him or her' and 'his or her'. Instead, 'they', 'them' and 'their' are appropriate and should make for easier reading. For the same reason, the term 'foster carers' is often used rather than 'foster carer' but it is recognised that a significant number of foster carers are single.

Legislation describes children in care as 'looked after' and this term is used in this guide. However, 'children in our care' – abbreviated to 'CIOC' – may also be used, as it has been found that this term is preferred by the majority of children and young people for whom Blackburn with Darwen is responsible.

Foster carers need to be able to talk to social workers about any concerns and to press for any extra services the child needs. They have access to confidential information about children and their families, so confidentiality is vital. Foster carers need to respect and protect the child and the child's family's right to privacy. They learn who can be told what information and sometimes even their own family have to respect that they can know only a little about why a child is being looked after.

Blackburn with Darwen believes that all children needing substitute care should have the opportunity to live in a family. To achieve this, foster care must be a partnership between the carers, supervising social worker, child's social worker and any other professionals, all working together in the best interests of the child. Wherever possible, this partnership should extend to other children in care and their parents or interested relatives.

The cultural, racial and religious identities of children, their parents and foster carers must be respected in the development of the foster care service and in the making and support of individual placements. Children have the right to continuity in their lives so that their identity may be preserved and developed, their physical and mental wellbeing promoted and their full potential achieved.

Foster carers should not be 'out of pocket' due to looking after foster children, which is the reason why fostering allowances are paid. These allowances may be enhanced, depending upon the training foster carers undertake and the type of fostering they provide.

It is important that foster carers are prepared for their task, both in general and more specific terms. Hence, ongoing training is encouraged and certain courses are mandatory, since carers need opportunities to develop their knowledge and skills. In respect of each foster child, the placing agency must be clear about the purpose and goals of the placement and the respective responsibilities of all parties should be stated in writing.

Formal decisions relating to individual children in foster care should be taken in full consultation with them, their parents and the foster carers, all of whom should be able to challenge decisions and plans proposed by the agency and be made aware of the procedures whereby they can exercise this right.

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

Fostering is one of a range of many services provided by Blackburn with Darwen to support families who are in crisis.

National minimum standards

In 2002 a set of national minimum standards for fostering services was issued by the Secretary of State for Health in accordance with the Care Standards Act 2000 [CSA 2000]. These standards were updated in 2011 and establish the baseline by which Ofsted determines whether each fostering service provider is offering adequate services to meet the needs of its children in foster care. The national minimum standards focus on achievable outcomes for children and young people. The new standards are grouped under a series of key topics:

Child-focused standards

- 1 The child's wishes and feelings and the views of those significant to them
- 2 Promoting a positive identity, potential and valuing diversity through individualised care
- 3 Promoting positive behaviour and relationships
- 4 Safeguarding Children
- 5 Children Missing from Care
- 6 Promoting good health and wellbeing
- 7 Leisure activities
- 8 Promoting educational attainment
- 9 Promoting and supporting contact
- 10 Providing a suitable physical environment for the foster child
- 11 Preparation for a placement
- 12 Promoting independence and moves to adulthood and leaving care

Fostering service standards

- 13 Recruiting and assessing foster carers who can meet the needs of looked after children
- 14 Fostering panels and the fostering service's decision-maker
- 15 Matching the child with a placement that meets their assessed needs
- 16 Statement of purpose and children's guide
- 17 Fitness to provide or manage the administration of a fostering service
- 18 Financial viability and changes affecting business continuity
- 19 Suitability to work with children
- 20 Learning and development of foster carers
- 21 Supervision and support of foster carers
- 22 Handling allegations and suspicions of harm
- 23 Learning, development and qualifications of staff
- 24 Staff support and supervision
- 25 Managing effectively and efficiently and monitoring the service
- 26 Records
- 27 Fitness of premises for use as fostering service
- 28 Payment to carers
- 29 Notification of Significant Events
- 30 Family and friends as foster carers
- 31 Placement Plan and Review

Types of fostering

Short term

Duration: Temporary but can be as long as two years.

Purpose: Substitute care while plans are formulated or a specific piece of work is carried out, e.g. assessment of parents.

Permanent

Duration: Intended to last for the duration of the child's time in care.

Purpose: Stable foster placement until leaving full-time education and beyond into adulthood.

Parent and child

Duration: Up to two years (occasionally longer).

Purpose: Support for parents and monitoring of parenting skills.

Short break

Duration: As per care plan. May be a 'one off' or a planned series of placements (most commonly used for children with complex needs).

Purpose: Short break for full time carer.

Day care support

Duration: Variable hours per day.

Purpose: Support for foster carers in crisis.

Emergency

Duration: Usually overnight or over a weekend. (A number of carers can offer 'emergency' placements.)

Purpose: Emergency substitute care at very short notice.

Preparation for independence

Duration: Ongoing.

Purpose: Care and support.

'Family & Friends' carers and connected persons

Duration: Either on a planned basis or in an emergency (Regulation 24), carers are temporarily approved at the point of placement with a full assessment completed within 16 weeks to determine whether the carers may be recommended for approval on a long-term basis.

Purpose: Care and support to children in the family. Family and friend carers are assessed in the same way as mainstream carers and have access to all the same training, supervision and support.

Sitting service

Duration: Usually a number of hours a week specified by the Disability Resource Allocation Panel [DRAP].

Purpose: Support to families with children with complex needs. Families benefit from a short break and the child benefits from a different experience. Sitters can either take the young person into the community, guided by the parents; or they can look after them within the parents' home. They have a general training programme, advice from parents and specific training if needed.

Recruiting foster carers

Recruitment

One of the fostering team managers currently has specific responsibility for the recruitment of mainstream foster carers. There is joint responsibility for the management of the fostering service budgets, including a recruitment budget.

The recruitment officer deals with enquiries from prospective carers and also promotes the fostering service.

The recruitment and retention policies are amended as required and at least annually by the fostering strategy officer.

Recruitment campaigns aim to provide both a realistic and positive portrayal of foster care. The campaigns are designed to generate relevant and quality responses. A number of foster carers and young people who have been in care themselves are involved in activities that are arranged.

Examples of recruitment activity

Foster Care Fortnight

Foster Care Fortnight is a national event organised by the Fostering Network. It is held annually, usually in May. For Blackburn with Darwen's local campaign, the fostering service selects appropriate recruitment materials. Other publicity material is produced in house to reflect the campaign's theme and to suit the fostering service's current target audience, e.g. there might be a need to recruit foster carers for a particular age group or purpose.

Information points and evenings

Literature to advertise fostering and encourage applications is available at a variety of key locations – e.g. at a local supermarket (Asda) and at Royal Blackburn Hospital – and recruitment stands may be set up from time to time to raise the profile of fostering. Several information evenings and coffee mornings are held during the year to provide an opportunity for potential applicants to meet a cross-section of foster carers and supervising social workers face-to-face.

Local radio

BBC Radio Lancashire has shown a commitment to supporting national campaigns such as Fostering Fortnight and usually invites Blackburn with Darwen foster carers and/or social workers to be interviewed on air in order to give a local flavour to it, which creates an opportunity for free advertising. Setting up a display in the radio station's exhibition area has been permitted in the past.

Blackburn with Darwen fostering website

The fostering website is designed to offer information on fostering in an engaging way; to answer frequently asked questions; and to encourage anyone to register their interest by way of a simple email to the recruitment officer.

Local press

Periodically, the Lancashire Telegraph, Citizen and other local papers run articles on fostering based on accounts of real life experiences of fostering from the perspective of carers and children of all ages. Such articles are often based on Blackburn with Darwen foster carers (with due regard for confidentiality).

Communications team

Blackburn with Darwen's communications team supports advertising campaigns and secures appropriate media coverage for these.

Local businesses

Mutually beneficial links with local businesses are sought to raise the profile of fostering. On one occasion, events in partnership with a local company were the subject of a feature on ITV local news. Clearly, free, widespread publicity of this type is exceptionally valuable and welcome.

Raising awareness of fostering & adoption in the Asian community

In order to be in a position to offer foster placements that best match the cultural requirements of the whole range of looked after children, it is important for Blackburn with Darwen to have a significant number of Asian foster carers. Local campaigns with the assistance of the Muslim Welfare Institute and the Lancashire Council of Mosques have proved so successful that sufficient Asian heritage foster carers and adopters have been approved.

Regional campaigns

In addition to national and local initiatives, Blackburn with Darwen participates in regional campaigns, as this makes it financially viable to be included in, and benefit from, television advertising.

Recruitment and pre-approval training

The recruitment of carers is carried out in accordance with the Fostering Services Regulations and the Fostering Services National Minimum Standards (both 2011).

Recruitment activity and pre-approval training courses are planned in such a way as to reduce delay between the stages of pre-approval (from first contact to receipt of information, receipt of the expression of interest form, initial visit and on to initial training). In general, training courses are planned in advance for each year and additional courses are arranged if the need arises.

Carers are recruited to provide short- and long-term placements plus short breaks and sitters for children with disabilities and additional needs.

The fostering service recruitment strategy is operated in partnership with Blackburn with Darwen Foster Care Association.

Initial response

The fostering team operates a duty system whereby one of its supervising social workers responds to enquiries from potential applicants within 24 hours. During this first contact, the duty officer will obtain basic information. When this indicates to both applicant and duty officer that the application may be appropriate, an information pack is sent to the applicant within five working days.

On receipt of the expression of interest form, a visit is arranged with the prospective carer. During this initial home visit, the supervising social worker provides more details of the nature of the fostering task; the competencies, skills and aptitudes required of carers; the assessment process; and timescales, in order to help the applicant make a well-informed decision on whether to proceed. Should the applicant wish to do so, this is considered to be the end of the recruitment process and the start of the assessment process.

Assessment and approval of foster carers

See also 'Independent review mechanism [IRM]'

All applicants to become foster carers complete an application form to confirm their wish to proceed to the assessment stage. They give written consent to Blackburn with Darwen to seek references and statutory checks from agencies and other sources, as summarised below:

- Enhanced Criminal Records Bureau Disclosure [CRB].
- The Independent Safeguarding Authority.
- GP's medical reference.
- Home local authority and any previous local authority.
- Other agencies, i.e. school, employer, health.
- Three personal references (at least two non-family references).
- Ex-partner references.
- Probation.
- All previous employment where the care of children or vulnerable adults has been undertaken.

Subject to a satisfactory initial home visit, applicants are invited to attend Blackburn with Darwen's 'Skills to Foster' programme. Having attended this, applicants who wish to proceed and appear suitable then undergo a home study assessment whereby they meet with a social worker over a period of 3-6 months. The social worker explains what fostering entails, talks through the competencies that are needed and ascertains what knowledge and experience the applicants already have.

The information provided by the applicants is used to write a report that gives an accurate picture of them and their family. This report also describes what the foster carers can offer a child or siblings who need to be fostered. Every foster carer also has limitations or skills that still need to be developed. It is important that the social worker finds out these, too, so that the fostering service can offer the training and support they need. When the assessing social worker has completed the report, it is submitted to Blackburn with Darwen's fostering panel.

Fostering panel

The membership of Blackburn with Darwen's fostering panel is drawn from people who, by virtue of their background, experience and expertise have been approved to be on the 'central list' (as prescribed by the Fostering Regulations). Applications for approval as foster carers are presented to the panel members by the social worker who carried out the assessment. The report will have been shared with the applicants prior to the panel meeting. Prospective foster carers may attend the fostering panel when their case is being considered.

The panel chair makes a recommendation regarding the applicants' suitability to foster and this is forwarded to the agency decision-maker for a decision. All decisions are notified to applicants in writing. If applicants disagree with the decision, then they will be given details of the representations/complaints procedure and of the independent review mechanism [IRM]. An appeal may be heard by the original fostering panel that made the recommendation *or* the case may be considered by the IRM. (IRM leaflets are sent out with the written decision.)

Foster carers may be registered with only one agency at a time, therefore once approved by Blackburn with Darwen, carers may foster only for this authority. A different agency may approve them as foster carers only after Blackburn with Darwen's approval has been terminated.

Foster carer agreement

Fostering Services Regulation 27(5)(b) requires that the approving authority enter into a written agreement with the foster carers at the time they are approved. This agreement lays out the department's expectations and the terms and conditions of partnership between the authority and the carer.

If foster carers make the decision to give up fostering for Blackburn with Darwen, they will need to submit their resignation in writing to the manager of the fostering service. If there are children in the placement, a 28-day notice period is required, after which the foster carers' approval will be terminated at the next fostering panel and their names removed from Blackburn with Darwen's register of foster carers.

If foster carers are considered no longer suitable, either through the review system or because of an incident that causes serious concerns, the fostering panel will consider the matter. The panel can recommend the termination of approval and the deregistration of foster carers. The agency decision-maker will inform foster carers in writing of the panel's decision. Foster carers then have 28 days to appeal the panel's decision. Foster carers may also apply for an independent review: the agency decision-maker's letter explains this process in more detail. The supervising social worker will also explain the options available. Foster carers may also seek advice from the Fostering Network, which provides a local advice and mediation service for Blackburn with Darwen foster carers.

Annual foster carer reviews

The Fostering Services Regulations 2011 require that a foster carer's approval be reviewed at least once a year. This review considers the suitability of the carer to continue to foster. A review will also be held at any other time and considered by the fostering panel if there is a material change in the foster carers' circumstances or an issue of concern.

A foster carer's first annual review is presented to the fostering panel. Thereafter, reviews are scrutinised by the independent chair of the fostering review panel. This is a two-way process whereby carers may also express their views about the fostering service and the agency in general, therefore foster carers are encouraged to attend. Foster carers are notified of the outcome in writing. Following an annual review, foster carers sign an updated addendum to the foster carer agreement.

Supervising social workers

See also 'Supervision and support of foster carers'

Just as children are allocated a social worker, foster carers have a supervising social worker from the fostering team assigned to them. Whilst all parties work together for the benefit of foster children, there are differences in the interests and needs of the children and of their carers, hence these separate arrangements for support and supervision.

Essentially, supervising social workers are involved in recruiting, training, assessing, supporting and supervising foster carers. Based upon a 'job description' provided by BASW, a supervising social worker is responsible for the following:

- To provide support to foster carers via regular visits – including unannounced visits – and telephone contact.
- To monitor and review the care provided by foster carers, ensuring that they provide a safe, healthy and nurturing environment for children and young people in their care.

- To support foster carers through complaints procedures and child protection procedures.
- To participate in the matching process when children and young people are placed with foster carers to ensure the best possible match and to identify any gaps in a match and offer support accordingly.
- To ensure that foster carers receive all appropriate documentation regarding each child or young person placed and to ensure that foster carers keep good records and file all confidential documents securely.
- To ensure that foster carers are receiving the statutory support from the child or young person's social worker and to address this appropriately if this is not the case.
- To work with foster carers to encourage and support contact for children and young people.
- To assist the foster carer in ensuring that children and young people are heard in reviews, planning and in pursuing any complaints.
- To ensure that any complaints and allegations about a foster carer are recorded and acted upon.
- To support foster carers in moving children on to new placements or to independence in a positive manner.
- To ensure that any identified gaps in a foster carer's competency assessment are addressed via training and support; and that foster carers use all the policies and procedures set out in the foster carer's handbook.
- To work in partnership with professionals to ensure that children and young people have their assessed needs met.
- To participate in training and assessing prospective foster carers and providing high quality Form F reports.
- To deliver ongoing training to foster carers and assist them in their TDS and QCF training as required [see 'Training and support'].

Supervision and support of foster carers

See also 'Supervising social workers'

Supervising social workers

As stated, the supervising social worker's role covers a variety of activities, including advising and encouraging foster carers; dealing with the practicalities of equipment and finance; assisting foster carers in their task, as appropriate; conducting regular supervision and support visits; and ensuring that foster carers have the documents they require and keep the records required.

Supervision visits are made at least every three months as part of the monitoring process. Open discussion should identify and help to resolve any matters that may be obstacles to meeting the needs of the foster children. A written report on each supervision visit and its outcomes is produced and is signed by the supervising social worker and the foster carers as a true record. Support to foster carers is also available via a telephone call and it is common for additional visits to be made as necessary.

Membership of independent support network

All approved foster carers are individual members of Fostering Network. This is arranged automatically by administrative staff once approval has been confirmed.

Support groups

For each of the broadly different categories of fostering there is a support group which offers foster carers the opportunity to share experiences and learn from each other. These groups are facilitated by supervising social workers and usually meet every couple of months at a local venue. There are also

meetings of the independent Blackburn with Darwen Foster Care Association approximately every six weeks (see newsletter for details).

Records and recording

See also 'Blue box'

Children's services is required by fostering regulations to keep a file for every child in foster care and a separate foster carer file for every foster family. It should be borne in mind that anyone may apply for access to files relating to them: foster carers are entitled to see their own records and children may ask to see theirs. Clearly, it is very important that information held on files is accurate and fair and that there is evidence to support conclusions and decisions reached.

From the day a child is placed with them, foster carers should have a copy of the current placement plan and they should receive a copy of the care plan within ten days. Foster carers will subsequently receive copies of statutory reviews. These documents are confidential and should be stored safely (see 'Blue box').

Foster carers should keep a daily record re each child placed with them. The 'Recording Log Book' provided for this purpose includes detailed guidance on what is expected. Entries do not have to be lengthy: a diary of short, precise notes will be sufficient. Keeping accurate records can reduce the risk to foster carers and family members in the event of a complaint or allegation being made. Supervising social workers will wish to look at records and/ or discuss recording on supervision visits.

Creating and preserving information

It is essential that all foster carers keep written records which include:

- A 'log book' for each child, with daily or regular entries re significant events.
- Records for the social worker – e.g. specific incident forms – and copies of the social worker's documents.
- An achievement record for each child.
- Records for the child to keep, e.g. life story information.

Foster carers:

- Need to discuss with their supervising social worker and the child's social worker what is required of them. The supervising social worker is there to advise and help foster carers with recording. A carer's recording of practical information about a child or young person will be invaluable in a child's file. Records should also indicate medical treatment or a missing from home episode.
- May use recorded information to identify patterns of behaviour. Information about children that only foster carers have because of their unique position is invaluable to the agency's assessment of need. Observations and comments must be accurately recorded and dated. Foster carers may be required to attend a court hearing, case conference or review and may need to report back to the child's social worker or other interested parties.
- Need information from accurate, contemporaneous recordings to help keep them safe if an allegation is made against them.
- Have lots of information about a child's life that can be used for 'life story' purposes and need to keep accurate records of life events for children, together with written details like school reports, as well as photos. The child's social worker will advise foster carers on collecting life story

materials.

Individual records

Foster carers must keep a separate log for each child in their care. In this way, other children's records can be kept confidential if foster carers are called to give evidence in court from their records; and photocopies can be given to social workers without compromising the confidentiality of other children's records. Records must be locked in a safe and secure place. These personal records must be given to the child's social worker when the child moves permanently from the foster carer's home.

Confidentiality

Foster carers are required to respect confidentiality, as they are in the position of knowing a lot of personal and intimate details about children and their families. This places a heavy responsibility on foster carers and their own families. Confidential information must not be disclosed to anyone who does not have a legitimate professional interest in it. Supervising social workers will advise on these matters.

Training and support

The authority has a clear and adequately resourced training plan, derived from child care policy and practice and regularly informed by available research, for the training and development of each approved foster carer. Foster carer training is integrated within the children's services development plan. Training programmes include opportunities for joint training with social workers, residential care staff and other agencies. Pre-approval training provides an opportunity for applicants to benefit from the experience and knowledge of existing carers.

All training is organised to facilitate attendance by foster carers, including convenient times and venues, provision of childcare and payment of reasonable expenses. Where two adults in one household are approved as joint carers, each will be required to complete all mandatory training.

Typically, the comprehensive post-approval training and support programme includes:

Mandatory training

- **Placement documentation induction**
Within six weeks of initial approval.
- **TDS [Training Development Standards] foster carer induction**
Within 12 months of initial approval (or within 18 months for 'Family & Friends' carers).
- **Foster carer conferences**
Usually held quarterly, offering a variety of topics in one day. Conferences give foster carers an opportunity to attend workshops and network and may assist them to meet some of their training requirements.
- **Safeguarding and child protection**
To be updated every 2 years.
- **Paediatric first aid**
To be updated every 3 years.
- **Legal framework**
- **Positive behaviour management**
- **Working with birth parents / contact**
- **Education and children in our care**

- *Moving children on*
- *Keeping memories safe and life story work*
- *Men in foster care*

Specialist training (provided and repeated according to need and demand)

- *Sudden infant death syndrome*
- *Attachment and behaviour*
- *Foetal alcohol syndrome and substance misuse*
- *Youth justice issues / caring for young people who may offend*
- *Health and safety (including moving and handling)*
- *Disability awareness*
- *Basic signing*
- *Understanding the needs of children with learning difficulties*
- *Promoting independence skills*

Training leading to a qualification and additional payment for skills

- *QCF Diploma (Level 3) in Social Care (Children)*

Optional support groups

- *Foster carer support group*
- *Support group for band 3 carers*
- *Support group for family and friends carers*

Personal development plan [PDP]

Training is a very important part of foster carers' development and is considered integral to their registration as foster carers. The training events offered are designed to provide the training and support relevant to foster carers and to enable them to meet the mandatory requirements of the fostering services national minimum standards.

It is important that foster carers plan their training with their supervising social worker. There will be courses they have to attend and optional courses that enhance their personal and professional development and/or assist them in catering for the specific needs of a child in their care. Each foster carer has a written training personal development plan [PDP] profile detailing all training undertaken and future training needs. At the end of each course, foster carers are provided with a learning outcome sheet to complete and include in their PDP. The report for each foster carer annual review includes a record and appraisal of training undertaken and a copy of the PDP.

Plans for future training

In conjunction with carers, the content and delivery of training for foster carers is reviewed and evaluated annually against identified training needs, good practice and research findings. Consideration is given to any training needs of the sons and daughters of foster carers.

Retention of foster carers

Foster carers are a valued and valuable resource. They care for the majority by far of children and young people looked after by Blackburn with Darwen. Children's services recognise this and will encourage the retention of foster carers who meet the required competencies for fostering by:

- Treating foster carers respectfully at all times.
- Supporting them in the difficult task they undertake and being clear about the support available to them.
- Communicating with foster carers about individual children in their care and the development of the fostering service.
- Promoting consultation with them and their involvement in decisions about the above.

Foster carers are not employed by the fostering service and, therefore, do not have employment rights afforded by legislation. It is vital, therefore, that their role is clear, defined and documented and that their status as valued partners in the work of the local authority is recognised.

Social work and fostering service staff must be clear about the level and nature of support the agency will offer to foster carers and communicate this clearly to them. There must be effective structures in place for the management and supervision of the fostering service, staff and foster carers.

Number of foster children / Exemptions

A foster carer is approved to care for no more than three children, unless they are siblings. In certain circumstances, this limit may be exceeded temporarily if an exemption is agreed by the fostering team manager and head of service. The foster carer's supervising social worker completes an exemption report, which must include the total number and details of foster children who will be in placement, practical considerations (e.g. sleeping arrangements) and the existing relationship between the foster carers and all of the children. A copy of the report, which includes a timescale for the exemption, is given to foster carers. In some cases, the exemption report might identify a package of additional support for the carers. Exemption reports are presented to the next fostering panel and every three months thereafter.

A

Abuse

See *'Disclosures of abuse'*

Access to records

Foster carers need to be mindful that access may be requested to whatever they record about a foster child. Clearly, this possibility reinforces the need to ensure that records are accurate and that conclusions reached and actions taken could be justified, if necessary albeit very rarely, in a court of law.

If foster carers share with foster children as much as possible of what they record about them, then allowing foster children access to the foster carers' records should be less problematic. However, it must be stressed that foster carers are not in a position, unless they have specific permission, to share information and recording from any other source. Foster children wishing to have sight of documents produced by people other than their foster carers should be referred to their social worker.

The provisions for access to personal information or records held by children's services are contained in the Data Protection Act 1998. Under this legislation, those in respect of whom personal information is held in any form have a right of access to the information, unless one of the exceptions set out below applies.

Exceptions

Exceptions to the right to access are:

- Where the practice of social work would otherwise be prejudiced because access to the information would be likely to result in serious harm to the person requesting the information or to some other person.
- Where the person is incapable of managing his/her affairs – e.g. where the person is a child – and the information was given in the expectation that it would not be disclosed or is information which the subject of the information expressly indicated should not be disclosed.
- Adoption case records.

Access can also be refused:

- If to disclose the information would involve disclosure of information about someone else without that person's consent and disclosure cannot be justified without that person's consent.
- Where disclosure may prevent the detection or investigation of a crime.
- If an identical or similar request has been received from the same person and already been complied with, unless a reasonable interval has elapsed.

These exceptions do not permit the total withholding of information but only those sections of the material covered by the exceptions. The remainder of the case records should be made available to the service user.

The exceptions do not apply where disclosure is required by a court order or is necessary for the purpose

of, or in connection with, any legal proceedings. In addition, a court may prevent disclosure of information where it can be shown that disclosure would cause serious harm to a person's physical or mental health.

Informal sharing

The practice of social workers should be to encourage ongoing and open sharing of information and recording, including providing copies of key documents. If anyone in receipt of services asks to see a particular document or wants to have information about a particular aspect of the case, the social worker should discuss this with that person to see whether the request can be dealt with informally by showing the relevant part of the file or providing copies of relevant documents.

Formal requests for access

Those making a formal request for access to their records should be asked to put the request in writing and the social worker should assist them to do this as necessary. Prior to access being given, all case records held on the person should be located and collected. Access must be given to disclosable information within 40 days of receiving the request. This is the maximum time period allowed. The timescale can be extended only with the agreement of the person requesting access. If the latter refuses to agree an extension, access should be given to all information open to disclosure at that point. A request for copies of information disclosed must be met.

Applications from children

Requests from children should be treated in the same way as requests from adults. A judgement should be made by the social worker as to whether the child making the request for access understands the nature of the request. Where appropriate, a parent should be asked to provide written confirmation that the child understands the nature of the application.

Children with disabilities have the same rights as others to have access to information held about them. No assumption should be made about their level of understanding. This should be assessed on an individual basis, as with all children.

Children of sufficient understanding should be allowed regular access to information held about them, consistent with their best interests. They should read or be told what has been recorded unless it falls within one of the exceptions set out above.

Children should be encouraged to record their own observations on their case record, including when there is disagreement about an entry in the file.

Applications from parents

If the social worker considers that the child does not understand the nature of the request, a parent may make a request on the child's behalf. However, the request must be in the interests of the child, rather than in the interests of the parent.

If a parent seeks to have access to the child's records, the social worker dealing with the request must assess whether the child might be able to request access to the records for him or herself. If this is the case, the worker should check that it is the child's choice for the parent to see the records on his/her behalf. If it is, the child will be asked to confirm this in writing and access to the parent can then be agreed.

Whether or not a child is capable of understanding the request or has consented to the parent making the request, it is important that a parent should only be given access to the information about the child if the social worker, in consultation with his/her manager, is satisfied that the request is made in the child's and not the parent's interest.

Amendments to records

If a person considers that any part of the information held on record is inaccurate, s/he has the right to apply in writing for it to be corrected or erased. If the objection is justified, there is a duty to correct or erase the appropriate information.

Refusal of access

If it is considered that there are reasons to refuse a request for access to all or any part of the records, this should be discussed with the strategic manager (regulatory and statutory) and legal advice should be obtained. The line manager should be asked to make a final decision on refusal of access. The decision and the reasons for it should be confirmed in writing to the person requesting access, or in a format appropriate to the needs of the person concerned.

Appeals

The person concerned has the right to apply to the court for an order to disclose, correct or erase information held. S/he also has a right of appeal to the data protection commissioner.

Accidents

See also 'Health and safety'

Action to be taken

When looking after children it is essential to record any accident in the specific incident book provided, stating how the accident occurred and what action was required. Good record-keeping in the recording log enables foster carers to explain any details later. The child's social worker and any person with parental responsibility should be informed as soon as possible.

Relevant medical consent information should be readily available – within the LAC placement plan document provided when the child was placed – should a foster child have a serious accident or illness and require medical or hospital treatment. Once children reach 16 they give their own consent to medical treatment. In certain circumstances, a child under 16 may be considered to have sufficient understanding to give or refuse consent.

As soon as medical treatment is organised, the child's social worker must be notified. If s/he is unavailable, the supervising social worker or respective team manager should be contacted. If an accident occurs outside office hours, the emergency duty team [EDT] should be notified.

'Accommodated children' / 'Children in care'

These are legal terms which describe children who are 'looked after' by the local authority. The children may be placed with foster carers, in a children's home or at home with birth parents.

A child who is 'accommodated' will normally not be the subject of a court order but is 'looked after' by the local authority under Section 20 of the Children Act 1989 with the consent of the parents who can, therefore, request the return of the child to their care. The purpose of this is to help families through a difficult period with the aim of returning the child to the family as soon as possible.

The Children Act 1989, Section 22, defines 'looked after' children as 'children in the care of the local authority, under an interim care order or care order, or a child who is being provided with accommodation by the authority'. When a child is subject to a court order, the parents may not resume care without the permission of the court.

Adoption / Moving children on

See also 'Permanence'

Adoption is the legal process whereby all legal rights and parental responsibility [PR] are transferred to the new adoptive family from the birth parents and/or the local authority. Legally, the child becomes the child of the adopters. Once an adoption order has been made, the adoptive parents assume all responsibility for the child, which normally includes financial responsibility. However, in certain circumstances the local authority is able to provide a discretionary adoption allowance.

Open adoption is the increasingly common practice whereby, from the outset of the adoptive placement, arrangements for the exchange of letters, cards and photographs are made. Adoption may also incorporate direct contact for a birth parent or siblings separated by adoption.

When plans for a child are made and if it is felt that permanency is appropriate, adoption would be one of the options, particularly for a young child up to the age of eight years old or so. Such children would have no realistic prospect of returning to their parents or a parent in the foreseeable future and could otherwise face an uncertain future in care for a number of years.

Except where children clearly require only temporary care with a view to returning home or being cared for by a relative or friend: foster carers who look after babies and younger children are probably going to be involved eventually in preparing the child for moving on to a pre-adoption placement. This task is one that is crucial to ensuring a smooth transition to the child's prospective adopters and enhancing the prospects of the adoption being successful. It needs to be undertaken sensitively, with due regard for the feelings of all concerned. This 'introductory and bridging' process is covered in more detail in the 'Moving On' training but may be summarised as follows:

- Bridging is about promoting a sense of the child being 'given' to the prospective adopters, *not* being 'taken' from the foster carers.
- Carers need to give children 'permission' to move (physically and emotionally).
- Carers need to welcome adopters into their homes and lives. Children need to sense that their carers feel positive about their new parents and the planned move.
- Over a relatively short, intensive period, carers and adopters share care and then carers hand over to the adopters.
- The child's attachment to the adopters should not be expected to match the attachment to the carers by the end of bridging, since the carers will have cared for the child over a much longer period.

AIDS

See 'Blood-borne viruses: HIV and hepatitis'

Allegations and complaints against foster carers

All allegations and complaints against foster carers will be investigated promptly and thoroughly, while ensuring that the foster carers are adequately supported.

Where allegations of abuse are made against a foster carer, these should be treated in the same way as any other concern about possible abuse. An investigation will be undertaken in respect of cases where the alleged abuse has occurred within Blackburn with Darwen. In these instances, referrals will be dealt with by the child's social worker or another member of their team.

If abuse is against a child who is placed in a foster placement outside Blackburn with Darwen, then the investigation will be carried out according to the procedures of the Local Safeguarding Children's Board. The matter should be referred to the child's social worker who will refer it to the local authority in which the child actually lives for investigation.

It is acknowledged that the role and tasks of a foster carer can be complex and demanding. This procedure is intended to be used in those cases where initial enquiries indicate that child protection procedures should be followed.

- ❖ General principles
- ❖ Procedure for investigation
- ❖ Review of the foster carer's approval and registration
- ❖ Responsibilities of foster carers
- ❖ Responsibilities of the fostering service
- ❖ Historical abuse allegations against foster carers

❖ General principles

Local authorities have a statutory duty to investigate where they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

Children in accommodation provided for them as a service are entitled to the same level and standard of protection from harm that is provided for children in their own homes. In arranging or providing placements with foster carers, the welfare of the child must be safeguarded and promoted. The duty to investigate applies equally to children in foster care as it does to children living with their own families. Action taken to investigate allegations of abuse of foster children should also include consideration of the safety of any other children living in the household, including the foster carers' own children.

Local authorities must terminate unsatisfactory foster care placements and in some circumstances remove the child forthwith. The investigation and assessment of allegations of child abuse by foster carers must be undertaken in accordance with Blackburn with Darwen child protection procedures. These take precedence over any other procedures, processes or considerations.

❖ Procedure for investigation

In situations where a foster carer is alleged to have abused a child, it is important to appreciate that each of three strands of investigation has to be followed through to a positive conclusion:

- The ***inter-disciplinary child protection investigations***, which can proceed to a case conference, where decisions will be made to ensure the continuing protection of the child and other children within the household. Professional judgements will be based on the balance of probabilities.
- The ***police investigation*** focuses on whether a crime has been committed. In order to prosecute, there must be sufficient evidence to support a case beyond reasonable doubt.
- ***Referral of the allegation to the local authority in which the child lives***. In some cases this will be outside Blackburn with Darwen.

Procedure for joint investigation

The fostering panel is required to review continued use and /or approval of foster carers who are alleged to have abused a child. It is essential that the common facts of the allegation of abuse are applied independently to each of the three strands of investigation. It is most important to understand that if there is insufficient evidence to support a prosecution, it does not mean that action in relation to child protection or foster carer approval is not appropriate or necessary. The outcome of one strand of investigation may well have a bearing on another. The important thing is that a definite conclusion is reached in each case and that the details are fully recorded in the foster carers' file and the child's file.

Procedure

When an allegation of child abuse is received in respect of a foster carer, the person in receipt of the initial referral will advise the fostering team manager immediately. The team manager will ensure that the head of service is informed of the details of the allegation. The head of service will ensure that Ofsted are notified in accordance with the Fostering Services Regulations 2011 and that the LADO [local authority designated officer] is consulted as appropriate. The head of service (placements) is the designated person with responsibility for ensuring all allegations are handled appropriately and in accordance with policy and procedure.

The team manager will then liaise with other staff who are in direct contact with the foster carer – or who hold some degree of responsibility for a child in the placement or the placement itself – and inform them that an allegation has been made.

Strategy meeting

If the child resides within Blackburn with Darwen, there will be preliminary discussion with the police and a strategy meeting will be arranged by the child's social work team. This will be chaired by an independent reviewing officer [IRO] within the next working day. If immediate protective action is required, the head of service will have to consider the need to remove the child.

The IRO should ensure that minutes are taken of the strategy meeting, to which the following people should be invited:

- Child's social worker.
- Social worker's team manager.
- Supervising social worker.
- Fostering team manager.
- Police.
- Other relevant professionals.

The purpose of the strategy meeting is to ensure an early exchange of information and clarify what action

needs to be taken, by whom, how, when and where. The meeting will need to determine whether the circumstances warrant formal investigation and, if so, should it be a joint police/children's services or single agency investigation. Joint investigations should take place in all cases of alleged sexual abuse or serious physical abuse.

The investigation team is normally the child's social worker, a police officer and an independent worker. If it is not appropriate for the child's social worker to be involved, the reasons for this should be clearly stated and recorded; and consideration should be given to involving another worker.

Where the carer lives outside Blackburn with Darwen, the investigation is the responsibility of the local authority in whose area the foster carer resides and will take place according to its procedures. It follows that close liaison would need to take place between the respective local authorities.

Informing foster carers

The point at which the foster carer can be informed of the allegation will be subject to careful and detailed discussion with the police. If it appears that an offence may have been committed and a criminal investigation is therefore necessary, the police must determine the management of that part of the case. However, the general rule should be that the foster carer will be informed as soon as possible, i.e. when to do so will not compromise the enquiries being undertaken.

Subject to the above conditions and not before consultation with the police, foster carers receive a written statement of the allegation (in confirmation of any face-to-face communication). They are entitled to be kept informed of the progress of the investigation and must be advised of any meetings they may attend or any they should be informed about.

Support for foster carers

Foster carers are entitled to support and advice during an investigation. The ability of the foster carer's supervising social worker to continue to offer support will need to be carefully considered. If it is felt involvement can continue, the supervising social worker's role may be much altered and circumscribed by the requirements of the investigation. The strategy meeting will need to define precisely what the supervising social worker's role is to be and how it may be carried out.

The roles of the investigation team and supervising social worker must be clearly stated to the foster carers and care taken that these roles are not confused or compromised. Any information to which the fostering team worker is, or becomes, privy may have to be shared with the investigation team and the carer needs to be made aware of this possibility.

In some circumstances where there is concern that the supervising social worker's position would be untenable and /or the investigation would be put in jeopardy: it may not be possible for the worker to continue to offer support, at least for the duration of the investigation. In these circumstances, and in any event, foster carers should be informed of all other possible sources of support. Contact names and/or telephone numbers should be provided. Foster carers should be reminded of their right to seek legal advice; and advised to contact Fostering Network, which provides independent support to Blackburn with Darwen foster carers. All Blackburn with Darwen foster carers have individual membership of the Fostering Network.

Removal of children

It is sometimes necessary to remove the child from the placement pending investigation or during the

course of the investigation. A decision to follow this course should only be taken by the designated head of service after careful consideration of the known facts, balancing the need to safeguard the child against the potential damage removal could cause to both child and carer. To facilitate a planned removal, care should be exercised over the timing of sharing such a decision.

During the course of an investigation where children have been removed and no others may be placed, payment continues of the fee element (at band 2 and above) for a placement. This payment will be in accordance with the numbers of children in placement prior to the allegation being made. For example, if two children were in placement, then the fee element (if any) for those two placements would continue to be paid during the investigation period.

Information for birth parents

The child's parents are also entitled to information about any allegation. When, what, how and by whom information is to be imparted must be determined, bearing in mind one of the key principles of the Children Act, namely, that of working in partnership with parents. Parents should normally be consulted before any significant decision is made affecting a child who is looked after. This reflects the fact that parents retain parental responsibility [PR] when a child is placed in foster care and at the very least share it. Not advising parents of an allegation and the proposed response to it would need to be especially justified as being in the child's best interests. This would be a consideration of the strategy meeting.

Safety of other children

The safety of all children in the household – including the foster carers' own children – and whether they should be included in the investigation has to be considered. Staff/agencies responsible for other children in the placement will need to be informed and included as necessary. Other children in the household must be seen during an investigation and an assessment of their position must include consideration of the need to obtain parental co-operation in arranging medical examinations and taking action to ensure the children's safety.

Depending upon the nature of the allegation, it may in certain circumstances be necessary to consider the removal of the foster carers' own children from the home. In reaching such a decision, the same standard of test will be applied as in any other child protection case. Again, such a decision should only be taken by the relevant head of service. As in other cases, wherever possible the foster carers' children should go to relatives rather than become looked after by the local authority. Another preferred option would be for the alleged abuser, rather than the children, to leave the household.

Arrangements for continuing liaison

Close contact between the investigators must be maintained throughout so that each is aware of progress and the development of the case at every stage. A case planning meeting will be necessary in all lengthy and/or complex cases and should be arranged between the investigators and their supervisors. The meeting should be held within a mutually agreed timescale and prior to the first case conference.

Child protection conference

When a child protection conference is held as a result of an allegation, the foster carer should be notified that the conference is taking place. It may be appropriate for the foster carer to be invited to attend for part of the conference, provided that this would accord with the interests of the child who is the subject

of the conference.

Where participation is not appropriate, the foster carer could seek to make representation to the chair either via the worker who has acted as support/adviser during the course of the investigation or by means of a written/audiotape submission. The foster carer should be informed of the recommendations of the conference as soon as possible – by verbal communication subject to written confirmation – other than in exceptional circumstances, e.g. when to do so might adversely affect the interests of the child.

❖ **Review of the foster carer's approval and registration**

An investigation into an allegation of abuse by a foster carer will always be followed by a foster carer review. The assessment, views and recommendations of the child protection conference must be made known to, and taken into account within, the review and at the panel.

The review process should begin, therefore, as soon as possible after the initial investigation phase and presented to the fostering panel. It would be usual for the foster carers to attend that panel. However, if it were considered inappropriate for them to attend or if they did not wish to do so, they should be given the opportunity to put forward their views, in writing, in advance of the panel meeting; or have their representative attend on their behalf. Any decision to exclude the foster carers from the panel must be agreed by the fostering team manager, who should sign (with date) to that effect on the foster carer's case file, giving reasons.

Any social worker or other agency/authority having had a child in placement in the foster home within the year must be invited to give their views for the review. The review and decisions must be recorded and the foster carers informed, in writing, of the outcome.

The supervising social worker's recommendations to panel for all reviews must be validated by the fostering team manager. A recommendation for non-approval must be formally minuted at fostering panel if it is considered that the foster carer is no longer suitable. Where withdrawal of approval is recommended, it is up to the agency decision-maker to ratify this or not (as with all panel recommendations). The final decision will always rest with the agency decision-maker.

A formal letter of notification is then sent to the foster carers. If the decision is to terminate approval, then this letter constitutes the statutory notice of that intention. It should be dated, outline the reasons for proposed termination and inform the foster carers of their right to appeal. Foster carers who wish to appeal the decision of the fostering panel may ask for their case to be referred back to panel. A request to appeal must be made within 28 days of receipt of the proposed agency decision and must be made in writing. Alternatively – as explained in the letter – foster carers may request a review of the case via the Independent Review Mechanism [IRM], following which the matter would return to the agency decision-maker for a final decision.

❖ **Responsibilities of foster carers**

Foster carers are advised to retain copies of all correspondence relating to the process of managing allegations.

As stated, they are encouraged to seek advice – including legal advice – and support from local and/or national fostering organisations and from any other person who might be of assistance to them when an allegation is made. As an integral part of preparation and training, foster carers must be made aware of ways in which they can protect themselves without diminishing the level of their care for, and commitment to, the child. Clearly, foster carers can be placed in vulnerable situations, so to build their own safety net they should be encouraged to:

- Attend training sessions.
- Build up a support network (to include other foster carers, health visitor, doctor, family and friends).
- Keep a daily diary of events, including notes of who was in the house each day.
- Keep social workers informed of events in the child's life and of the foster carer's – and foster family's – feelings about these.
- Find out about, and be familiar with, the procedures statutory agencies will implement for handling child abuse allegations.

❖ **Responsibilities of the fostering service**

The fostering service is bound to some degree by the process of investigation determined at the strategy meeting. It can be difficult to support carers through this process and through the enormous anxiety it provokes. Independent support can be provided through a designated worker at Fostering Network for advice and guidance with regard to the process, emotional support and mediation if required. The fostering service will ensure that:

- Carers are kept informed of as much as they can be.
- A manager from the service visits within two days of the allegation being made known to the carers.
- At least weekly phone calls from the department to the carers will be made even if there is no new information to give. It is sometimes the case that police and other investigations can take time and this can create huge anxiety.
- Following the allegation investigation, a debrief meeting should be held between the service and the carer. It may be appropriate for this to be chaired independently and this should be considered. Ideally, this would take place between the allegation being made and the panel meeting.
- During the course of an investigation where children have been removed and no others may be placed, payment continues of the fee element (at band 2 and above) for a placement. This payment will be in accordance with the numbers of children in placement prior to the allegation being made. For example, if two children were in placement, then the fee element (if any) for those two placements would continue to be paid during the investigation period.
- As stated previously, during the course of an investigation where children have been removed and no others may be placed, payment continues of the fee element (at band 2 and above) for a placement. This payment will be in accordance with the numbers of children in placement prior to the allegation being made. For example, if two children were in placement, then the fee element (if any) for those two placements would continue to be paid during the investigation period.

❖ **Historical abuse allegations against foster carers**

Occasionally, adults who have been in care make allegations years later against their foster carers. The local safeguarding board policy with regard to this is that the procedures to be followed should be exactly the same as described and the immediacy of action determined at a strategy meeting.

Wherever possible, complaints against foster carers – which do not satisfy the criteria for allegations – will be dealt with by the fostering team manager. Every effort is made to resolve problems at an appropriate level.

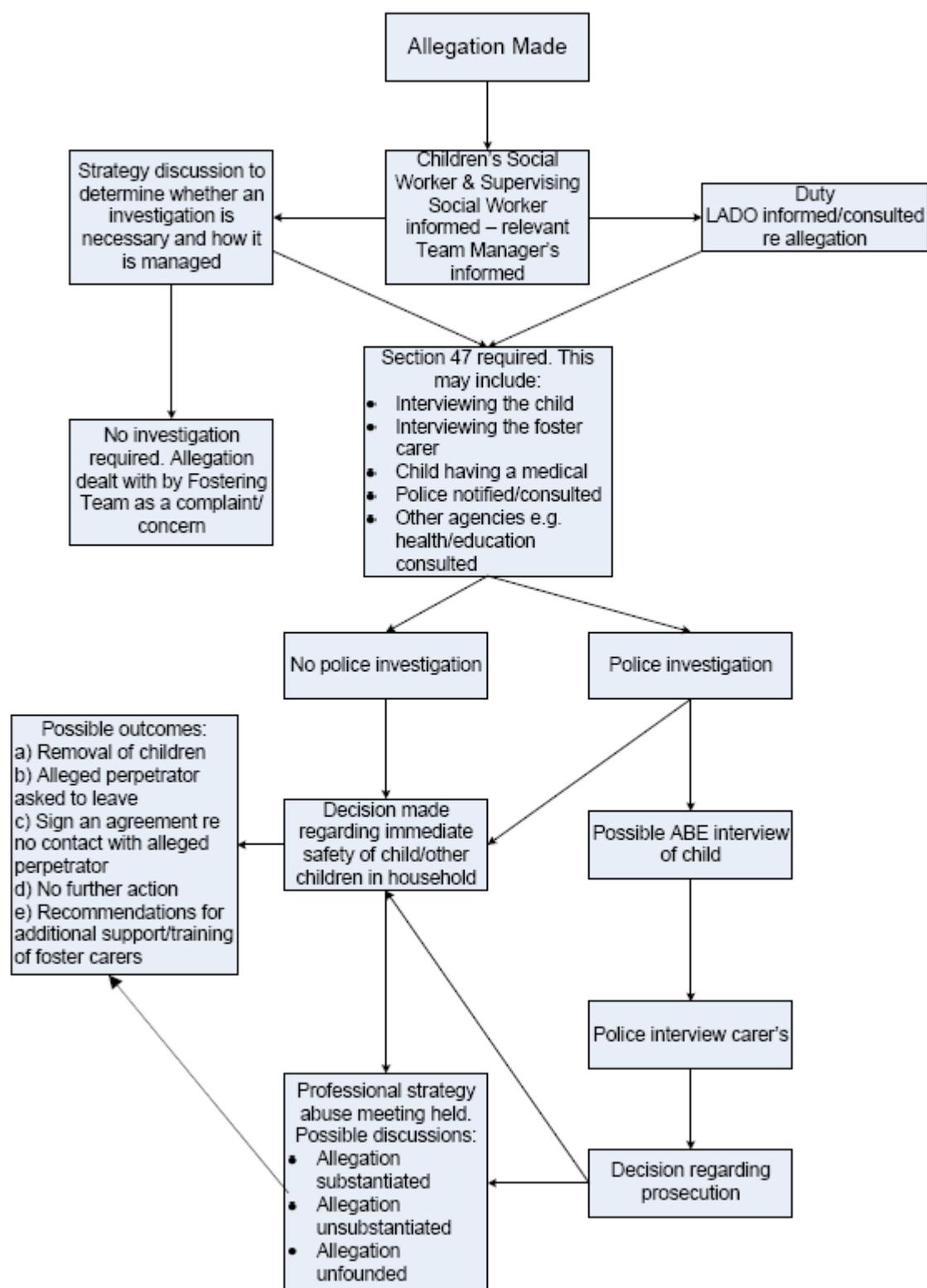
If a matter cannot be resolved or if some degree of independence would be preferable, then the complaints department of the local authority may become involved. The head of service would be the

next person likely to consider and attempt to resolve a complaint.

In exceptional cases, a complaint may be investigated independently of the local authority.

All allegations and complaints are recorded in a file and retained for auditing purposes. Copies of details of investigations are also held on foster carer's own files.

Process for Dealing with an Allegation Made Against a Foster Carer or a Member of Their Household



Allowances

See also 'Payments to foster carers'

Foster care allowances

Useful contacts: see Appendix

Foster care allowances are paid by BACS transfer directly to the foster carer's bank account weekly (in arrears).

A document setting out all fostering allowances is made available annually to all foster carers. A current copy of this document may be found on the council's fostering website.

Equipment for foster carers

Children's services will loan foster carers essential equipment, which usually comprises beds, bedding, bedroom furniture, pushchairs and safety equipment. Foster carers who require such equipment should contact their supervising social worker. No expenditure on new equipment should be entered into without obtaining prior agreement. Where it is necessary to purchase new equipment, this should be by way of an official local authority order. However, in certain circumstances, the supervising social worker may agree to carers purchasing items and submitting receipts for reimbursement.

Car mileage

Foster carers are paid car mileage at an agreed rate if they are required to use their own vehicle for journeys connected with their role as foster carers, e.g. to medical appointments, contact visits, review meetings. Details of journeys must be recorded on appropriate mileage forms. N.B. Mileage is *not* paid for days out or holidays. Mileage claims should be submitted monthly. It is important to be aware that claims for journeys made more than three months before will not be met.

Car leasing scheme

Foster carers who have completed at least 12 months as Blackburn with Darwen foster carers are eligible to be considered for a lease vehicle. Foster carers who are allocated one are expected to make full use of it for fostering purposes, e.g. to transport foster children to contact, school and medical appointments.

Some of the factors taken into account in determining a foster carer's eligibility for a lease vehicle include the following:

- The foster carer must be
 - classified as a Band 2 foster carer or above.
 - the primary carer of three or more children (including children of the foster carers).
- Priority will, however, be given to those carers
 - with two or more foster children.
 - offering a permanent home.
 - who travel a significant distance to Blackburn.

There is no tax liability for foster carers who are provided with a lease vehicle. Fully comprehensive insurance, including cover for business use, must be obtained and paid for by the foster carer. Further details can be obtained from your supervising social worker.

Tax

The position of foster carers in relation to income tax is set out in an HMRC (formerly Inland Revenue) factsheet which is available through supervising social workers. The authority does not deduct tax at source, so foster carers are responsible for declaring to HMRC all payments they receive in relation to fostering. Foster carers cannot claim child benefit, income support or free school meals for foster children. If you would like to see a benefits advisor, ask your supervising social worker how this can be arranged.

Holiday allowance

A holiday allowance for each child is paid once per financial year – April to March – following submission of the completed holiday form. Give your supervising social worker as much notice as possible of your holiday plans and when you need this allowance to be paid. It is important that it is used for its intended purpose. Children need new experiences, which includes going on an annual family holiday. If there are reasons why you are considering using the holiday allowance only for days out instead – normally during the school summer holiday – these should be discussed with your supervising social worker.

It is important that a child's education is not disrupted, so please consult your supervising social worker if you are considering taking a holiday outside school holidays *before* booking it. Like parents, foster carers ought not to take children out of school for holiday purposes.

Birthday allowance

An age-related birthday allowance is paid to foster carers around the time of each foster child's birthday. This is to be spent on presents and birthday activities. This allowance is usually included automatically in the fostering allowances paid following the child's birthday.

Christmas or Eid allowance

An extra allowance is paid to foster carers for each child in their care at Christmas *or* Eid (not both), as appropriate. If payment at Eid is required, it is advisable to confirm this with your supervising social worker.

Initial clothing

When children are accommodated for the first time by children's services, their social worker endeavours to obtain all the serviceable clothing they have. If the social worker agrees that the clothing available is insufficient or unsuitable, an *initial* clothing allowance may be accessed. There is a cap on the amount of this allowance and this may be exceeded only in exceptional circumstances with the prior authority of the head of service. As any payment is based on need, foster carers are asked to assess whether the child's clothing is adequate and, where it is not, to provide a list of what they consider is needed and its estimated cost.

As the name suggests, this allowance is not payable when a child has a change of placement, as the child's clothing should be adequate, having been renewed on an ongoing basis, financed out of weekly fostering allowances. If it is felt that a child has not arrived from a previous placement with clothing that is sufficient in quantity and quality, then this matter should be raised with the child's social worker and supervising social worker.

Experience has shown that views on clothing can be quite diverse, so the outcome of a request for

additional funding will depend on discussion and negotiation.

It is the responsibility of the independent reviewing officer [IRO] to ensure that the issue of clothing money is addressed at each statutory review.

School uniform

Weekly fostering allowances include an amount to purchase and renew clothing as the need arises. However, a school uniform allowance is payable when a child starts school or transfers to a school with a different uniform, notably when moving up to secondary school. As with the initial clothing allowance, payment will be for the actual cost of what is required. This payment is likely to be less than the maximum allowance available, given that nowadays standard items of school uniform do not have to be purchased from official school suppliers.

Educational trips abroad

Children's services will consider meeting the cost of one major educational trip during a child's secondary school career. This needs to be discussed and agreed with the child's social worker.

Specialist equipment and tools

Occasionally, young people require specialist equipment and tools for their education/training (usually at college) or employment, e.g. clothing and a set of knives for a catering course. The cost of this will be met by children's services.

Life story books

Foster carers will be reimbursed for the cost of materials, including photographs.

Supplementary payments

The allowances listed are intended to cover all expenditure foster carers may reasonably incur in caring for foster children. If expenditure of an exceptional nature were felt necessary for the benefit of a specific foster child, then at the earliest opportunity there would need to be a discussion involving the foster carers, their supervising social worker and the child's social worker. If it were decided to pursue this, the case would have to be made for requesting extra financial support and possible sources for this would need to be identified.

Children in hospital

If a foster child is admitted to hospital or to a similar establishment, fostering allowances will be reviewed after one month.

Payment queries

If you have any queries about allowances or think you have been paid incorrectly, contact your supervising social worker or the finance section as soon as possible so that any over- or under-payment may be rectified as soon as possible. Please notify us immediately if you notice any obvious discrepancies in your allowances.

Disability living allowance [DLA]

A child with a disability may qualify for 'Disability Living Allowance [DLA] from the Benefits Agency. This will not affect fostering allowances. If you feel that a child you are caring for should be entitled to DLA, discuss this with the child's social worker and/or your supervising social worker. If you do receive DLA, it is reasonable for the child's social worker and supervising social worker to ask how the money is being spent, as this allowance is the child's and is not a form of income for the carer.

B

BAAF - British Association for Adoption and Fostering

Contact details: See Appendix

BAAF is the leading organisation with a national voice, promoting best practice in both adoption and fostering services for children separated from their families. It is an independent agency which informs, advises and influences all professionals responsible for the welfare of children and young people. BAAF has useful websites for the purpose of research/articles, e.g. if you are completing the CWD or QCF Diploma Level 3.

Babies and safer sleeping arrangements

The sleeping arrangements for babies are an important factor in promoting their general wellbeing and keeping them safe. Sadly, in rare but tragic circumstances, babies have died after having been put down to sleep. SUDI is the abbreviation for 'sudden unexpected death in infancy' and 'sudden infant death syndrome' is the familiar term applied to such a death where it remains unexplained. An infant is defined as a child under one year old.

Over recent years there has been a significant reduction in infant deaths, largely due to the promotion and implementation of changes in advice given to parents and carers. These changes have been based on the outcomes of investigations and of research into the care of infants. Unsafe sleeping arrangements have been found to be a feature in *some* but not all infant deaths, hence the drive to make sleeping arrangements for babies as safe as possible.

In some cases, babies are placed with foster carers upon being discharged from hospital, in which case the child might be only a few days or, exceptionally, a few hours old. At this early stage, establishing safe feeding and sleeping routines is vital. Because the carer is not the mother, important differences in how the child might be cared for arise. A mother has the option of having her baby in bed with her, maybe just when breastfeeding or sometimes when sleeping, so she has to be aware of the risks to the child of bed-sharing, e.g. of suffocation, as a result of the mother falling asleep and rolling on to the child. In contrast, fostered babies will *never* sleep with the foster carer in the carer's bed, so advice on risks associated with this is not required.

During the night, because sleep has been broken, there is a greater risk that the person feeding a baby will fall asleep during the process, especially if that person is in bed, albeit propped up. For this reason, foster carers should not take a baby into bed with them, even just to give a bottle feed. The risk of falling asleep is reduced if the carer gets out of bed and sits on a chair while bottle feeding.

Of course, whether at night or during the day, falling asleep on a chair or sofa with a baby can have serious consequences, so when carers are aware they are in danger of drifting into sleep, they need to take steps to avoid this, e.g. by walking around, taking in some fresh air, moving to a less comfortable chair or a combination of these. The demands of caring for babies and young children often cause their carers to suffer from fatigue, so carers need to consider how best to cope with this. For example, going to bed earlier might compensate for the tiring effect of broken nights. Drinking alcohol and taking medication and drugs may induce sleepiness and make a carer sleep more deeply, so carers have to consider how best to combat this.

Safest place to sleep

The safest place for your baby to sleep is in a cot in a room with you for the first six months.
(Department of Health, 2009)

NB This advice refers to *any* sleep during the day or night. If there is the one cot and that is in the bedroom, then during the day a baby alarm should be switched on downstairs and the baby should be checked regularly. How regularly needs to take into account the baby's state of development and health (in general and currently). Particular health concerns about a baby should be shared with carers prior to placement and ongoing advice about safer sleeping arrangements should be available from health visitors.

SUDI Risk factors

- The carer or anyone in the household smokes.
- The mother smoked during pregnancy.
- The carer has consumed alcohol.
- The carer has taken medication/drugs that cause drowsiness or deeper sleep.
- The carer has had anaesthetics, e.g. at the dentist's or hospital.
- The Carer has a physical/mental illness or condition that affects awareness of the baby.
- The baby has a high temperature (*seek medical advice*).
- The carer has a high temperature.
- The carer's response to the baby is impaired due to fatigue or being unwell.
- The baby was small at birth (born pre-37 weeks or less than 2.5 kg at birth).

Reducing the risks

- It is important for carers to consider how they will manage night-time care.
- Carers must ensure that they never fall asleep on the sofa, chair or beanbag with the baby.
- The room must not be too hot (ideally 16°C – 20°C).
- The baby should not be overdressed.
- Bed covers must not overheat the baby or cover its head.
- A hat in bed is unnecessary.
- Pillows are *not* to be used.
- The baby must not be left alone in or on a bed (even very young babies may wriggle into danger).
- No pets or cuddly toys in the bed.

Positioning cots, cribs and baskets

Having the baby sleep in a separate room is a risk factor for SIDS, hence the advice is to have the baby in the carer's bedroom at night for the first six months at least.

- For an unsupervised 6+ month old, the cot drop side should be up and locked in position.
- Keep the cot away from furniture that an older baby could use to climb out of the cot.
- Keep the cot away from toiletries (e.g. lotions and wipes) that an older baby might reach.
- Avoid curtains and blinds with cords or tie up and place out of reach (strangulation risk).
- When the baby can pull him/herself up, remove any bumper pads (which could be used as steps) and set the cot base at its lowest position.
- The top of the cot rail should be above the baby's chest.
- Cuddly toys should be avoided (risk of overheating or accidental smothering).
- Avoid putting a cot/basket next to a window, heater, fire, radiator, lamp or direct sunlight (risk of overheating).

Cot safety

- The cot has to be deep enough to be safe for the baby.
- Bars should be less than 65 mm [2½ inches] apart.
- Not to have cut outs or steps.
- Not to have been painted (due to the possibility of lead content in old paint).
- No corner post or decorative cut-outs in the headboard/footboard (could trap limbs).
- *Each child is to have a new mattress.*
- The mattress to be firm and to fit snugly.
- Toppers are not to be used (too soft).

Travel cots

To be used in accordance with these guidelines and the manufacturer's instructions.

Car seats, pushchairs and prams

Car seats, pushchairs and prams are *not* ideal for safe sleep in the home. It is important to check on the baby regularly if asleep.

When transported in a car, the baby should be carried in a properly designed and fitted car seat, facing backwards, and be observed regularly by the carer. On long car journeys, stop for regular breaks for air and for drinks for the baby and ensure that the baby does not spend longer than necessary in the car seat. Extra observation is needed for *premature* babies, as they may curl forwards and inwards.

Monitor the baby's temperature. Take care that the baby does not get too hot, e.g. remove hats and outdoor clothes when indoors or in the car. Consider doing the same when going into shops.

Other sleep and carrying devices

Other equipment should comply with British safety standards and, again, the carer should be mindful of overheating and the importance of giving the baby room to breathe.

Bedding

- **Size and fit:** Bedding should be the right size for the cot, crib or Moses basket, as this will prevent the baby becoming tangled up.
- **Sheets and blankets are ideal** because layers may be removed or added, depending on whether the baby is too hot or too cold. Cellular blankets should be used rather than fluffy blankets.
- **Tucking in:** The cot should be made up so that the blankets and sheets cover the baby up to the chest and tuck under the arms and under the mattress so that the baby lies with the feet at the end of the cot. This makes it difficult for the baby to wriggle down under the bedding.
- **Duvets and pillows are *not* safe for use with babies under one year old** as they could cause overheating and/or increase the risk of suffocation.
- **Cot bumpers:** Research has produced neutral results. Some experts advise avoiding the use of cot bumpers once the baby can sit unaided, as they can use the bumper as a means to get out of the cot. Some bumpers have strings to attach to the cot – an older child might pull at and become tangled in these.
- **Specially designed sleeping bags** are useful for babies who kick off their blankets. Carers must check that the weight and size of the sleeping bag is right for the baby, e.g. 1 tog for summer, 2.5 togs for winter. Sleeping bags should fit snugly around the baby's chest. *Do not use extra blankets with sleeping bags.*
- **Swaddling** may be a risk factor for SIDS, so carers need to be cautious. If they decide to swaddle the baby, only thin materials should be used and the baby's head should not be covered. The baby may be 'unswaddled' once asleep.

Sleeping position

The best sleeping position for a baby is on its back. Wedges or props should *not* be used to keep the baby in the same position. Eventually, babies learn to roll from their back to their front on their own. When this happens, they should still be put down to sleep on their back, feet to the end of the cot, and carers should not worry about their moving and finding their own comfortable position.

Past advice was to caution against laying a baby down on its back straight after a feed in case it was sick and choked, so before putting a baby down, carers should assess whether the baby has taken the feed satisfactorily and seems unlikely to regurgitate it.

Twins

There is no evidence that putting twins in the same cot (being larger than a Moses basket or crib) *in the early weeks* increases the risk of SUDI. However, once the babies can roll over or potentially bang their heads together, they need separate cots.

Clothing

- **Flame retardant sleepwear** is recommended.
- **Room temperatures** should be taken into account when dressing a baby.
- **Bibs** should be removed before babies go to sleep.

Babysitting

See also *'Delegated responsibility'*

Blackburn with Darwen recognises that all foster carers may sometimes need a break and occasionally have to leave children with relatives or a babysitter. This should always be discussed with the child's social worker or your supervising social worker first so that a Criminal Record Bureau check can be obtained when necessary. Babysitters should be at least 18 years old. Foster children themselves should not be used as babysitters for other foster or birth children. Any babysitting arrangements must be made with the prior agreement of the child's social worker.

Bedwetting (enuresis)

See also *'Safe care policy'*

Bedwetting (enuresis) is a common childhood problem which can create enormous stress and embarrassment for children and their carers. Any child who has suffered a traumatic experience may wet the bed. A child moving to a different home will feel distressed and it is important to be patient and allow the child to settle. Most children have gained daytime control by the age of 3 years; night-time control takes a little longer (girls often achieve this earlier than boys). It is within normal limits for children of 5 years old to still wet the bed and accidents may occur from time to time for a number of years.

Advice

- Try not to get angry or irritated.
- Protect the mattress with a good plastic protective cover.
- Check whether the child is afraid to get up in the night: would a night light help?
- Do not cut back on fluids: children should drink 6-7 cups of fluid a day.
- Avoid fizzy drinks, citrus juices and drinks with caffeine – e.g. tea, coffee, cola, chocolate – before bed as these stimulate the kidneys to produce more fluid.
- Constipation may also irritate the bladder at night.

For further information, contact your supervising social worker, GP, health visitor, or school nurse.

All necessary bedding materials to assist foster carers in dealing with enuresis will be provided

Beez card

Contact details: see Appendix

Foster carers are recommended to obtain beeZ cards for foster children, as these offer concessions to cardholders, e.g. discounts on admission to leisure activities provided by Blackburn with Darwen. Details of the scheme and how to apply may be found on the Blackburn with Darwen website.

Behaviour

See *'Promoting positive behaviour and relationships within foster families'*

Belongings

When foster children come to your home, they will probably bring with them clothing, toys or other possessions. These may not seem valuable or important and you may be eager to replace them with newer items. However, these may be precious to the child and should, therefore, be treated with respect. It is important to remember that children have been separated from their family and all that is familiar to them; and that they have been placed with strangers. An unimportant, worthless item to you may be the child's most treasured possession.

If children do not have a holdall or suitcase for their possessions, please buy one from the fostering allowance. Children in your care need to feel important, which they are. When moving on, either back home or to another placement, children must feel that they are leaving with respect and having suitable luggage contributes to that. Having to use a bin bag or the like is never acceptable.

Bereavement

When a death occurs, foster carers will share in explaining to the child the terminology surrounding the event and also explain what is happening. When the time is right, talk to the child. Talking helps to dispel mistaken ideas and helps to make sense of the loss.

Children will feel pain. There is no set time that bereavement lasts and pain will recur, e.g. at birthdays, on anniversaries, at Christmas, at holiday times and at other times that were special for the family. It may be that the same ground needs covering again and again; photographs and memorabilia may be helpful, as might counselling in some cases.

Consult with the child's social worker and your supervising social worker on how to deal with issues as they arise.

Birth certificate

If a child's birth is registered, a birth certificate is available with the relevant details recorded. When a child is looked after, the local authority should hold a copy of the birth certificate, as should the foster carer. A full birth certificate is required in legal proceedings such as care proceedings and adoption.

Blackburn with Darwen Foster Carers Association

See also 'Fostering Network'

The Foster Carers Association [FCA] exists for the benefit of Blackburn with Darwen foster carers but is independent of the local authority. All foster carers – mainstream and 'Family & Friends' – are given information about the association when they are first approved.

The association can provide assistance in a number of ways by:

- Providing mutual support for foster carers.
- Promoting working partnerships.
- Representing foster carers as a group.
- Developing awareness, knowledge and skills.
- Creating opportunities for children and young people to meet together.

Foster carers are encouraged to take advantage of the advice and support that the association and its members are in a position to offer. The FCA strongly advises foster carers to attend meetings – held every two months – and looks forward to them participating whenever they can in the several social functions held throughout the year, which offer an invaluable opportunity for carers to meet together.

Via meetings, events and social activities, the association and its members can work together to support the authority's carers and promote fostering in the wider community.

The FCA is linked with the national association for fostering, the Fostering Network. All Blackburn with Darwen foster carers are automatically enrolled as members of the Fostering Network, therefore this is another source of information, advice and support for them.

The FCA also provides a phone help/support line for Blackburn with Darwen foster carers. (*See Appendix for contact details.*)

Blood-borne viruses: HIV and hepatitis

Blood-borne viruses are infectious agents that some people carry in their blood. They may cause severe disease in some cases yet few or no symptoms in others. The virus may be spread to another person regardless of whether the carrier of the virus is ill or not.

The main blood-borne viruses of concern are:

- Human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS), affecting the immune system of the body.
- Hepatitis B virus (HBV) and hepatitis C virus (HCV), which cause hepatitis, a disease of the liver.

Blood-borne viruses are spread by direct contact with the blood of an infected person. Certain other body fluids may also be infectious, e.g. semen, vaginal secretions and breast milk.

Blood-borne viruses are mainly spread by:

- Having unprotected sexual intercourse with an infected person.
- The sharing of contaminated needles or contaminated equipment used for injecting drugs.
- Infection from mother to baby.
- Tattooing.
- Ear piercing and acupuncture with unsterilised equipment.
- The sharing of razors and toothbrushes – which may be contaminated with blood – with an infected person.
- Having a blood transfusion in a country where blood is not screened.

HIV, hepatitis B and hepatitis C are *not* spread by everyday contact and activities, e.g. coughing, sneezing, kissing, hugging or holding hands; and sharing bathrooms, toilets, food, cups, cutlery or crockery.

To diagnose these conditions, people can have blood tests either through their GP or a specialist service at the local hospital.

If you need any further advice or have concerns, please seek advice from your GP or from the looked

after children's nurse, who will offer assistance.

Blue box

Contents checklist: see Appendix

Foster carers need to hold a large number of confidential documents and related information about each foster child in their care and about themselves, which is why they are provided with a lockable metal box, widely referred to as the 'blue box'. This serves not only to keep essential paperwork secure but also to ensure it is in one place, so that it may be easily located when required. The contents of the blue box are subject to change and are set out on a checklist (see Appendix).

Body piercing

See 'Safe care policy'

Bullying

See also 'Safe care policy'

This section draws upon several sources, notably the 'Anti-bullying policy, strategy and guidance 2009' produced by the Children & Young People's Trust and adopted by Blackburn with Darwen. That document states that bullying is 'deliberately hurtful behaviour, repeated over a period of time and involves an imbalance of power, leaving the victim feeling defenceless'.

Children 'looked after' by local authorities are regarded as the most vulnerable in society, therefore it is important that foster carers recognise bullying in all its forms and are able to help a foster child – as the victim or the perpetrator – to resolve bullying issues satisfactorily.

Main types and examples of bullying

- *Physical*
Pushing, kicking, hitting, pinching, spitting, taking/destroying belongings, extortion (demanding money) and any other forms of violence and threats.
- *Verbal*
Name calling, sarcasm, persistent teasing/taunting, offensive comments (including re any disability).
- *Emotional*
Exclusion (e.g. 'sending to Coventry'), tormenting (e.g. hiding books, threatening gestures), ridicule, humiliation, intimidation, incitement of others to harass, spreading hurtful and untruthful rumours.
- *Racist*
Racial taunts, graffiti, and gestures.
- *Sexual*
Unwanted physical contact, harassment/aggression, abusive comments, homophobic abuse.

- *Cyber*
The use of information and communications technology [ICT], particularly mobile phones and the internet, to deliberately distress someone else.

Emotional bullying such as ridicule and ‘sending to Coventry’ can be more common than physical violence and can be the most difficult type of bullying to cope with or to prove.

Guidance

People bully for a variety of reasons. Some fall victim to bullying based on their gender, race, religion, culture, sexual orientation, mental or physical attributes, or habits that are perceived as uncommon. Some fall victim simply because they look like they cannot stand up for themselves.

A person who uses bullying behaviour will usually use a person’s ‘difference’ as an excuse for their behaviour when they may:

- Be afraid or jealous and see their victim as a threat.
- See it as a way of being popular, looking tough or in charge.
- Get bullied by someone at home or by other pupils.
- Be cruel or envious and think it is OK to hurt other people.
- Be scared of getting picked on so they do it first.
- Feel like they do not fit in or are simply insecure.
- Feel unhappy with themselves.
- Need attention.

Symptoms of bullying in children and young people

Some children and young people will openly raise their concerns about being bullied. In other circumstances the child or young person may be unwilling to talk about being bullied for fear of not being understood or fear of the situation being made worse, therefore foster carers and others – e.g. teachers – need to be alert to possible signs of bullying, such as:

- Poor sleeping.
- Bedwetting in a previously dry child.
- Vague tummy aches and headaches
- Loss of appetite.
- Reluctance to go to school or take the school bus.
- Fear of walking to and from school (may wish to be transported to and fro).
- Changing usual routes to places.
- Coming home from school regularly with clothes or books destroyed or missing.
- Coming home hungrier than usual (e.g. because dinner money has been taken).
- Becoming withdrawn, isolated or lacking in confidence (lowered self-esteem).
- Becoming distressed and anxious.
- Appearing to be depressed.
- Asking for, stealing or ‘losing’ money (as a result of extortion).
- Other unexplained changes in behaviour.
- Fall in standard of schoolwork.
- Lack of punctuality.
- Unexplained absences from school or classes.

- Falling out with previously good friends.
- Frequent visits to the doctor or other health professionals.
- Unexplained bruises, cuts or scratches.
- Becoming aggressive or unreasonable (may be beginning to bully others).
- Reluctance to attend school or a usual activity.
- Suicidal threats (or actual attempts).
- Giving improbable explanations for any of the above concerns.

Responding to bullying

Bullying is a complex and difficult matter to resolve but ignoring bullying is unhelpful and can lead to further incidents. Carers and others involved need to do their best to:

- Prevent bullying.
- Respond to incidents of bullying.
- Support the emotional and physical recovery of the victim.
- Provide help to the person using bullying behaviour.

Bullying incidents connected with schools should be reported to the child's school and anti-bullying procedures will then be activated. Reports of bullying will be taken seriously and investigated immediately. Foster carers may take up 'low level' bullying directly with the child's school. Even so, in every case they should inform the child's social worker and their supervising social worker at the time and they will become actively involved and provide advice and support as necessary. Instances of bullying that are not school-related should also be reported to the social worker and supervising social worker.

C

Car seats

See also 'Health and safety'

The law requires all children to travel in an appropriate child restraint until attaining either 135cm in height or 12 years of age, whereupon they are eligible to use just an adult seat belt. Using an adult seat belt before a child is sufficiently developed may put the child at higher risk of internal injury, particularly if the belt does not fit properly across the pelvis.

Car seat buying guide

- Get the right seat for the child's weight.
- Make sure the car seat fits your car.
- Make sure *you* know how to fit the car seat.

Advice

- **Airbags: NEVER position a child on a passenger seat fitted with a front airbag. Airbags are designed to protect adults but can seriously injure or even kill a child.**
- Babies are positioned rearward-facing for as long as possible. Rearward-facing seats offer the best possible protection to the smaller baby. In the event of a frontal impact, the rearward

facing car seat supports the baby's head and neck. Use a rearward seat until the baby reaches the maximum permissible weight and can sit up unaided.

- A 5-point harness is *always* used up to 18kg/40lb (about 4 years of age). It is tempting to move a child to a seat without a harness for convenience but a 5-point harness provides much better fit and protection than an adult seatbelt.
- A child will fit a high back booster seat much better than a vehicle's seat and will, therefore, be more effectively restrained and protected.

Care plans

See also *'Placement plan and planning meetings'*

The legislation that underpins all involvement with children in need and children looked after is the Children Act 1989. The latest suite of 'Children Act 1989 Guidance and Regulations' includes Volume 2 (Care Planning, Placement and Case Review (2010)) and Volume 4 (Fostering Services). Guidance in the latter takes into account requirements of the Care Standards Act 2000, other relevant regulations – especially the Fostering Services Regulations – and National Minimum Standards for Fostering Services. Legislation and guidance reflect current needs and practice, which translates into the following principles re care planning:

- The best place for children to be looked after is within their own families.
- The welfare of children is paramount.
- Parents should be involved in all planning and decision-making affecting their children.
- Legal proceedings should be avoided whenever possible.
- The welfare of the child should be promoted by a partnership between the family and local authority.
- Children should not be removed from their families and contact should not be ended unless it is absolutely necessary to do so for their wellbeing. When this is the case, contact should be terminated via a court order.
- The child's needs arising from race, culture, religion and language must be taken into consideration.

Every looked after child must have a care plan completed and updated by the social worker. The overall purpose of the plan is to safeguard and promote the interests of the child, prevent drift and focus work with the child and the family. It must be regularly reviewed at LAC [looked after children] reviews.

The care plan sets out its overall objectives and timescales (including – by the time of the second LAC review – how permanence will be achieved for the child); summarises the needs of the child; identifies the services required to meet those needs; and describes the management and support of the plan by the local authority. Before a court grants a care order, it must be satisfied that a suitable care plan exists.

The person with key responsibility to ensure the care plan is in place is the child's social worker. Whenever possible, this should be achieved in consultation with the child, the child's parents, the foster carers and other important individuals or agencies in the child's life. If the care plan is not drawn up before a child is placed, this should be done as soon as possible afterwards.

Care plans include details of:

- The immediate and longer term plans for the child.

- Details of the services to be provided to meet the care, education and health needs of the child.
- The respective responsibilities of all concerned, including the local authority and its officers, the child, anyone with parental responsibility for the child, the current carers and any other significant person/agency.
- The arrangements for involving those persons/agencies and the child in decision-making.
- The arrangements for contact between the child and any important people in the child's life (and reasons why contact with any of those persons is not possible or not in the child's interests).
- The expected length of the placement and what steps should be taken before the placement ends.

The child's overarching care plan should include:

- **Placement plan** (setting out why the placement was chosen and how it will contribute to meeting the child's needs).
- **Health care plan** (incorporating a statement of the child's health care needs and how those needs will be addressed).
- **Personal education plan [PEP]**
- **Permanence plan** (by the second LAC review, stating the current long-term plans for the child's upbringing, including timescales).
- **Pathway plan** (for young people approaching school-leaving age and likely to leave care within the following two years or so).

Changes in foster carers' circumstances

If there are any significant changes in their household, however temporary, foster carers should inform their supervising social worker. Significant changes include where someone joins or leaves the household, illness or health matters, involvement with the police, injury or accident, change in employment status and changes in accommodation.

A foster carer review will be convened to consider significant changes in the foster care household. Certain changes may be referred to the main fostering panel. The aim is to ensure that whatever is happening in their personal circumstances, foster carers remain in a position to meet the needs of the children placed with them.

Child benefit

Foster carers are not entitled to claim, or to be in receipt of, child benefit for the foster children placed with them. (Where a child is placed for adoption, the prospective adopters can claim child benefit.)

Child protection conferences/reviews

Usually following an initial assessment and strategy discussion, if there are reasonable grounds to suspect that a child is suffering or is likely to suffer significant harm, a Section 47 enquiry and core assessment are initiated. Where concerns are substantiated and the child is judged to be at continued risk of significant harm, a child protection conference should be convened.

The initial child protection conference should be held within 15 working days of the strategy discussion (or the last one to be held). If the conference determines that a child is at continuing risk of significant

harm, a multi-agency child protection plan is formulated to protect the child. A core group of professionals, including the lead social worker, is responsible for keeping the child protection plan up to date and co-ordinating inter-agency activities within it.

Subsequently, there will be child protection review conferences. The first review is normally convened three months after a child protection plan is first drawn up, then at intervals of not more than six months. Reviews consider whether the child protection plan should continue, be changed or be discontinued. A review would be needed if there was a proposal to return a child home, including for just an overnight stay.

Who should attend?

The conference should include as many people as necessary to make and implement informed plans for a child's protection and as few people as is compatible with effective decision-making. Exact attendance will be negotiated with the review and protection section on each occasion and invitations will be sent by that section to the appropriate persons.

If the child who is the subject of the conference has been placed with foster carers, they should be invited to attend in order to inform the conference of their observations of the child's behaviour and take part in discussion regarding plans for the child. It will help foster carers to contribute to the discussion if they have recorded any observations that would be of interest. If foster carers feel uneasy about attending a conference, they should contact their supervising social worker, who will try to accompany them.

What will happen at the conference?

When the relevant people attend, the purpose of the conference is made clear to everybody. The people attending are introduced and their respective roles and relationships to the child should be made clear. The chair of the conference will invite the people attending to share information (medical, psychological and social).

- The conference will decide whether the child or children are at continuing risk of significant harm. If they are, a child protection plan will be agreed. If they are not, a plan will be agreed to provide ongoing support to the child.
- When a child is the subject of a child protection plan, the conference will clarify who shall be members of the core group of professionals. Family and carers will be seen on a regular basis to share information about the progress of the plan and develop the plan where necessary.
- A child protection case conference may make recommendations for particular types of actions to agencies.
- A conference records any decisions made, in particular any changes to the child protection plan. It agrees a confidential distribution list for the minutes to ensure that only the relevant personnel receive a copy.
- Normally, parents should be invited to attend the conference. If the parents have had to be excluded from a conference, the chair should make arrangements to inform them about the discussion and decisions recorded.

Childminding

Anyone who looks after a child under the age of eight years during the day – other than occasionally, for a matter of hours and without payment (including in kind) – must register with Ofsted as a childminder.

If in doubt, foster carers should check with Ofsted whether they are compliant with childminding regulations.

Combining childminding with fostering could prove problematic, particularly if the childminding arrangements were complex and extensive. It is essential, therefore, that foster carers inform their supervising social worker if they are contemplating becoming childminders, as the possible impact of childminding on foster children would have to be assessed and, indeed, vice versa.

Carers who are already childminders will have been approved on the basis of their commitments at the time of approval. They must inform their supervising social worker of any changes, including changes in the children they mind and in the arrangements for their care, e.g. the number of hours each child attends, when each child attends and how many are present at any one time.

Children's guardian

Formerly known as a guardian-ad-litem, a children's guardian is an independent officer who is appointed by the court to represent the interests of a child. They are independent of any other person involved in the case. The guardian has a pivotal role in assisting the court in reaching crucial decisions relating to the future care and upbringing of a child in the correct way. The guardian will also choose a suitable solicitor to represent the child in court and advise on legal matters from the child's perspective.

As foster carers you may become one of the main sources of information to the guardian, either directly or indirectly.

Children's views

Article 12 of the UN Convention on the Rights of the Child states:

'When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.'

In line with this, it is important that all children cared for by Blackburn with Darwen have opportunities – before, during and after each placement – to express their views on the arrangements made for their care.

In accordance with their age and level of understanding, children should be consulted over the appropriateness of any placement proposed for them.

From being placed in foster care, children will be visited by their social worker, whom they should be able to contact as and when they wish. They also come into contact with a number of other people and agencies with responsibilities for them in specific areas and most of these attend and/or are represented at the different types of meetings held to promote and monitor their wellbeing. Review meetings are particularly significant, being chaired by an independent reviewing officer [IRO]. Children's views and feelings should be ascertained prior to each review and the IRO should ensure that children are given ample opportunity to express these during the discussion that takes place. If necessary, the child's social worker or independent advocate may convey these on the child's behalf.

During visits, social workers are required to see children on their own and supervising social workers may

do so, too, e.g. on an unannounced visit.

Foster carers have reviews that are held at least annually. Included in the documents prepared for these reviews is an age-appropriate form for feedback from children fostered by them during the review period. Ideally, children complete this form themselves but they may be assisted by someone independent of their foster carers. The aim is to allow children to express themselves as freely – and fairly – as possible.

Forms pose simple questions designed to help children to give a flavour of their experience living with their foster family. Children are invited to say what they enjoy doing with their foster family, who they have fun with and who they feel is supportive of them at times of difficulty.

Hence, foster children are offered opportunities to express their views and feelings via direct personal contact with various people, meetings, reviews and forms. If they have difficulty in taking advantage of these, foster carers are asked to offer them the guidance and support they need.

Children with disabilities

See also 'Allowances'

Children with disabilities are those with physical impairments, sensory impairments (including deafness and blindness), learning difficulties and exceptional emotional difficulties.

About one child in twenty has a disability. Many disabilities are quite minor whereas others may be more serious, requiring specialist treatment and – in very rare cases such as multiple disability – specialist care. Some children will require treatment: the extent and length of treatment will depend on the seriousness of the disability.

It is likely that children with serious disabilities may need occasional alternative care as their condition in itself often causes stresses that create difficulties for families. For this reason the short break service has been set up and aims to provide regular short breaks to families who have a child with additional needs.

Other children may need remedial or rehabilitative help over a longer term and this can bring its own special stresses for the child, family and foster carers. The family may have requested a service which is discussed at the disability resource panel. If a decision is made that a short break would meet the child's and family's needs, a referral is made to the fostering service. The short break service considers the referral and then matches a child or young person to an appropriate short break carer.

A pre-placement meeting is convened where the parents and carers can share vital information about the child's needs while away from home. The carer will be given all relevant information and consents in regard to each placement.

In most situations, foster carers will be given information about a child's health needs upon placement. It is not uncommon, however, for foster carers to discover subsequently that a child has an additional need which had not been previously identified. The family GP and health visitor, along with the child's parents and social worker, need to be consulted in order that the appropriate treatment is provided and plans made.

Upon the child's placement with them, foster carers should be given a document called a placement plan, which provides essential information for carers.

Foster carers for children with disabilities should:

- Become familiar with organisations concerned with disabilities.
- Gather and use information on independent and inclusive living which has been produced by people with disabilities.
- Make use of the resources which are available.
- Attend any relevant training

Fostering team resources available to children with disabilities:

- Short term care
- Permanent care
- Short break service
- Sitting service

Services available to foster carers of children with disabilities:

- Support from voluntary agencies.
- Support from the child's social worker.
- Support from their supervising social worker.
- Support from the education services and school.
- Practical help and equipment.
- Equipment and adaptations to the home.
- Residential short term breaks (Apple Trees).
- Short breaks from other carers
- Nursery provision.
- Support groups
- Community nurse.
- Occupational therapy.
- Speech therapy.

If you require training with regard to a specific disability, then every effort will be made to facilitate this.

Common infectious diseases

Contact details: see Appendix

A communicable disease is a disease that can be transferred from an infected person to another individual. If children are unwell or have a temperature, they should stay at home and not attend school, nursery or playgroup. All cases of gastroenteritis are potentially infectious and children should normally stay at home until free from diarrhoea and vomiting.

Chickenpox

Incubation period: 10-21 days.

Infectious period: The most infectious time is 1-2 days before the rash appears, but it continues to be infectious until the vesicles have dried up, which is usually about five to six days after the rash starts.

Symptoms:

- It starts with feeling unwell, a rash and a slight temperature.
- Spots develop, which are red and become fluid-filled blisters within a day or two. They eventually

dry into scabs, which drop off. The spots appear first on the chest, back, head or neck, then spread. They do not leave scars unless they are badly infected.

What to do:

- You do not need to go to your GP or Accident and Emergency (A&E) department unless you are not sure that it is chickenpox or your child is very unwell or distressed.
- Give your child plenty to drink.
- Give paracetamol or ibuprofen to relieve the fever and discomfort.
- Baths, loose comfortable clothes and calamine lotion can all ease the itchiness.
- Try to stop your child scratching or picking at their spots as this will increase the risk of scarring. It is hard for children to do this, so give them plenty of praise and encouragement. Distractions, such as TV, are good for taking their mind off the itching. Let the school or nursery know that your child is ill in case other children are at risk.
- **Re pregnancy:** Keep your child away from anyone who is pregnant or trying to become pregnant. If your child had contact with a pregnant woman just before becoming unwell, let the woman know about the chickenpox (and suggest that she sees her GP or midwife). In women who have never had chickenpox, catching the illness in pregnancy can cause miscarriage or the baby may be born with chickenpox.

Measles

Incubation period: 7-12 days.

Infectious period: From around four days before the rash appears until four days after it has gone.

Symptoms:

- Measles begins like a bad cold and cough with sore, watery eyes.
- Your child will become gradually more unwell, with a temperature.
- A rash appears after the third or fourth day. The spots are red and slightly raised. They may be blotchy but not itchy. The rash begins behind the ears and spreads to the face and neck, then to the rest of the body.
- The illness usually lasts about a week.

Measles is much more serious than chickenpox, German measles or mumps. It is best prevented (by the MMR vaccination). Serious complications include pneumonia and death.

What to do:

- Make sure your child gets plenty of rest and plenty to drink (warm drinks will ease the cough).
- Give paracetamol or ibuprofen to relieve the discomfort and fever.
- Put Vaseline around their lips to protect their skin.
- If their eyelids are crusty, gently wash them with warm water.
- If your child is having trouble breathing, is coughing a lot or seems drowsy, see your GP urgently.
- **Re pregnancy:** Rubella – German measles – becomes a serious concern if a woman catches the infection during the first 16 weeks of her pregnancy. This is because the rubella virus can disrupt the development of the baby and cause a wide range of health problems. If your child has had contact with a pregnant woman during or around the time of the infectious period, alert the woman so that she may discuss this with her GP.

Mumps

Incubation period: 14-25 days.

Infectious period: from a few days before starting to feel unwell until the swelling goes down.

Symptoms:

- A general feeling of being unwell.
- A high temperature.

- Pain and swelling on the side of the face in front of the ear and under the chin. Swelling usually begins on one side, followed (though not always) by the other side.
- Discomfort when chewing.

Your child's face will be back to normal size in about a week. It is rare for mumps to affect a boy's testes. This happens more often in adult men with mumps. If you think your child's testes are swollen or painful, consult your GP.

What to do:

- Give your child paracetamol or ibuprofen to ease pain in the swollen glands. Check the pack for the correct dosage.
- Give your child plenty to drink but not fruit juices as they make the saliva flow, which can make your child's pain worse.
- There's no need to see your GP unless your child has stomach ache and is being sick, or develops a rash of small purple or red spots or bruises.

Parvovirus B19 (also known as fifth disease or slapped cheek disease)

Incubation period: 1-20 days.

Infectious period: a few days before the rash appears (children are no longer contagious when the rash appears).

Symptoms:

- It begins with a fever and nasal discharge.
- A bright red rash, like the mark left by a slap, appears on the cheeks.
- Over the next two to four days a lacy rash spreads to the trunk and limbs.
- Children with blood disorders such as spherocytosis or sickle cell disease may become more anaemic. They should seek medical care.

What to do:

- Make sure your child rests and drinks plenty of fluids.
- Give paracetamol or ibuprofen to relieve the discomfort and fever.
- Pregnant women or women planning to become pregnant should see their GP or midwife as soon as possible if they come into contact with the infection or develop a rash.

German measles (Rubella)

Incubation period: 15-20 days.

Infectious period: from one week before the rash first appears until at least five days after it has gone.

Symptoms:

- It starts like a mild cold.
- A rash appears in a day or two, first on the face, then on the body. The spots are flat (on light skin they are pale pink).
- Glands in the back of the neck may be swollen.
- Your child will usually not feel unwell.

It can be difficult to diagnose rubella with certainty.

What to do:

- Give your child plenty to drink.
- Keep your child away from anybody who is in the early stages of pregnancy (up to four months) or trying to become pregnant. If your child has had contact with any pregnant women before you knew about the illness, you must let the women know as they will need to see their GP.

Whooping cough

Incubation period: 5-21 days.

Infectious period: from the first signs of the illness until about six weeks after coughing starts. If an antibiotic is given, the infectious period will continue for up to five days after starting treatment. Antibiotics need to be given early in the course of the illness in order to improve symptoms.

Symptoms:

- The symptoms are similar to a cold and cough, with the cough gradually getting worse.
- After about two weeks, coughing bouts start. These are exhausting and make it difficult to breathe.
- Younger children (babies under six months) are much more seriously affected and can have breath-holding or blue attacks, even before they develop a cough.
- Your child may choke and vomit.
- Sometimes, but not always, there will be a whooping noise as the child draws in breath after coughing.
- The coughing fits may continue for several weeks, and can continue for up to three months.

What to do:

- Whooping cough is best prevented through immunisation.
- If your child has a cough that becomes worse rather than better and starts to have longer fits of coughing more and more often, see your GP.
- It is important for the sake of other children to know whether or not your child has whooping cough. Talk to your GP about how to look after your child. Avoid contact with babies, who are most at risk from serious complications.

For more general health information visit the NHS website.

Complaints procedure for foster carers

Foster carers unhappy about any aspect of their involvement with children's services have a right to make a complaint. All children's services staff are accountable for their work. The complaints procedures allow people to challenge things, to protect the welfare of the looked after child and to receive fair consideration of their complaint without recriminations. Foster carers should not be afraid of saying so if they think something is wrong or is compromising the welfare of children in their care. Help and advice are available on all aspects of complaints from The Fostering Network.

In most cases complaints can be handled informally by the member of staff directly involved or the team manager. However, if foster carers feel that a matter has not been resolved or is serious enough to warrant a formal complaint, they can put their complaint in writing and send it to the customer care manager.

Customer care team

Contact details: see Appendix

The customer care team deals with complaints, comments, queries and compliments about adult social care and children's services (social care), under the statutory complaints procedures.

The customer care team will acknowledge a written complaint within five working days of receipt. This acknowledgement will state the name and address of the person who will investigate the complaint. It is envisaged that most complaints will be investigated and resolved at the first stage within 10 working days. However, there is an entitlement to pursue a complaint to Stage 2 (a formal independent

investigation) and Stage 3 (a review by panel), if the complainant remains unhappy.

Complaints against you

Children's services has a responsibility to ensure that foster carers meet the required standards of care re their foster children. If anyone makes a complaint about a foster carer – other than an allegation of abuse – the foster carer will be informed in writing of that complaint and about the procedures to be followed.

An informal investigation will attempt to resolve the complaint by agreement between the foster carer and children's services. A more formal investigation takes place if an informal resolution cannot be reached or if further investigation is deemed necessary because there are serious implications for the wellbeing of children. Foster carers will be interviewed and their views and opinions will be recorded. They will be informed in writing of the outcome and what to do next if dissatisfied with it. Where a complaint is made by a child or young person, it will be investigated under the statutory complaints procedure. The child may be supported by Child Action North West through this process.

A copy of the procedure for addressing complaints against foster carers is available from supervising social workers and is also contained in the foster carer induction pack.

Confidentiality

When placing children in foster care, social workers will share with foster carers sufficient background information to enable them to care for the children. This information may include details of the children, their family and the circumstances which led to their becoming looked after. Much of the information will be personal and all of it is told in confidence.

Who else needs to know?

Foster carers will need to share some of this information with their children and family members who are likely to have regular contact with the child. They should know how much their own children can cope with, depending on their age and maturity, and use their discretion accordingly. It is important to emphasise to foster family members, including children, the need for confidentiality.

Who does not need to know?

Friends and neighbours may ask questions out of genuine interest and concern but a firm refusal to talk in detail about foster children will usually deter them.

Discussions with other foster carers

All foster carers are governed by the same principles of confidentiality. It is quite possible that one foster carer might have experienced similar issues to another, so it would be acceptable for one to ask the other for general advice, as this would not represent a breach of confidentiality. However, specific details of a child's case or background should not be discussed.

Conversations in public places

Less obvious, perhaps, is the need to be take particular care over conversations in public places. Such conversations can be easily overheard – e.g. when out shopping, in cafés, in parks and on buses – and, if they are, there is every chance that this will lead to complaints being made against foster carers.

Secrets

Foster children need a confidante like any other child and may wish to tell their foster carers a secret.

However, it is important to dissuade them from disclosing information on this basis, as some secrets cannot be kept, e.g. if children disclose that they had been abused or ill-treated, foster carers must inform the social worker. If the information they share is likely to have an impact on their future, children should be encouraged to share it with their social worker, failing which it is essential that foster carers tell children it is their duty to pass it on to children's services.

Contact

For the majority of children, the aim from the outset of their placement will be to reunite them with their family provided that it is safe and practical to do so. Developing and maintaining close links between children and their family is essential in trying to meet this objective.

The local authority has a duty to promote contact and there is a legal presumption (under Section 34, Children Act 1989) of reasonable contact between children in care and their families.

Evidence from research and practice concludes that for most children who are separated from their parents, siblings or other close relatives, it is in their best interests to have some level of contact with their family. This continues to be the case throughout a child's time in care, other than in cases where the local authority is granted permission to place for adoption.

Even though there is a duty to promote contact, children have the right to be protected from harmful contact. Contact will only be refused when there is clear evidence that it prevents the local authority from safeguarding the child's welfare. For children subject to an interim care order [ICO] or full care order [CO], the local authority can suspend contact only for a limited time (up to a maximum of seven days) in an emergency. Thereafter, contact can be prevented only by a court order (Section 34(4), Children Act 1989).

Should parents fail to attend contact, every effort will be made to promote contact while prioritising the needs and best interests of the child.

Foster carers' role

Foster carers play an invaluable role in promoting both successful contact and reunification but it is not the duty of foster carers to facilitate actual contact visits: this falls to the contact team, working in conjunction with the child's social worker. However, under certain circumstances this could be done in the best interests of the child following consultation and agreement with the foster carers. In a minority of cases – notably where they have a lease car – foster carers transport children to and from contact and, very exceptionally, they may supervise contact or even allow it in their home.

There should always be a clear understanding with the foster carer from the outset about children's continuing relationship with their parents and other family members. Foster carers should enquire of the child's social worker or supervising social worker about contact arrangements before a placement begins to ensure that these will fit in with the carer's circumstances.

For young children where the plan is to return home, visits may be intensive and frequent. For older children and where the plan is not rehabilitation, visits will be less frequent.

Planning contact

In planning contact, consideration should be given to the following:

- What is the purpose of contact and why is it important for the child and family?
- Who should the child have contact with?
- What level of supervision is required to promote contact?
- What frequency of contact is required to maintain the child's family links?

Managing contact

Contact is one of the most emotional aspects of childcare: arranging for children and their families from whom they are separated to keep in touch with one another. If children are to return home ultimately, their links with their parents must be maintained.

The management of contact is one of the toughest aspects of fostering. Sensitive handling and supervision are required to prevent potentially disruptive consequences for a child's placement and it is important that foster carers are able to provide appropriate follow-up support.

Attention must be paid to children's views of the importance of different family members and to ensuring the child's welfare and safety during contact.

Clear boundaries must be set for contact, distinguishing between contact with different family members, for different purposes and in different contexts. Foster carers are vital in helping children make sense of their family structures and their views on contact must be given due weight.

Corporal punishment

See also 'Promoting positive behaviour and relationships within foster families'

Children can sometimes exhibit behaviour that can be difficult to manage but the local authority believes that physical punishment is never in a child's best interest. In common with all providers of foster care, Blackburn with Darwen does not permit the use of corporal punishment.

This means that foster carers must never physically chastise a child in their care. There is a 'no smacking' policy in all settings, including foster homes. Any complaint of smacking or other form of corporal punishment would trigger a foster carer review for consideration by the fostering panel, with the possibility that the foster carers' approval could be withdrawn.

Many of the children looked after by the council have suffered physical injury, therefore physical punishment is likely to reinforce the belief that adults hurt children. The council subscribes to the belief that corporal punishment is not an appropriate method of changing a child's behaviour. It will merely teach a child what is not desired, not what is acceptable. Corporal punishment tends to work only when the threat of further punishment is present and the child will quickly learn how to avoid the punishment rather than how to behave in an acceptable way.

Everybody can become angry or irritated with a child at some time. If, for example, carers feel themselves becoming frustrated with a baby, then it is advisable to place the child somewhere safe and leave the room until they have cooled down. With older children, removing yourself means that the child no longer has your attention and in some cases that might be perceived as a punishment. If a child's behaviour is really annoying, one strategy is to clap your hands together as loudly as possible. Hopefully, the noise will distract the child and relieve the tension felt by the carer.

Carers should try not to join in with a child's tantrums or take part in a shouting match and instead turn their back to the child and ignore their antics. Singing to yourself may distract a carer from the child's

annoying behaviour and help to control the urge to yell back.

If carers cannot ignore behaviour that is making them angry, then they should tell the child how they feel. Most children want approval, so in many cases telling them that you are displeased will prove very effective, particularly if followed up with an opportunity for the child to 'wipe the slate clean' and make a fresh start.

Not hitting a child does not mean carers have to bottle up their feelings. One of the most sensible things they can do when they feel anger building up or the urge to strike out is to talk about how they feel to others, e.g. partner, friends, relatives or a social worker. Carers need to remember that they are not on their own.

Council promises to looked after children

Blackburn with Darwen has made the following 'corporate parenting promises' to all children and young people in its care:

Promise 1

We promise to involve you in decisions that affect you, and to treat you with respect.

- We will ask you what you want and listen to what you say.
- We will act on what you have told us, or explain why we can't.
- We will consult with you through groups such as the Urcarecouncil.
- We will make sure you have access to an advocate, if you want one.
- We will make sure we consider your rights when we make decisions with you.
- We will provide you with up to date information about the complaints process.
- We will agree with you how you want your reviews to be held.

Promise 2

We promise to find you a safe, comfortable and caring place to live.

- We will give you the opportunity to say where you want to live.
- We will provide you with a choice of placements, whenever possible.
- We will provide experienced and caring people to look after you.
- We will try to avoid you having to move placements, whenever possible.

Promise 3

We promise to provide you with a quality education, which meets your needs.

- We will involve you in decisions about which school you attend.
- We will provide you with a 'personal education plan', to help you do well in school.
- We will provide transport so that you can remain at your current school, whenever possible.
- We will find you a new school quickly, if you need to change schools.
- Whenever possible, we will provide extra tuition to help with exams.
- We will provide discrete and sensitive support in school, when you need it.
- We will make sure that someone attends parents' evenings and school events.

Promise 4

We promise to meet all your health needs.

- We will provide you with a health plan, to help keep you healthy.
- We will provide you with access to a nurse or other specialist health workers.
- We will provide support and encouragement to help keep important check-ups up to date.
- When you leave care, we will provide you with information about your health during your time in care.

Promise 5

We promise to encourage and support you to access leisure, learning and training facilities.

- We will provide free access to a wide range of local leisure facilities, such as sports centres and libraries.
- We will provide you with information about hobbies and interests you might want to try.
- We will support you to access programmes such as the 'Duke of Edinburgh's Award' scheme.
- We will provide opportunities to help celebrate your achievements.

Promise 6

We promise to help you stay in touch with your birth family and friends.

- We will help you contact your birth family and friends, when it is safe to do so.
- We will discuss and agree with you how you can contact your birth family and friends.

Promise 7

We promise to provide well trained, experienced and caring staff and carers to look after you.

- We will provide quality training for staff and carers.
- We will provide you with a social worker to complete care plans, with you, for your future.
- We will involve care experienced young people in the recruitment of staff and carers, whenever possible.

Promise 8

We promise to help you prepare for adulthood, through support and advice, as you leave care.

- We will provide you with a named personal advisor to support you with plans for leaving care.
- We will provide you with support & advice to find a suitable place to live when you leave care.
- We will support you into education, employment or training.
- We will help you to identify sources of money to support you leaving care.
- We will help you develop independent living skills, such as budgeting.

To ensure we keep to these promises, we will appoint a 'Champion for Children in Care'.

As we fulfil these promises, we will consider your spiritual and cultural needs and provide access to guidance and facilities to meet these needs.

Court appearances

In certain circumstances, foster carers may be requested to give evidence to the courts. If foster carers have kept records during a placement, these will be important in assisting their responses.

Attending court can seem a daunting experience. However the social worker for the child and carer's supervising social worker will offer advice, support and help to prepare carers before the court date. Foster carers can access advice in relation to court matters.

Occasionally, 'looked after' children may have to attend court. This can be for a variety of reasons and foster carers should always discuss with the child's social worker who should accompany the child to court. It is important that everyone is clear about the arrangements so that there are no hitches on the day. It is also necessary to ensure that the child is properly prepared, e.g. the court process could be explained beforehand by a member of the legal department.

Court orders

Under the Children Act legislation, court orders are to be used as a last resort. It may be helpful for foster carers to have an understanding of some of the more common court orders.

- An **emergency protection order (EPO)** is an order under which children are removed from a situation in which they are at risk. A magistrate must sign the order. An EPO can last up to eight days with a possible extension up to a further seven days. An application for discharge can be made by a parent, a person with parental responsibility, the child or anyone with whom the child was living with at the time. Discharge of the order can be applied for 72 hours after it was made.
- A **care order** is made by the court if it believes that a child is suffering significant harm; is likely to suffer significant harm; is beyond the parents' control or if making the order will help the child. The order may state that the local authority must 'look after' the child and provide somewhere for him/her to live. A care order gives shared parental responsibility to the local authority and the child's parents. Unless revoked earlier, a care order lasts until the child reaches the age of 18. Under a care order, it is presumed that children will remain in contact with their family unless the court directs otherwise. In a small number of cases, a child may be the subject of a care order and live at home (e.g. prior to the care order being revoked).
- A **contact order** states that certain persons should have contact with a child. It will also state how often that contact should take place and in what form. A contact order lasts until the child is 16 years old or until the court agrees that it is no longer necessary. In exceptional circumstances, it may last until the age of 18.
- A **residence order** specifies a person who has the power to determine where a child may live. Parental responsibility is acquired by the person specified in the order (assuming that they do not already hold it). Legal advice can be provided.
- A **special guardianship order** gives the carer overriding parental responsibility. (Leaflets are available on request.)
- A **specific issue order** results from the court being asked to consider and resolve a 'specific issue', e.g. educational or medical matters, in the best interests of the child.

- A **prohibited steps order** states that certain steps cannot be taken without the court's permission, e.g. changing the child's school or moving the child to live abroad.

Culture, identity and language

Culture describes the way people live their lives. Culture is founded on many different factors, e.g. memories, common experience, background, language, racial identity, class, religion and family attitudes. Culture is part of a child's identity and heritage. All foster carers should respect and value a child's cultural heritage.

The following is a list of some of the ways in which foster carers can actively involve themselves in the child's culture. The list is by no means definitive but does include some important ideas.

- Find out about special dietary rules.
- Find out about essential cultural customs, like hair and skin care.
- Make sure you have a stock of appropriate toys, books, etc.
- Find out about the rules of religious observance.
- Find out about religious festivals.

Blackburn with Darwen believes that children's cultural background is fundamental to their identity and, as such, needs to be maintained and encouraged; and that foster carers can help in this and reduce potential confusion. They will need to be committed to the notion that this is a special task requiring careful consideration.

All foster carers should remember that they must respect birth parents' wishes, encourage all children to value their background and care for the child in accordance with the parents' views. Birth parents may be greatly distressed if their child breaks food laws or religious observances.

Whilst every effort is made to place children in culturally appropriate placements, foster carers should be aware of the possibility that a child whose first language is not English might be placed with them. In these circumstances, additional support and resources may be made available to assist foster carers in caring for children from different cultural backgrounds. Language is an important part of a child's identity and culture. Every effort should be made to preserve a child's linguistic and communication skills, otherwise they might lose a large part of their culture.

If you need more information or advice about a child's cultural and linguistic needs, contact the child's social worker or your supervising social worker. It may be necessary to discuss the child's cultural needs with the child's parents or relatives.

D

Delegated authority

This guidance draws upon the Fostering Network's handbook on delegated authority (2011), with modifications for Blackburn with Darwen's policies and practices.

It is recognised that children in care should not be prevented from participating in activities simply because foster carers lack the authority to readily give their consent, especially where this has the effect of preventing children from experiencing as normal a life as possible and of marking them out as different. At the same time, it is important that where consent is required, decisions are made sensitively and that all involved understand their respective responsibilities.

Instead of the local authority having a blanket policy and rigid procedures which are liable to result in delay or missed opportunities, it is better for matters of consent to be discussed and clarified at the child's placement planning meeting before or within days of a placement being made. The child's social worker will take the lead in producing a written agreement which reflects the extent to which the foster carers will have authority to give consent without having to consult anyone else with parental responsibility for the child. In most cases, giving consent is a comparatively routine matter – e.g. giving permission to participate in a typical school trip – but foster carers are still expected to exercise judgement and there may be circumstances where they feel it is in the child's best interests to withhold consent. In that case, it would be prudent to consult the child's social worker.

What delegated authority is about

- Normalising the experience of children and young people in foster care.
- 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.
- Clarity and transparency.
- Better use of existing processes and roles.

Parental responsibility [PR]

Parental responsibility [PR] is defined in law as:

All the rights, duties, powers, responsibilities and authority, which by law a parent of a child has in relation to the child and his property.

This means that a person with PR is responsible for the care and wellbeing of the child and, unless a court order says otherwise, that person *and anyone else with PR*, can make important decisions about the child's life.

Who has PR?

For fostering purposes, the key points are usually these:

- **The child's birth mother** is clearly the child's parent, therefore she automatically has PR.
- **The child's father** automatically has PR from the child's birth only if married to the mother at the time. He can acquire PR if he subsequently marries the mother or by other legal means.
- **A step-parent or civil partner** may obtain PR by agreement or via a court order.
- **The local authority** *also* – i.e. *shares* – PR if the child is subject to an emergency protection order [EPO], interim care order [ICO] or care order (CO) **but** it does *not* have PR if the child is accommodated by agreement (often referred to as 'voluntary care' under section 20 of the Children Act 1989).

- **Foster carers never have PR.**

Where the local authority does share PR with others, it can restrict the extent to which anyone else with PR may exercise it *if* the child is subject to an EPO, ICO or CO, e.g. the local authority would not have to return a child on demand to his/her mother following removal for his/her safety.

What is delegation of authority?

A person with PR may not surrender or transfer any part of it to another but may arrange for all or some responsibilities to be met in certain circumstances by someone else. This is called 'delegating authority'.

Though lacking PR for a foster child, foster carers may 'do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'. What is reasonable depends on the urgency of the situation and how practical it is to consult a person with PR.

Local authorities are required to ensure that placement plans for children in foster care specify any arrangements for the delegation of authority from the parents to the local authority and, in turn, include any arrangements for further delegation from the local authority to the foster carers.

Where authority cannot be delegated

There are situations in which the consent of those with PR for the child is essential and cannot be delegated to another person, e.g. a child cannot be taken abroad without the consent of everyone with PR, though if the child is subject to an EPO, ICO or CO, the local authority can authorise this for up to one month. This is why foster carers must seek permission from the child's social worker to take a child in care abroad on holiday. Where the child is in 'voluntary care', the social worker would seek permission from those with PR, typically the parent(s) who agreed to the child being accommodated.

Limits to delegated authority

A person with delegated authority may only do what s/he is authorised to do (plus whatever is reasonable, in an emergency, to keep a child safe).

Where PR is shared and there is disagreement, the court may have to resolve the issue. A parent with PR may challenge in court limits imposed by the local authority where it shares PR.

The local authority has primary responsibility for a child in foster care, regardless of whether anyone has PR for the child, therefore foster carers should be guided by the local authority when making decisions for, or on behalf of, the child. If foster carers have an issue over delegated authority, they should discuss it with the child's social worker, their supervising social worker and, if necessary, the independent reviewing officer (or advocate, if the child has one). In certain situations, foster carers may decline to exercise delegated authority if to do so might place them in a difficult or vulnerable position.

Young people may give their own consent to:

- **Medical treatment:** From the age of 16 (or younger if considered by medical staff to have sufficient understanding of the implications of treatment).
- **Own care plan:** From the age of 16 if there is no court order in place.

Education

The Education Act 1996 definition of a 'parent' includes anyone with the day-to-day care of a child, therefore foster carers can be a 'parent' for education purposes without having PR. This has significant implications for foster carers, as follows:

- **School attendance:** If a foster child does not attend school regularly, foster carers may be requested to enter into a parenting contract. If attendance did not improve *and* foster carers were unwilling to work with the school or education authority, it would be technically possible for the foster carers to be prosecuted or fined.
- **Special education needs [SEN]:** If a child has a statement of SEN, foster carers should be provided with a copy of this. It is open to them to lodge an appeal where they disagree over provision for the child.
- **Consultation with others:** Although they have certain legal rights in the field of education, it is advisable for foster carers not to act without consulting those with PR – the local authority and, usually, the parent(s) – and vice versa.

Placement plan

The placement plan is the key document re the delegation of authority to foster carers. It should clarify for foster carers what decisions they can make. It has the following features:

- It is contained within a looked after child's care plan.
- It should be drawn up before the child is placed or, if that is not possible, within five days of the start of the placement.
- Key tasks/consents/decisions should be anticipated and who does what should be clearly agreed.
- It should clearly set out the detail of 'who does what'.
- It must be available to parents and foster carers as part of the care plan.
- It is a living document that should be reviewed regularly.
- It should be agreed by the parents, the local authority, the foster carer and the child.

Guidance on key consents and areas of decision-making

- ❖ Emergency situations / short breaks
- ❖ Babysitting and occasional overnight stays
- ❖ Health care
- ❖ Education
- ❖ Leisure and everyday life
- ❖ Where foster carers cannot legally give consent

❖ Emergency situations / short breaks

In an emergency, or if they require a short break, foster carers need to be able to make alternative arrangements for the care of their foster children. It is, therefore, highly desirable that such arrangements are identified and approved in advance by the child's social worker and parents. A person suitable to provide temporary care will be CRB cleared and recorded in the placement plan as a member of the foster carers' direct support network. This person needs to be or become familiar to the foster child and be able to care for the child in a way conducive to the care plan.

❖ **Babysitting and occasional overnight stays**

Foster carers may be delegated authority to make occasional arrangements for a foster child to be babysat by their friends or relatives or to stay with them overnight – e.g. where a family event necessitates an overnight stay. In these cases, there are certain conditions to be satisfied:

- The temporary carer should not be under 21 years old and should, of course, be someone the foster carers would trust with their own children. If it is proposed to leave a person under 21 responsible for a child in care, then this must be discussed in advance with social workers.
- Occasional babysitting (not overnight) should not exceed three occasions per month. Provided it would be in the interests of the child, overnight/weekend stays might be possible, subject to discussion in advance with social workers.
- The child should be familiar with babysitters and be happy to stay with them. If old enough, children should always be consulted about where they would wish to stay.
- A child newly in placement should not be left with unfamiliar people. For the first month of placement at least, a child should not be left with babysitters other than in exceptional circumstances – after consultation with social workers – or in an emergency.
- Supervising social workers should be aware of who will be used to babysit. Regular babysitters will be subject to CRB clearance. On an occasional basis, alternative sitters may be used at the foster carers' discretion.
- Social workers should be kept informed of young people's overnight stays with friends and notified as soon as any concerns arise.

❖ **Health care**

Parents must be given the opportunity to attend medical appointments for their child unless there are particular reasons why this should not be the case. Foster carers should discuss this with the social worker when they become aware that the child has an appointment.

Routine medicals

Foster carers should be able to sign consents for routine medicals. Signed parental consent for routine medicals and medical treatment is included in documentation provided on placement.

Immunisations

Foster carers should be given delegated responsibility, whenever possible, to consent to immunisations. At the outset, parents should be consulted over whether they have concerns about certain immunisations and the risk of adverse consequences. Immunisations can be a contentious issue so, as there is usually time to arrange for parents to sign immunisation consent forms, this is recommended unless it is impractical to do so.

Non-routine medical treatment

- **Emergency treatment** must not be delayed unnecessarily, therefore signed parental consent for this should be included in documentation provided on placement. That consent form should suffice but, if not to hand, foster carers could sign hospital consent forms on the strength of its existence and, in any case, on the grounds that they are permitted to do whatever is reasonable

in an emergency to keep a child safe. (In an emergency situation, medical staff would be expected to bypass the usual need for consent to treatment.)

- **Invasive medical procedures** are usually planned, so in a non-emergency situation parents should be consulted and sign the required consents. Consent forms often have to be signed on the day of admission to hospital, therefore someone with PR needs to attend to sign and it is important to organise this beforehand.
- **Anaesthetics:** *Any planned invasive treatments requiring anaesthetic must have the written consent of the parent and/or local authority.* The child's social worker (or EDT if 'out of hours') must be notified where a child has a serious condition necessitating anaesthetic, since foster carers will *never* be granted delegated authority to consent to the use of anaesthetics.

Opticians

Foster carers should be able to give signed consent for routine eye tests and the provision of glasses.

Dentist

Foster carers should be able to consent to routine examinations and minor treatment. If a child is to be treated under a general anaesthetic – 'gas' for a tooth extraction – parents should be informed of this and the written consent of a parent and/or social worker must be given. This needs to be sought in advance of the appointment, as consent forms might ordinarily not be available prior to the day of treatment.

❖ Education

School day trips

Foster carers should be delegated the task of agreeing to, and signing for, school day trips. If the trip is for the purpose of, or includes, a potentially dangerous activity, foster carers should seek the written consent of the social worker, who will decide whether to approach the parents.

Longer school trips / trips involving more hazardous activity

There are a number of implications for longer school trips – e.g. the possible need for extra funding and the impact on contact arrangements – therefore foster carers should consult the child's social worker as far in advance as possible. Trips involving overnight stays require the consent of the local authority and possibly that of the parents as well.

More hazardous activities should not be discounted unless they might pose risks specific to the child, in which case there should be discussion with the child's social worker, who will decide whether to seek the parents' views.

Choosing a school

Normally, there is adequate time to discuss the choice of an early years setting or school with the holders of PR. Foster carers should then be able to progress an application and sign any relevant forms.

Change of school

A change of school needs to be agreed at a review meeting, taking into account the likely impact on the child. Foster carers should then be able to follow the agreed course of action.

Meeting with school staff

In medium- to long-term placements, it is foster carers who usually meet with school staff and keep the social worker and, if appropriate, those with PR informed of progress and/or problems.

Educational and leisure activities

Foster carers should be delegated the task of providing agreements and signatures for extra-curricular activities.

Sports activities

Foster carers should be delegated authority to give consent for sports activities and activities such as scouts and guides.

❖ Leisure and everyday life

Visiting friends and overnight stays

Foster carers should be able to make decisions about visiting friends and overnight stays as they would for their own children. However, if there are grounds for being especially cautious, it may be agreed in advance that the foster child's requests should be run past the social worker, who might be aware of specific concerns and know of the friend's family.

In the main, foster carers should make balanced judgements and take the usual precautions, including:

- Checking out the plan with the friend's parents/carers.
- Establishing exactly where the foster child is going to stay and taking the child there.
- Arranging a time for collection/return.
- Agreeing how everyone may keep in touch with each other during the visit or stay.
- Applying the test as to whether they would allow their own child to stay there overnight.
- Taking into consideration any risks the foster child might pose to others, especially where confidentiality prevents the sharing of this information.
- Letting the social worker know about the overnight stay, before (preferably) or at the first opportunity afterwards.
- Informing the social worker if regular stays are envisaged, in which case the social worker might wish to carry out some basic checks.

Holidays

At any time, the local authority needs to know the whereabouts of a child in its care. *Foster carers should always check with the child's social worker before booking a holiday, as the consent of the local authority is required.*

Most holidays require discussion with parents and consultation with the local authority anyway because

of funding and contact implications, therefore foster carers need to give as much notice as possible of their plans.

The likelihood of holidays and/or school trips, home and abroad, should be discussed with parents at an early stage of a placement and there should be clarity about necessary consents and passports. Parents will be encouraged to give their consent for these purposes. If parental consent is withheld, the local authority might override the parents' wishes – if legally empowered to do so – in the best interests of the child [see also 'Taking children abroad' (below)].

Haircuts

Haircuts can be an emotive subject. For practical reasons, responsibility for haircuts should be delegated to foster carers but an attempt should be made to take account of parents' views and wishes.

Contact

Contact arrangements are one of the most important elements of a child's placement to agree at the outset. Particularly in well-established placements, it may be possible for foster carers to undertake a degree of decision-making within agreed parameters.

Photographs

Foster carers do not require consent to take family pictures of their foster child, alone or with friends. However, other types of photographs can be problematic due to issues of confidentiality and safeguarding.

- **School photos:** Foster carers should be able to give consent for formal school photos. A print is often given to parents.
- **Other photos / wider media activity**
Children may participate in activities that lead to publicity in the media. It needs to be judged, in advance, whether such publicity would carry a known risk to the child's safety. Any restrictions should be clearly specified in the placement plan.

Participating in hazardous activities

Views vary on what constitutes a 'hazardous' or 'risky' activity, therefore prior consultation with parents is usually necessary and foster carers need to work within the local authority's policies on certain activities and the need for adequate insurance. Foster carers need to satisfy themselves that foster children are suitably equipped, prepared and supervised for activities that have a greater potential to cause injury, e.g. boxing, skating, skiing, riding, sailing and other water sports, wall climbing, abseiling and go karting. Written consent must be sought from the child's social worker.

Sex education

A child's participation in school's provision for sex and relationship education should be discussed at the placement planning meeting and the parents' wishes identified and recorded. If the child is to participate, foster carers should be able to consent on any school documentation. Unless agreed to the contrary, foster carers should respond to issues around sex and relationships as any reasonable parent would.

Mobile phones

Possession and use of mobile phones can be a contentious issue. In long-term placements, foster carers should be responsible for making decisions on this and any restrictions should be discussed at reviews.

Disability living allowance [DLA]

Disability living allowance [DLA] is a tax-free benefit for disabled children and adults to help with extra costs incurred due to their disability. For a child under 16, a person is appointed to receive and manage payments of DLA on the child's behalf. This person is responsible for using the allowance for its intended purpose of supporting the child.

For foster children, the appointee is usually their foster carer. The parents' or local authority's agreement to this is not required. Blackburn with Darwen's expectation is that foster carers will open a separate bank account through which DLA may be channelled. This helps foster carers to evidence at the child's reviews – and at foster carer reviews – that the allowance has been used for the child's benefit. Any unused DLA can be saved and put towards future needs. The Department for Work and Pensions [DWP] can be asked to investigate if there are concerns that DLA is not being used appropriately.

Body piercings

Given its popularity, body piercing merits discussion between social workers, parents and foster carers before the request – or demand – for it arises. A young person needs to understand the health and aesthetic implications of piercing. There will be circumstances when, contrary to their wishes, adults have to accept that a young person is of an age to go ahead. In English law, it is illegal for under 16s to have their genitals pierced and for females under 16 to have their breasts pierced.

❖ Where foster carers cannot legally give consent

Religion

Children in care cannot be brought up in a religion different to the one they would have otherwise been brought up in. They can be placed with a foster family of a different faith but foster carers cannot seek to persuade them to change their religion. If a child wishes to do so, even if over 16, foster carers should consult the social worker.

Taking children abroad

Foster children cannot be taken abroad without the written consent of someone holding PR. This is usually in the form of a letter from the local authority.

Passports

For children under 16, applications for passports can be signed only by a holder of PR, usually a senior officer acting on behalf of the local authority. Foster carers take most of the practical steps and the procedure in Blackburn with Darwen is that the application is submitted and tracked by a designated admin officer. Obtaining a passport for a looked after child frequently presents difficulties: it can be time-consuming and subject to delay. Therefore, the application process needs to be started at the earliest possible stage in a placement when it is known that a passport is going to be needed.

Tattoos

UK law is clear: 18 is the minimum age for a person to have a tattoo, therefore the issue of parental consent does not arise.

Police interviews

Foster carers must at no time consent to the interviewing of a child or young person by the police – even when they feel under pressure to do so – and they must not allow themselves to be cajoled or led unwittingly into acting as an ‘appropriate adult’. Foster carers are advised to state explicitly to the police at the earliest opportunity – usually on arrival at the police station – that they are not permitted to fulfil this role. They should not, therefore, give signed consent to any part of the investigative process.

If the police wish to question a young person about a crime allegedly committed by him/her, then the social worker or EDT must be contacted and a trained ‘appropriate adult’ from Child Action North West will be assigned to attend the interview and safeguard the child’s rights.

At times, the police have sought to give foster carers the impression that they or the child’s parents can act as the ‘appropriate adult’. Blackburn with Darwen’s policy on this matter is that children in care are vulnerable and need to be protected by someone familiar with the criminal justice system.

If the police wish to question a child about an offence allegedly committed against that child, or as a witness, then consent must be sought from the child’s social worker.

If in any doubt at all, foster carers should sign nothing and seek advice from the child’s social worker or their supervising social worker. Out of hours, foster carers may contact EDT for guidance and support.

Recording and notifying

General

All decisions made should be recorded in the child’s log book. Entries should include appropriate details, e.g. what checks were made (for visits/stays) and reasons for choosing a specific babysitter or approving a certain activity.

Babysitting

Any use of babysitters should be recorded in the child’s log book.

Emergency overnight stays

Details should be communicated to social workers either by email or phone the next working day.

Activities

Consent to participate in activities such as school trips should be discussed with parents in advance, if possible, or communicated to them as soon as possible afterwards. This may be done through the social worker.

Medical treatment

This should be discussed in advance with parents and social workers.

Emergency medical treatment

Information should be shared with parents and social workers at the earliest opportunity. If the child’s condition is serious, then this must be communicated *immediately* to the child’s social worker (or EDT if ‘out of hours’).

Deregistration of foster carers

See also '*Independent review mechanism [IRM]*'

All fostering services are required by Fostering Regulations (2011) to keep a register of their foster carers. Upon approval as a foster carer, a person's details and related information is added to the register. If a foster carer subsequently decides against continuing to foster and resigns, the foster carer's name will be removed from the register and s/he will be considered deregistered.

In certain circumstances it might be necessary for children's services to initiate proceedings to terminate the approval of foster carers, e.g. if there were concerns about the standard of care being given by the foster carer. If deregistration is being considered, there exists a clear procedure which the children's services department must follow and foster carers will be given every opportunity to express their views on the matter.

Issues of deregistration are considered by the fostering panel and decided upon by the agency decision-maker. If foster carers are deregistered for particular reasons, they may not be able to foster for another agency in the future.

If foster carers are unhappy with the proposed decision to deregister them, they can make representations to the agency or request a review via the independent review mechanism [IRM]. A letter is sent by the agency decision-maker outlining the options available.

Dental health

Caring for teeth

- Cut down on the number of times children have sugary food and drinks.
- Offer acidic drinks such as fruit juices and squashes only at mealtimes, not on their own.
- Brush a young child's teeth thoroughly twice a day. Help or supervise an older child.
- Try other treats rather than sweets and biscuits, e.g. stickers, badges, crayons, notebooks.
- Have children eat sweets or chocolate at once at the end of a meal, instead of a little every hour, as this is less harmful to teeth.
- Be mindful that children who eat sweets every day have double the decay of children who eat them less often.
- Never give baby juices or sugar-sweetened drinks at bedtime or in a bottle and keep drinking time short.
- Ask the pharmacist and doctor for sugar-free medication.
- Try to avoid drinks with artificial sweeteners such as saccharin or aspartame. If you do give these drinks, dilute at least 10 parts water to 1 part of concentrate.
- Register children with a dentist (which can be done from birth). NHS dental treatment is free for children. It is important to attend for regular check-ups

Difficult behaviour

See '*Promoting positive behaviour and relationships within foster families*'

Dinner money

Children's school dinner money or the cost of a packed lunch should be paid out of the foster carer allowance. Children and young people placed with foster carers are not eligible for free school meals.

Disclosures of abuse

When foster carers welcome a child into their home, they need to be alert to the possibility that:

- A member of the child's family or a friend, neighbour or someone in a position of trust may have abused the child.
- The child may have been abused at some time point in the past but may never have told anyone.

Abuse may take a number of different forms. There is a tendency to equate 'abuse' with sexual abuse, which itself covers a wide range of sexual activities. Whatever the nature of the abuse, no child is psychologically prepared to cope with it. *For the child it means betrayal of trust and abuse of power.* The abused child may have strong feelings of shame, guilt, self-blame, confusion, fear and low self-esteem. Without help, the child may experience emotional and psychological problems in adult life. The after effects of sexual abuse can depend on how the issue is dealt with when the child tells an adult with whom s/he has established some trust.

For obvious reasons, child abusers can make the child extremely fearful of telling. The child may have been threatened with violence, loss of love or the breakup of the family. Sometimes, the first time children feel safe enough to disclose what has happened is when they are settled with foster carers and feel able to confide in a carer they trust. This can come out of the blue: spontaneous disclosures are highly significant and can be powerful evidence but they *must* be handled properly.

If children make a disclosure, they should be allowed to talk. Silencing them is the last thing that should be done because they might never venture into such delicate territory again. However, letting children talk is one thing, questioning them is quite another. 'Investigation' is not part of the fostering task. Interviewing children is a special job to be carried out only by police officers and social workers with specific training and experience in following detailed guidelines. If an untrained person, such as a foster carer, asks questions, the evidence may be contaminated and might even be thrown out of court, leaving children unprotected and feeling they have not been believed; and leaving the perpetrator unpunished.

Although they may feel uncomfortable, it is important for foster carers to act as follows:

Do not

- Stop a child from talking (e.g. 'Hold on a minute while I get a pen, I want to write this all down.').
- Judge or show revulsion (e.g. 'How awful! What an appalling man your father is!').
- Promise not to tell – the child must understand that this information has to be passed on to keep him/her safe.
- Launch into an interrogation – at all costs, foster carers must not push or lead the child into giving certain sorts of answers (e.g. 'It was daddy who hurt you, wasn't it?').

Do

- Remain calm.
- Listen and soak up what the child has to say.
- Empathise and reassure the child – show that you understand and take seriously what s/he is

saying.

- Assure the child that telling was the right thing to do.
- Tell the child that s/he is not to blame for the sexual abuse. Only the perpetrator is responsible for the abuse happening.
- Reassure the child that s/he will be protected and kept safe.
- Explain to the child that you will need to share the information with the social worker.
- **Record exactly what happened and what was said.** Context is important, e.g. what was the child doing when the disclosure was made? Was it prompted by anything – such as something seen or said on TV – or was it completely out of the blue?
- **Quote the child's own words** as closely as you can remember them, as soon as possible afterwards. A diary recording that a five-year-old 'disclosed that he had been repeatedly anally abused' is not helpful, as it does not record what the child said but the carer's interpretation, which the child may or may not have sought.
- **Record your own responses and any questions you asked.** This will help to show whether the disclosure was spontaneous, prompted or coached.

Summary

When a disclosure is made – and whenever new information about the alleged abuse is revealed – foster carers must immediately inform the child's social worker and their supervising social worker. Passing on information immediately is vital, not only for the child's sake but also in order to protect other children. Hence, if the child's social worker or the supervising social worker is unavailable, foster carers should ask for the respective duty officer. Outside office hours – evenings, weekends and bank holidays – foster carers must inform the emergency duty team (EDT) and follow this up by contacting the social worker and supervising social worker as soon as possible on the next working day.

It is essential for foster carers to remember that it is important to listen but not to ask probing questions, as this might jeopardise any police investigation. The role of foster carers is limited to passing on information to the social worker and, of course, to undertaking the vital task of supporting the child in ways agreed with the social worker. It is for the social worker and the police to make any further enquiries and investigations into alleged abuse.

Disruption of a placement

See also 'Disruption meetings'

Not all foster care – and adoptive – placements last. 'Disruption' may be defined as any placement which ends in an unplanned way following placement.

Placement disruption can occur at the instigation of the department, the foster carers or the child. The department may decide that the placement is not meeting the child's needs and an alternative would be preferable. Foster carers may decide that the child is too difficult for them to care for and integrate into their family. The child may fail to settle and become unhappy and upset. Older children may 'vote with their feet' and decide to leave the placement.

If anyone involved in a placement thinks there are serious problems, the issue should be raised and discussed at reviews, with the child's social worker and with the supervising social worker in order to look for ways of providing additional support to the placement.

If a child's placement is threatening to break down, the social worker should immediately convene a care planning meeting in order to:

- Reconsider the child's needs.
- Identify what issues are leading to the risk of breakdown.
- Plan what services, if any, will be put in place to meet the child's needs and support the continued placement, or when this is not possible...
- Plan a change of placement in such a way that it minimises the level of distress to both child and carers. The child's welfare must be of paramount consideration when making any plans.

Where a placement cannot be sustained, it is really important to plan for its end and for foster carers to give the fostering service 28 days' notice of termination in order to allow time to explore alternative arrangements. Planned moves are always best and foster carers are expected to help the child move on into another placement in an appropriate manner.

In a small number of situations, a placement does end in a crisis or emergency. Foster carers may decide they want the child removed from their home immediately: to safeguard themselves and their family, to safeguard the child or because they no longer feel able to cope. Even in that situation, it must be remembered that there will have been some positive experiences for the child and the foster family. The supervising social worker will explore with foster carers their wishes and feelings following a disrupted placement.

Disruption meetings

See also 'Disruption of a placement'

Normally, placements which have disrupted arouse strong feelings in everyone involved – carers, children and social workers – but it is important and helpful to identify why and where things might have gone wrong.

A disruption meeting should be convened in relation to children whose placement has ended abruptly or on an unplanned basis. When a placement ends and a new placement begins, a planning meeting should be held within five working days of the commencement of the new placement. At this meeting, the circumstances of the disruption will be discussed but it is felt that a comprehensive disruption meeting would normally be best held 4-12 weeks after the placement end. The reasons for this are that it is important to give people time to recover from the immediate trauma but, if too long a period elapses, memories become less reliable and there will be undue delay in reaching conclusions and recommendations which will assist in future planning for the child.

Main causes of disruption

- The emergence of previously unidentified, misunderstood or unknown factors.
- The mis-assessment of the foster family – leading to an inappropriate match – or of the child's readiness to make the move.
- The appearance of unpredictable circumstances which impacted on the placement.
- The lack of all available information about the child having been given to foster carers.

Purpose of disruption meetings

- To share information and identify factors which led to the disruption.
- To identify learning which will inform future planning for the child.
- To enable the process of healing for the child and the foster family.
- To develop and improve social work knowledge and practice.

Disruption meetings are normally chaired by a manager or the deputy manager from the fostering team. The child's social worker liaises with the chair over who should attend or otherwise contribute to the meeting. Information should be gathered and received by the chair in advance of the meeting so that key areas to focus on may be identified and the meeting structured accordingly. The precise agenda will depend on the child and the situation but the chair should ensure that the circumstances leading to the disruption are properly reviewed and that all concerned are provided with opportunities to express their views freely.

It is essential that the views of the child are represented at the meeting. This may be via the child's social worker, the current carer or an independent worker. Older children should be given the opportunity to express their views in writing, either by completing a simple questionnaire or by writing a letter; or they may wish to attend part of the meeting or meet with the chair prior to it. Younger children should be assisted via an age-appropriate method to share their feelings about the disruption and their views on what should happen in the future.

Where a permanent foster placement disrupts and the foster carers are approved carers for Blackburn with Darwen, a foster carer review will be convened as soon as possible.

Diversity

Culture is part of a child's identity and heritage. All foster carers should aim to respect and value a child's cultural heritage. Discrimination does not just mean treating someone differently: it can mean using names or words which seek to put people down. People are not all the same and no one should be discriminated against because of their differences. Children in your household may need help to respect these differences.

A child whose first language is not English may be placed with you. Language is an important part of a child's identity and culture. Every effort should be made to preserve a child's linguistic and communication skills, otherwise they may lose a large part of their culture.

The Children Act 1989 gives clear statements about good practice. We need to acknowledge that all children have certain basic needs if they are to achieve their potential. These include the need for:

- Appropriate physical care and protection from harm.
- Positive health care.
- Affection and approval in order to develop self-esteem.
- Stimulation and opportunity to develop their skills.
- Age-appropriate boundaries and positive discipline.
- Opportunities and encouragement to acquire skills and the means to prepare for adulthood.

We need to acknowledge that all children have **a unique combination of** wishes, feelings, gender, racial origin, religion, culture, background and personal capacity, all of which need to be given special consideration.

The aim of the department is to promote responsible parenting and this, of course, includes foster care. We all need to demonstrate:

- Respect for children and their rights.
- Respect for a child's parents and their family.
- Respect for a child's race, religion and cultural identity.

Drugs, alcohol and substance misuse

The use and misuse of drugs and alcohol can damage a child's health and sometimes the damage is permanent. Young people need accurate advice and information in language they can understand. They need the help of their social workers and foster carers to develop an informed attitude. Foster carers should be caring in the same way as a responsible parent, giving advice tempered with discouragement.

It is likely that foster carers will at times be asked to care for a young person who has experimented with drugs and is being helped to give them up. Youngsters who are upset and troubled are especially susceptible to others who may persuade them to try drinks, drugs or solvents. They do so for many reasons, e.g. to 'escape' from a painful experience, seek attention or identify with their peers. Adolescence is particularly a time to experiment and rebel.

Before jumping to any conclusion and making accusations, social workers and foster carers should ask themselves whether the behaviour they are worried about is an adolescent phase or a mood swing. The symptoms can look the same.

The most common types of drugs

- *Amphetamines*: Sometimes called speed, are usually in pill 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, ganja, gear, hashish, score, draw, marijuana, puff, bash or pot.
- *LSD*: Usually as pills, causes lurid daydreams 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, is usually smoked and is rapidly addictive.
- *Opiates, e.g. heroin*: White or brown powder which 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.
- *Bubble*: A newer drug – in between amphetamine and cocaine – which is a cheaper available drug and is commonly being used by young people.

Where to get help

Foster carers should seek advice, information and help which is available from the child's social worker, their supervising social worker, the substance misuse service and the designated nurse for children in our care. It is very important to establish the extent of the abuse and the reasons why the young person is taking drugs, as this will determine the way to help them confront the problem.

N.B. If children or young people need medical assistance as a result of drug, alcohol or substance misuse, they should be taken to their GP or to a hospital accident and emergency department.

E

Eating disorders

If you are worried about the eating habits of a child or young person, discuss the situation with your supervising social worker in the first instance. The nurse for children in our care will be able to offer advice on how to approach eating problems and on how to ensure children follow a healthy diet. It is not always easy for foster carers to spot the signs of eating disorders.

Eating disorders that may be encountered

Anorexia nervosa: People who suffer from anorexia nervosa have an extreme fear of normal body weight and feel fat. Eventually they lose so much weight it becomes obvious to others. They may starve themselves by only eating tiny quantities of food and some pretend to have eaten when they have not.

Bulimia: People with bulimia gorge themselves with food on 'binges' and then make themselves sick to get rid of the food. They may also take large amounts of laxatives. They may not look over or under weight.

Compulsive eating disorder: People eat compulsively, consume more food than their bodies need over a long period or use food to comfort or punish themselves. They may become overweight which can lead to some medical problems.

Pointers which may suggest problems

- Regularly skipping meals/obsessively counting calories.
- Eating only low calorie food.
- Avid interest in buying or cooking food for others.
- Wearing loose clothes to hide their body
- An obsession with exercise.
- Dramatic weight loss or gain.
- Food missing in large amounts from the fridge or larder.
- Disappearing from the table directly after a meal (to make themselves vomit).

Education

See also '*Education policy for children in foster care*' and '*Personal education plan [PEP]*'

Foster carers have a major contribution to make to children's education and learning opportunities. Carers can help in the formation of plans, in addressing difficulties by encouraging attendance, by supporting homework and by recognising progress. They may also play a key role in the resolution of bullying. Partnership working with the relevant teachers, social workers and members of the child's family is essential if children are to achieve their potential.

In some situations, carers will play a parental role in relation to school by attending parents' evenings and receiving school reports. Sometimes parents will continue to do these things or there will be an agreement to share this role. It is important that the responsibilities and expectations of the adults involved are specified in the care plan and discussed at children's care reviews.

A checklist and advice for foster carers

This checklist can be used by foster carers to help them ensure that they have all the information they need to enable looked after children to make the most of their education opportunities.

- Are you clear what the education status is of the child in your care? Does s/he attend school full- or part-time?
- Have you confirmed arrangements for the child's schooling with his/her social worker?
- Have you approached the local school appropriate to the child's religion? Or is the child to be maintained at his/her current school?
- Have you checked the child's progress in settling into a new school?
- Do you know the school's homework and behaviour policies?
- Do you know when the next parents' evening is and have you made arrangements to attend?
- Is the child confident at school or are there any problems you need to address?
- Do you support your foster child with reading and homework?
- If your foster child is not currently attending school, what alternative education provision has been made?
- Children looked after by the local authority have not always attained their full potential at school because their education has been disrupted by changes in placement. It is therefore essential to recognise the importance of both continuity of education and the value of friendships and relationships that a child has made at school.

When the local authority looks after children, priority should be given to maintaining them at their existing schools. This may entail a considerable amount of travel between the foster home and child's school. Foster carers should therefore establish what transport arrangements the child's social worker has made – or expects – and ensure that these arrangements are suitable before agreeing to any placement.

The child's social worker should ensure that the school understands the foster carers' role and responsibilities re the child. Foster carers deal with day-to-day school matters.

Whether foster carers have a child for a short or long period of time, their influence can make a real difference to the child's education. To improve the child's prospects, they can work with the child's parents and social workers by taking an interest in schoolwork and providing support and encouragement. Registering the child at the local library and providing books around the home is a good way to encourage interest in reading. Even pre-school children will enjoy being given the opportunity to choose and borrow their own books.

Education policy for children in foster care

See also 'Education' and 'Personal education plan [PEP]'

Introduction

We believe that all children and young people have a fundamental right to education. Continuity is seen as an important aspect in young people's lives and support is given to maintaining school placements when children come into care, especially if there are positive support and friendship networks with other pupils and members of the community.

Education is viewed holistically as being something that happens for young people in a variety of settings and ways. This is important when working with some of Blackburn with Darwen's most troubled youngsters who may have had significant periods of time out of mainstream education and who find

certain social settings challenging. Placed with foster carers, children can learn and practise life skills, e.g. cooking, shopping and taking responsibility for personal care. They can also acquire social skills and learn to manage their own behaviour with the benefit of advice and guidance from those around them.

Children's services takes the lead in planning and providing for the needs of children in our care [CIOC] in a variety of settings and within the framework of the Children Act 1989 (updated and amended by Section 52 of the Children Act 2004). Care is provided on the basis of partnerships with parents and partner statutory and voluntary organisations, which embrace the council's corporate parent responsibilities.

CIOC have a right to expect the same outcomes we all want for our children, e.g. they should be able to take care of their own health and expect that adults will support them in this; they should expect that they will be safely cared for and be supported in taking the risks required for achieving independence; and they should have access to leisure and educational facilities that enable them to pursue their interests and have their educational needs met. Our ambitions for CIOC are the same as for our own or any other child and we are committed to providing the additional support our young people will require to achieve. Our aim is also for CIOC to be able to be active and positive members of their communities and be able to ensure that they are able to provide for themselves and their own families in the future. In order to ensure that we achieve these ambitions, the local authority as 'corporate parents' will demonstrate the strongest commitment to helping every child they look after, wherever the child is placed, to achieve the highest educational standards s/he possibly can.

This commitment includes supporting young people's aspirations to achieve in further and higher education. Maintaining close links with the local authority's post-16 providers – Connexions, leaving care personal advisors and the CIOC education support team – will support the young person's plans for the future. All CIOC in their final year at school are offered personal guidance interviews by the post-16 providers and are supported by either their carers or an education support worker. All CIOC are closely monitored in college or other educational establishments up to 18 years of age. Regular multi-agency meetings take place to discuss their progress and support is provided when necessary.

An event celebrating the achievement of CIOC is held annually. Awards are based on the outcomes we wish our young people to achieve. Nominations are requested from residential staff, adolescent support unit staff, short break providers, social workers, foster carers and designated teachers in schools. Educational success, no matter how small, will be celebrated on a regular basis in this way.

Social workers and foster carers all have a part to play in providing support, though their roles are different. Their input is co-ordinated through the CIOC planning processes and the approach taken is that of a team effort. When children become looked after – either on a short-term or long-term basis – it is the duty of the local authority to safeguard and promote their welfare. This means that, alongside planning secure and reliable care and responding to the child's need to be well and healthy, the local authority has a specific responsibility to support the child's educational achievement by ensuring that s/he is placed only with carers who demonstrate a high commitment to supporting the child's education.

When children come into care, as far as possible the local authority should ensure, in the interests of stability, that disruption to their education is minimised.

School admissions

In relation to school admissions the local authority will actively support CIOC wherever they are placed by:

- Finding, as soon as possible, a suitable full-time school place (or supporting carers to do so).

- Ensuring, where they are the admissions authority, that CIOC are given top priority in oversubscribed criteria, as recommended by the School Admissions Code of Practice.
- Appealing against any adverse admissions decision, where appropriate.
- Challenging any admission authority which they believe is not giving top priority to CIOC placed out of area.

Foster carer's role and responsibilities

Children living in foster care often have a complex array of difficulties that impact upon every aspect of their lives, including school life and their ability to learn. It is important that schools understand the specific aspects of their lives that are likely to impact on their time in school so that each child can be supported appropriately.

Foster carers have the day-to-day responsibility for children placed in their care and act as their primary carers. They play an essential role in ensuring and supporting their education.

Schools and foster carers should aim to develop strong, positive and direct links with each other, as the effective exchange of information about matters relating to pupils' education and wellbeing is essential. Schools and carers should know whom to contact in case of emergency. Foster carers should know the identity of the school's designated teacher for looked after children and make themselves known to that teacher in particular.

Foster carers' responsibilities include the following:

Supporting

- Attending personal education plan [PEP] meetings.
- Making arrangements to ensure that children and young people are able to complete homework in suitable surroundings and with access to appropriate equipment.
- Ensuring that each child and young person has the relevant equipment and uniform to participate fully in school life.
- Encouraging participation in out of school activities and interests.
- Supporting children who have been excluded from school and enabling them to resume full-time education.
- Participating in relevant training.
- Providing support to achieve regular attendance at school, college or alternative provision.
- Celebrating educational success on a regular basis.
- Attending school functions, e.g. parents' evenings, concerts etc. This may be achieved in conjunction with the birth parents and the social worker.
- Assisting with reading, homework and projects and advising the school of any difficulties in this area.
- Recognising that CIOC may already be disadvantaged and that extra effort may be required to enable them to learn and participate in school.
- Supporting the school in planning and carrying out strategies to achieve and maintain positive emotional adjustment.
- Having high expectations for each child as they would for their own children.

Communicating

- Meeting with the school and designated teacher to exchange information.
- Ensuring that information about the child's daily educational progress is passed on to the social worker.

- Responding promptly to letters and requests from school.
- Keeping the child's class/form/designated teacher informed immediately of events in the child's home life which may impact on educational progress.
- Advising the school of absences and the reasons for those absences.

Decision-making

- Attending planning meetings, review meetings and education meetings and contributing to the development of the plan for the child.
- Acting as an advocate for the child on matters such as change of school placement, implications of travel and exclusions.

Keeping records/files ['Blue box']

Ensuring that the following information is kept on file and updated on a regular basis:

- Personal education plan [PEP].
- School timetable.
- School reports.
- Record of attendance.
- Timetable of holidays.
- Homework timetable and expectations.
- Special education needs – where identified – with current and previous individual education plans (and copy of statement if applicable).
- Pastoral support plan (where appropriate).
- Parents' evenings and extracurricular activities.
- Links with young people's services.

Taking relevant information to all reviews concerning the child's education

Education manager for CIOC

Blackburn with Darwen employs an education manager for CIOC. The role of this person is to:

- Keep all foster carers informed of government educational legislation and any relevant changes.
- Organise relevant training and multi-agency training sessions.
- Support foster carers with specific difficulties relating to education that cannot be resolved through the usual channels.
- Provide liaison with education departments outside the borough as and when appropriate.

Emails

If you are using email to communicate with your supervising social worker or others within the fostering and adoption service, please remember that information relating to children and their families is confidential. Emails can inadvertently be sent to the wrong address or may be accessed by others. If making reference to a particular child, please use initials only and only say what you have to. Details about an incident or a child should not be emailed from a private email address as this is a breach of confidentiality: home computers are not secure. For all emails add the following notice at the end of the message:

The information contained in this email 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 email in error, please notify the

sender immediately by using the email address or phone.....

You may add your own phone number or the work phone number of your supervising social worker. Most computers will have the facility to set this message up as standard on all emails you send.

E-safety

E-safety is concerned with protecting children when they go online or use mobile phones and other types of communications technology.

This guidance is intended to highlight the issues around protecting children and young people when they are online or using other forms of new technology such as mobile phones; and to provide all carers with basic information on the ways of minimising those risks. A selection of website addresses is also provided: these provide more detailed advice and information, as well as guidance on software tools and reporting of inappropriate behaviour online.

This guidance is intended to support the information and guidance being produced by the children's service department and schools within the local area. Specific training courses on IT safety are also available on request.

The internet is a great tool for education and entertainment but children and young people need to be aware of the risks online as much as they are from those on the street. It can be easy for children/young people to forget that their online friends are really strangers. Helping them to learn how to be careful in how they evaluate the information they find online is an important and valuable skill.

Risks to children can come from a wide range of technology such as computers to access the internet (emails, websites, chat rooms, instant messaging), mobile phones, digital television and games consoles.

Examples of risks

Content <ul style="list-style-type: none">• Exposure to material inappropriate for the child or young person's age• Exposure to inaccurate or misleading information• Exposure to socially unacceptable material, e.g. incitement to violence, hate or intolerance• Exposure to illegal material, e.g. pornography or images of child abuse• Exposure to spyware or viruses	Contact <ul style="list-style-type: none">• 'Grooming', using email, chat rooms, mobile phones, instant messaging, etc., leading to sexual assault and/or child prostitution• The child or young person revealing personal information that can lead to someone being able to trace him/her, find out where he/she lives, which schools he/she attends, etc.
Commerce <ul style="list-style-type: none">• Exposure to inappropriate commercial advertising• Exposure to online gambling services• Exposure to commercial and financial scams	Culture <ul style="list-style-type: none">• Bullying via mobile phones, websites or other forms of communication devices• Piracy/illegal downloading of copyrighted material e.g. music, videos or software

There is a lot you can do to help keep your child safe online and the following tips give some general guidance. There are a number of websites available that provide more detailed information, explanations of the different types of technology available and help in find software tools.

General safety tips

- Put the computer in a place where you can observe children using it. Ensure you know what they are doing and where they are going on the internet.
- Provide advice for children on using chat rooms, instant messaging and mobile phones.
- Teach your children:
 - To be careful about whom they trust and to be aware that people are not necessarily who they say they are, either online or in a text message.
 - Never to give out personal information, such as photos, addresses, school details, phone numbers, email addresses to always use a nickname.
 - Never to arrange to meet someone they have 'met' online.
 - Not to accept instant messages from people they do not know.
 - To be especially careful about private chat messages.
 - To simply log off or switch off the phone to get away from unpleasant or uncomfortable conversations.
- Keep a copy of any such conversations in case you need to report it.
- Be open. Talk about how they use the internet and encourage them to talk to you if they feel uncomfortable about anything that happens online.
- Link proper supervision with the use of software tools to help filter out sexual images and monitor children's online activity. These tools include monitoring a child's use of the internet, using child-friendly search engines and portals and enabling content filters on regular search engines.
- Limit the time your children can spend online and even block their ability to send out personal information.
- Bullying:
 - On line bullying, or bullying via text messages on mobile phones, is becoming increasingly common.
 - Listen to your children if they tell you they are being bullied and react with sympathy.
 - Tell them not respond to bullying messages but do keep a record of every message.
 - Look into ways of blocking these messages.
 - Contact the mobile phone company to change the number and be careful about whom the new number is given to.
 - Contact the police if you are concerned that your child is being stalked, harassed or bullied. You can contact your local police or use an online service (see useful sites below). You can also talk to the school if you are concerned about bullying.

Useful sites

There are a number of useful sites that provide more information on all of the above. They include information to help you select software tools to improve internet safety. Sites you may find helpful are listed in the Appendix.

A leaflet about internet safety is available from your supervising social worker.

Emergencies

See also *'Delegated authority'*

If an emergency arises – e.g. if a child has an accident, is missing (with immediate concerns) or is in trouble with the police – foster carers should contact the children's services department straightaway.

During normal office hours foster carers should contact the child's social worker or the social worker's line manager. If they are unavailable, then foster carers should speak to the duty social worker or their supervising social worker. If the office is closed, the emergency duty team [EDT] should be contacted.

Emergency foster care placements

Foster carers who are approved for temporary placements and who have indicated their willingness to be contacted regarding placements 'out of hours' are included on an emergency foster care placements list. This means they may be contacted by the emergency duty team if a placement is required urgently.

Equipment for foster carers

The department will supply certain equipment that foster carers may need in order to carry out their role. If you require equipment, you should contact your supervising social worker. No expenditure should be entered into without first obtaining the agreement of the relevant member of staff, usually your supervising social worker. Children's services will not reimburse foster carers for expenditure entered into without prior agreement. Equipment remains the property of the department and is returned, if serviceable, when no longer required or if the carers cease to foster.

Some children with health problems and or a disability will need special equipment and/or special medical/nursing attention. Children's services will provide special equipment that is needed.

Ethnicity

For children to leave their family for whatever reason and be placed in local authority accommodation can be a very emotional, unsettling and distressing experience. This can be made worse for children from other cultural or religious backgrounds if they have to be placed in a family or home situation that is culturally alien to them.

Like everyone else, these children need reassurance of their self-worth and to feel valued and respected. Even very young children may need work to be carried out with them on their identity as mixed heritage children. This should be discussed with the child's social worker at a pre-placement meeting and at all placement reviews.

Children from other cultures may also have practical needs arising from dress code, diet, prayer needs, culture and tradition, and language barriers. Educational material will need to help them feel a sense of identity.

Any incident of racism directed towards a child in your care or towards you by individuals or organisations should be reported to the child's social worker or your supervising social worker.

Blackburn with Darwen is committed to a positive policy of equal opportunity in the delivery of services and employment. The council is actively opposed to all forms of discrimination on the grounds of gender, colour, creed, ethnic or national origin, disability, social background, age, marital status, those with HIV status and discrimination against gay and lesbian people. To this end, the council aims to promote equal opportunities throughout the organisation; design services to meet the needs of the whole community; and combat discrimination whenever it occurs and, in particular, discrimination against the groups listed.

‘Every Child Matters’

What is ‘Every Child Matters’?

In 2003, the government published a green paper called ‘Every Child Matters’. This was published alongside the formal response to the report into the death of Victoria Climbié, the young girl who was horrifically abused and tortured, and eventually killed by her great aunt and the man with whom they lived.

What are the key aims?

The key aims of ‘Every Child Matters’ was to ensure that all children received the support they needed to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing

All agencies delivering services for children, young people and their families need to play their part in delivering services to improve outcomes. Schools, hospitals, the police, children’s services and third sector organisations need to work in partnership to keep children safe and improve outcomes. Change for Children’ set out the national framework for local change programmes to build services around the needs of children and young people in order to maximise opportunity and minimise risk.

F

‘Family & Friends’ / ‘Connected persons’

Blackburn with Darwen’s philosophy is that in the great majority of cases, families and friends should be allowed and enabled to make suitable arrangements for the care of children known to them, without any intervention by the Council. Children may be brought up by members of their extended families, friends or other people who are connected with them for a variety of reasons and in a variety of different arrangements.

Consideration of children's welfare and best interests will always be at the centre of the work we do. We will therefore work to maintain children within their own families and facilitate services to support any such arrangements wherever this is consistent with the child's safety and wellbeing. This principle applies to all children in need, including those who are looked after by the local authority.

Where a child cannot live within his or her immediate family and the local authority is considering the need to look after the child, we will make strenuous efforts to identify potential carers within the child's

network of family or friends who are able and willing to care for the child.

The Council recognises the vital contribution family members and friends make in providing care for children. The great majority of children living with families and friends do so without the intervention of the Council.

There are occasions where assistance may be requested to support a family and friends arrangement for children. These children, without the support provided by those family and friends, would be dependent on statutory fostering or residential care, or would be children in need without support.

This policy is based on the principles that:

- In any family and friend arrangement, the child's best interests are paramount and must take precedence over the interests of others involved.
- Children unable to live with their parents should be enabled to live within their families or with friends where this is consistent with their welfare. In the great majority of cases, this will not need any intervention by the Council.
- The Council will undertake the minimum statutory intervention in the lives of those children for whom it has a duty of care by working in partnership with family or friends though the use of this policy.
- Support within family and friends arrangements will be based on the assessed needs of the child rather than their legal status. Family and friends (whether or not they are approved foster carers) may be provided with support to ensure that children do not become voluntarily accommodated longer than necessary.
- Actions under this policy aim to promote permanence and stability for children by enabling those who cannot live with their parents to remain with members of their extended family or friends.

Family safe care policy

See also 'Men who foster' and 'Safe care policy'

In fostering preparation training, in all subsequent training and in supervision with your supervising social worker, safe care will be a recurrent theme. Being a foster carer has a huge impact on all of the family: on those living in the household and on all relatives and friends with whom there is contact.

By the time they have been approved and before any foster children have been placed with them, foster carers must have talked through every aspect of their daily routine as a family and thought about changes necessary to keep everyone safe at all times. Carers will have a number of household rules that may never have been verbally expressed but which everyone 'just knows'. A foster child coming into a foster home will not know the rules and boundaries and their previous experience might have been very different. Some will come from chaotic households where there are few boundaries, so adjusting to a more formal structure might be difficult. Conversely, others may come from a very rigid and structured background where they have had little control over their own lives, so adjusting to newfound freedoms might be problematic. Carers will need to identify behaviour or practices within their own household that might be acceptable to them but risky in a fostering context.

From the beginning of a child's placement with them, foster carers need to be clear as to what is and is not acceptable behaviour. It will take some time for foster children to assimilate all the information, so carers need to be patient and use informal situations to remind them of what is and is not appropriate behaviour. Small improvements in social skills can make a significant difference in relationships and if

foster children meet with greater acceptance and a more positive attitude, they will see the benefits of change and continue to develop. In the early days, carers will automatically assess a child's level of understanding and skills and may quickly identify areas that could be improved.

Sexualised behaviour

Foster carers are in the ideal position to promote self-esteem and confidence building for looked after children. Children need to learn how to protect themselves and that they have a right to say 'no' if any person behaves in a way that they dislike. Many children may have experienced inappropriate language or behaviour from an adult or older child in the past and, therefore, may behave in a way that could be described as sexualised. Carers must rehearse their response to such behaviour: it is important not to show shock or disgust but to give a clear and consistent message that such behaviour is not acceptable. It should always be explained why any behaviour is inappropriate and how the child should behave. If the behaviour is well established it will take some time for it to change but any improvements, however small, need to be praised. Foster carers should keep a record of any significant incidents and their response to them.

Foster carers' children

Foster carers' own children will be affected by fostering however well they may have been prepared. Carers should make time to spend with them to talk through how they are feeling about a foster child. The feelings they may experience could be very powerful – e.g. anger, jealousy, rejection – so they need an acceptable way to express these and to avoid becoming aggressive to the child in placement or others, or withdrawing from the family. Most important of all, carers must make sure they have a family where there are no 'secrets' and everyone feels able to speak out.

Complaints and allegations against foster carers

Whilst foster carers might not expect allegations to be made against them, it is important they acknowledge that such a possibility exists. Complaints about the standard of care provided by foster carers and allegations about their treatment of looked after children may be made by the child, by neighbours, the child's birth family or by social workers. Foster carers' homes and families are more open to criticism because they are exposed to regular scrutiny and the fostering service acknowledges the stress this puts on all foster carers [*see also 'Allegations'*].

The need for a family safe care policy

The safe care policy set out in this A-Z guide for foster carers is a weighty document. From this it is clear that, potentially, there are many 'risky' aspects to fostering. However, whilst foster carers need always to be conscious of this fact, they should not become preoccupied with it: far better to identify and anticipate scenarios that might be risky in all fostering households plus any that apply particularly in their family – since no two families are exactly alike – and take steps to manage these risks. This lies behind the need for a written family safe care policy which all foster carers complete by following the guidelines on the form provided. All children in the household who are of sufficient age and understanding contribute to this.

Developing safer caring guidelines

All members of the household should be involved in agreeing the required guidelines. Developing safer caring guidelines should not mean changing everything that carers do. It is about considering which elements of the way the household operates might put children or household members at risk. Once

these elements are identified, carers need to develop strategies that minimise this risk.

It is neither desirable nor the aim of this policy for carers to produce a complicated, rigid set of rules for their household. Guidelines do need to be written down so that children joining the household, their parents and social workers understand the way the household operates. These should be as brief as possible, however, and only include those elements that will enhance safer caring.

While some children are abused by women or other children, the majority of abusers are heterosexual men and most allegations are made against male carers. This does not mean that men should pass all responsibility for fostering to female partners, rather that men need to be fully involved in working out how to provide care safely.

Firearms and potentially dangerous weapons

Foster carers who possess firearms and/or other weapons that are potentially dangerous – even if kept only for ornamental or sentimental reasons – must disclose this fact to their supervising social worker, who needs to be satisfied that there is no risk of a foster child having access to these and causing, or coming to, harm as a result. This applies to all weapons, including those for which a firearms certificate is not necessary.

Where a firearms certificate is required by law, it is issued on condition that firearms and shotguns are stored securely at all times to prevent, as far as is reasonably practicable, access by unauthorised persons; and holders of a firearm certificate are responsible for complying at all times with its conditions.

If foster carers engage in gun sports and intend that a foster child accompany them and/or participate – where the law permits – then this needs to be discussed with the child's social worker and the supervising social worker (which is standard procedure whenever there are plans to pursue a potentially dangerous activity).

First aid

Fostering households should have a basic, fully-stocked first aid kit available to deal promptly with minor injuries.

Foster Carers Association

See *'Blackburn with Darwen Foster Carers Association'*

Foster carer agreement

A foster care agreement is a legal requirement, as specified in the Fostering Services Regulations 2011. Once approved, foster carers will receive a written agreement to be signed by them and by their supervising social worker. The foster care agreement sets out the terms and conditions of the partnership between the foster carers and the department, describing their respective roles and responsibilities.

Fostering Network

See also '*Blackburn with Darwen Foster Carers Association*'

Contact details: see Appendix

The Fostering Network is a registered charity which is committed to raising standards of care for all children and young people who are fostered. Their services include publications, training, information, consultancy and practical advice and guidance. Membership is open to all foster carers and local authorities. Blackburn with Darwen foster carers automatically receive the benefits of membership and are, therefore, free to contact Fostering Network for advice and information.

Fostering Network also provides a 24-hour helpline.

Blackburn with Darwen commissions the Fostering Network to provide independent support to carers subject to allegations or requiring a mediation service.

G

GP registration

On the principle that changes should be minimised, children coming into care – especially on a short-term basis – should remain registered with their existing GP if this is feasible, e.g. if the GP practice is within reasonable travelling distance and would continue to offer home visits when needed. Otherwise, children should be registered with the foster carers' GP as soon as possible after placement. In that case, a *permanent* change should be requested to ensure that the child's medical records are transferred to the foster carers' GP, otherwise the child's access to secondary services might be delayed. Foster carers need to be vigilant regarding the safety and health of children in their care and actively seek medical advice for any concerns they might have.

H

Hair care

See also '*Delegated authority*'

For practical purposes, foster carers need to be able to arrange for foster children to have haircuts as and when required, therefore it is necessary at the outset – via or with the social worker – to reach agreement on this with the parents. Carers of black children and children from different ethnic groups should be knowledgeable and competent to take appropriate care of all such children's physical care needs. This will include having information about appropriate hairdressers and barbers. Hairdressers and chemists can advise on a variety of appropriate products available for skin and hair care. Black children have particular needs regarding hair and skin care. Appropriate advice should be sought from the supervising social worker and foster carers could ask to be linked with a carer of the same racial origin as the child placed with them to offer practical help and guidance.

Head lice

Head lice are tiny insects, smaller than a match head, hence they can be difficult to see. Lots of children have them at some stage in their childhood. They are acquired when touching heads with someone who has head lice, as this allows the lice to transfer from one head to another. It makes no difference if hair is dirty or clean. Head lice cannot jump or fly.

Signs of head lice

- A rash on the scalp.
- Lice droppings (black powder may be seen on pillow cases).
- Eggs and nits: Lice lay eggs which hatch after 7-10 days. Nits are the empty eggshells. They are the size of a pinhead, white and shiny, and may be mistaken for dandruff, though they are firmly glued to the hair.
- Head itching: This is not always the first sign. Lice have usually been on the head for some time before itching is caused and they may not in fact cause itching.

Checking for head lice

Lice are most easily detected by fine tooth combing really wet hair with a plastic, fine tooth nit comb. Part the hair about 30 times and comb over a towel or basin of water. Any lice may be seen on the scalp or fall on the towel or in the water. They are usually grey or brown.

Treatment of head lice

There are two ways of dealing with the problem:

- **Wet combing:** Use lots of conditioner and while the hair is very wet, comb from the roots using a plastic, fine tooth comb. Clean the comb between each stroke with tissue. Repeat every 3-4 days for two weeks
- **Specialist lotions:** Speak to your health visitor, school nurse, pharmacist or GP about which one to use.

Health and safety

See also 'Accidents' and 'Car seats'

All foster carers complete a detailed health and safety checklist whenever there is a significant change in home circumstances and, in any case, at least annually. This is done in order to identify and address actual or potential hazards. As with this checklist, the following guidance is not exhaustive but highlights aspects of caring that require particular attention.

Most accidents to children happen in the home. Children are naturally inquisitive and carers have to strike a balance between encouraging their wish to explore and preventing them from hurting themselves. For example, small children can squeeze through very small gaps and can get their head trapped in bannisters and balconies. Such gaps should be boarded up if necessary and window locks or safety catches fitted to stop windows opening more than four inches.

Hazardous water temperatures

Small children's skin is delicate and injuries caused by burns and scalds can be horrific. Carers should turn the hot water thermostat to below 54° C (130° F) to avoid scalds from hot water taps. When filling the bath always run the cold water first and check the temperature before allowing a child to get in. For situations where whole body immersion takes place, such as in baths and showers, water temperatures should be restricted to 43°C. Circulating hot water should be at over 60°C, to avoid risks associated with Legionella.

Bath times

Bath time should be fun but it can also be hazardous for small children, as they can very quickly drown in very shallow water. For this reason, children under 5 should never be left unattended in the bath. Foster carers should not assume that an older child is competent to supervise a younger child.

Fires

Toddlers and young children appear to be compelled to run around at top speed but their co-ordination rarely matches their speed. This makes them particularly vulnerable to falling into a fire.

- **Matches and lighters** must be kept out of reach.
- **Fireguards** should at all times be in place, whatever the type of fire (solid fuel, electric or gas).

Smoke alarms

In the event of a fire in the home, just a few seconds warning can make all the difference. Carers should fit a smoke alarm on each floor in their home. (The fire brigade will sometimes provide and fit smoke alarms.) They should also be prepared by having a fire escape plan should the worst ever happen.

Kitchen

The kitchen can be a particular source of danger for young children.

- **It is best to keep young children out of the kitchen altogether and they should never be left alone there.**
- **Hot water** can scald a child up to 30 minutes after it has boiled.
- **Hot drinks and food** should be kept out of children's reach and never consumed with a baby or young child on one's lap.
- **Flexes** on kettles and other electrical appliances should be short and curly and not hang down where a child could reach them.
- **Tablecloths** overhang so should be avoided because young children can easily pull hot food and drinks down on themselves by grabbing the cloth.
- **Oven doors** can become very hot to touch.
- **Cooker:** Just the rear hobs should be used whenever possible and pan handles should be kept away from the edge. A cooker guard should be provided if children are very young.
- **Teach children** safe cooking habits from an early age.

Falls

Once children can crawl they can also climb, which means that they are at risk of falling. Carers should move any furniture such as beds, sofas and chairs which might allow a child access to a window.

- **Safety gates:** Fit a safety gate at the top and bottom of the stairs. Also use a gate to prevent small children from getting into the kitchen or other potentially hazardous areas. N.B. A young child will reach the stage of being able to climb over a safety gate. Foster carers need to be mindful of this reality and be aware when a safety gate can no longer be used in a particular location as an aid to supervision and keeping a child safe. In fact, in certain circumstances a safety gate might even create a hazard. For example, a child who is upstairs might fall down the stairs in attempting to climb over a safety gate at the top of the stairs.
- **Bouncing chairs** must remain on the floor.
- **High chairs and pushchairs:** Use the straps provided.
- **Landings:** Ensure the rails are in place and secure.
- **Windows and external doors:** Ensure that these are secure.

Choking and suffocation

Plastic bags, ribbons, balloons, small objects and strings should be kept away from young children, as should foodstuffs such as peanuts and marshmallows.

Cuts

As toddlers and small children begin to develop, they want to experiment and explore the world they live in and carers should seek to encourage this natural curiosity and desire to learn. However, as responsible adults, carers should minimise the risk of injury.

- **Low glass doors and windows** should be fitted with safety glass or replaced with hardboard.
- **Tools, knives and scissors** must be kept out of reach.
- **Door guards** should be used to prevent fingers from being trapped.
- **Protectors** should be used on corners of sharp furniture.

Medicines and poisons

By the time average toddlers are 18 months old they can open containers and some children can open supposedly child resistant tops by the time they are three years old.

- **Medicines, alcohol and even cosmetics** should be kept in a place where children cannot reach them, ideally in a locked cupboard.
- **Household and garden chemicals** must be stored safely under lock and key.
- **Bottles and containers** should not be used to store other than the original substances, e.g. paraffin should not be stored in juice bottles.
- **Poisonous plants** may be in the garden, so plants with berries are to be avoided.

When visiting other people's homes, carers have to be aware that the same precautions might not have been taken there, so young children must be supervised at all times.

Drowning

Garden ponds and paddling pools are a potential hazard for children.

- **Babies and young children must always be supervised vigilantly in or near water, e.g. water in the bath, a paddling pool, a pond, a stream, a river, a reservoir, a lake or the sea.**
- **Baths:** It must be remembered that babies and toddlers can drown in only an inch of water.

- **Paddling pools** should be emptied when not in use.
- **Ponds** should be fenced off or covered.

Electricity

- **Electric sockets:** Provide safety covers for these.
- **Worn flexes** on any appliance must be replaced.
- **Beware dangling kettle and iron flexes.**
- **Emergencies:** Children should be taught what to do in an emergency, such as a fire. Teach them to dial 999 (provided they can be expected to act responsibly with this information).

Pets

There are some cases where Blackburn with Darwen will advise pet owners that they must have an independent assessment undertaken on their animal. Furthermore, there are a number of health risks associated with pets, and it is the responsibility of supervising social workers to guide foster carers on this. Foster carers must be aware of the importance of ensuring that:

- Pets are healthy, e.g. regularly wormed.
- Pets are kept under control.
- Feeding bowls and litter trays are not within reach of young children.
- Gardens are free from pet urine and excrement.
- Carpets and furniture are kept free of pet hairs.

The safety of children fostered in a family with pets must be considered carefully. It is always a possibility that a dog may attack a child. The dog may be provoked or merely perceive a child as a threat. Equally, children may feel jealous of pets, resenting their place in the family and can behave spitefully towards them, sometimes when nobody is looking. Pets can help children settle when they move into their new family. Sometimes children feel safe with a dog or cat that does not answer back and like to talk to them and tell them things.

It is important to remember that foster children's experiences of animals may be very different from those of foster carers' own children and family. They may have seen animals teased and abused and may think that this is an acceptable way to treat them. As a rule, foster carers should not leave children they are looking after in a room alone with a dog or cat, even for a short while. No matter how docile and relaxed the family pet may be, it might respond instinctively in an aggressive way to a sudden action from a child, which hurts or shocks the family.

Safe travel

Whilst most accidents to young children happen in the home, carers should also take the necessary steps to ensure a child's safety when outside the home.

When travelling by car:

- **Car seats:** The correct type for the child's size/weight/age should be used.
- **Rear facing car seats:** Never use a rear facing seat in the front passenger seat if airbags are fitted.
- **Help children in and out of the car** on to the pavement.
- **Reins or a harness** or a harness should be used when taking toddlers out walking. It needs to be

borne in mind that these children are not our own: these measures may seem severe but it is our responsibility to keep children safe.

- **Road safety rules:** Children should be introduced to road safety rules as soon as they are able to understand them.
- **Blackburn with Darwen** expects children to be safely transported in cars and will provide car seats for all foster carers. Supervising social workers have access to further information about the legal requirements.
- **General advice:** Children should always be encouraged to sit in the back seat of a car. Babies and children should always be securely strapped into car seats for every journey, no matter how short. No car ride can ever be completely safe but if a child is using the right safety restraint, the likelihood of being injured in an accident is reduced by two-thirds. Cars must be properly equipped, as car seats that are the wrong size or incorrectly fitted can be a danger and offer little or no protection. N.B. For the first few months, a baby will need the extra support and protection of a head support cushion.
- **Insurance:** In case of an accident, it is essential that foster carers possess comprehensive motor insurance and have informed their insurers that they are foster carers. They should request cover for 'business use'. N.B. Some insurers deem that fostering does not fall into this category but it is important that foster carers present the facts and it is up to the insurer to rule on this. Foster carers must inform the insurer if their car is on lease to them, otherwise the insurer may not pay out in the event of a claim or may even decline to offer cover.

Health care assessments and plans

The purpose of health care assessments is to promote children's physical and mental health and to inform the child's health plan, which is normally incorporated into the child's care plan.

Every looked after child must have a health care assessment soon after becoming looked after and then at specified intervals, depending on the child's age:

- The first assessment must be completed before the child's first LAC review (within 20 working days of becoming looked after, unless an assessment has been done within the previous three months) and must be undertaken by a registered medical practitioner.
- Subsequent assessments may be carried out by a registered nurse, registered midwife or health visitor under the supervision of a registered medical practitioner.
- Further health care assessments should be carried out every six months for a child under 5 or at least annually for a child aged 5 or over.

Foster carers should be furnished with any current health plan. If none exists, the social worker should arrange a health care assessment within a month of placement.

Health care passports

Provided for each foster child is a health care passport in the form of a ring binder with the following sections:

- 1 All about me
- 2 Health care plan
- 3 GP appointments
- 4 Dentist appointments
- 5 Hospital admissions

- 6 Specialist appointments
- 7 Medical consent
- 8 Miscellaneous
- 9 My red book

The purpose of the passport is to ensure that a continuous health profile is kept for every child with the aim of improving health outcomes for all looked after babies, children and young people. It has been designed to help children contribute to their own health record – with the assistance of their foster carers – and should accompany the child on changing placement or returning home. The passport should be available at CIOC reviews as a source of information on the child’s health status. It is, of course, a confidential document, so care needs to be taken to ensure that only relevant people have access to the information contained within it.

Healthy eating

Useful contacts: see Appendix

For adults and children over 5, a healthy balanced diet usually means eating foods from all 5 food groups.

1. *Fruit and vegetables*: Include at each meal and some snacks. Try to eat 5 servings a day
2. *Bread, cereals and potatoes*: Make these the main part of every meal and eat wholegrain varieties when you can
3. *Milk and dairy products*: Children need 3 servings a day. Use low fat varieties for children over 5 who are eating and growing well
4. *Meat, fish and alternatives*: Children need 1-2 servings a day. Choose lean meat, skin poultry and cook using minimum fat. Try to eat oily fish at least once a week.
5. *Food fat or sugar*: Limit the amount you eat

Children under 5 need a diet that is higher in fat and lower in fibre than this. For more information contact your health visitor or school nurse or access relevant websites [*see Appendix*].

Help/support line for foster carers

See ‘Blackburn with Darwen Foster Carers Association’

Contact details: see Appendix

Hepatitis

See ‘Blood-borne viruses: HIV and hepatitis’

HIV

See ‘Blood-borne viruses: HIV and hepatitis’

Holidays

See also ‘Allowances’ and ‘Delegation of responsibility’

Holidays and outings in the UK

It is expected that any child placed with foster carers would be treated as a member of the carer’s family and be included in family holidays. To help, the local authority provides a holiday allowance. However, in

some circumstances permission is required before a child can be away from the foster carer's address overnight, even if accompanied by the foster carer. This could include school trips. Therefore, before foster carers make any arrangements, they should contact the child's social worker to discuss their plans.

Holidays abroad

If foster carers are thinking of taking a holiday abroad with a foster child, they must give the child's social worker plenty of notice of their plans. Obtaining a passport can also be a lengthy process, as can obtaining the permission and agreement required by law and from the parents. The particular legal status of a child can have an effect on whether it is possible for them to leave the country.

Holidays without foster children

If there is agreement that foster carers may take a holiday without the children placed with them, it is very important that they notify their supervising social worker well in advance so that arrangements for a short break for the children can be made

Home profiles for foster families

Moving in to live with a family unknown to you is a daunting prospect for anyone, so it is important that everything possible is done to prepare a child for a foster placement. Whether or not there is time for an introductory visit, it is beneficial for the child to be able to look at a child-friendly document that contains basic information about the foster family with whom it is planned to place them.

Each foster family needs to put together a home profile that may be shown to children before they meet. This takes the form of a booklet that includes as much information necessary – including photos – to show who lives in the family (including pets), the accommodation and the locality; and to give an idea of the family's lifestyle in terms of the sort of activities members currently enjoy and the opportunities that could be available to foster children.

Hot weather and keeping cool

Useful contacts: see Appendix

See also 'Sun safety'

Hot weather and heat waves can be dangerous, especially for the very young, the very old or those with chronic disease. Advice on how to reduce the risk of harm can be obtained from NHS Direct (by phone or online) or from your local pharmacist.

For the north west region, a heatwave is declared when the temperature reaches specific thresholds, i.e. daytime temperature of 30°C (86°F) and night-time temperature of 15°C (59°F). This information is available via local TV and radio.

The key message for preventing heat-related illness and death is 'Keep Cool!' You can reduce the risk to yourself and others by adhering to the following.

General advice

- Contact your doctor, a pharmacist or NHS Direct if you are worried about the health of children during a heat wave, especially if they are taking medication and are showing unusual symptoms.
- Watch for cramp in arms, legs or stomach, feelings of mild confusion, weakness or problems sleeping. If children have these symptoms, they should rest for several hours, keep cool and drink water or fruit juice.
- Be alert and if someone is suffering from the heat, move them to somewhere cooler and cool them down.
- Seek medical advice if symptoms worsen or do not go away.

Stay out of the sun between 11am & 3pm

- If you do have to go out in the heat, walk in the shade, apply sunscreen and wear a hat and light scarf.
- Avoid extreme physical exertion.
- Wear light, loose-fitting cotton clothing.
- Take plenty of water with you, particularly if you are out for some time.

Keep cool

- Have plenty of cold drinks, but avoid caffeine and alcohol.
- Eat cold foods, particularly salads and fruit with a high water content.
- Take a cool shower, bath or body wash.
- Sprinkle water over the skin or clothing, or keep a damp cloth on the back of your neck.

Keep your home as cool as possible

- Keep windows that face the sun closed during the day. Keep the curtains closed too and open them at night when it is cooler.
- If possible, move into a cooler room, especially for sleeping.
- Keep indoor plants and bowls of water in the house, as evaporation helps cool the air.
- Turn off non-essential lights and electrical equipment, as these generate heat.
- Consider putting up external shading outside windows.
- Use pale, reflective external paints.
- Have your loft and cavity walls insulated, as this keeps heat *out* as well as in.

Immunisations

See also 'Delegation of responsibility'

Children placed with foster carers must not be given inoculations without prior consultation with the child's social worker and parents.

When to immunise	What vaccine is given	How it is given
Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib)	One injection
	Pneumococcal (PCV)	One injection
Three months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib)	One injection
	MenC	One injection
Four months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib)	One injection
	MenC	One injection
	PCV	One injection
Twelve months old	Hib/MenC	One injection
Around 13 months old	Measles, mumps and rubella (MMR)	One injection
	PCV	One injection
Three years four months to five years old	Diphtheria, tetanus, pertussis and polio (DTaP/IPV or dTaP/IPV)	One injection
	Measles, mumps and rubella (MMR)	One injection
Thirteen to 18 years old	Tetanus, diphtheria and polio (Td/IPV)	One injection

Independent review mechanism [IRM]

See also 'Assessment and approval of foster carers' in 'What is fostering?'

The independent review mechanism [IRM] is a review process conducted by a review panel which is independent of fostering service providers.

A 'qualifying determination' is a decision made by a fostering service provider that it considers a prospective or existing foster carer is not suitable to foster a child and does not propose to approve him/her as suitable to do so. Such a decision will be made after either an assessment report or a review report has been prepared and considered by the agency decision-maker.

Foster carers who receive a qualifying determination they do not agree with have two options. They can *either* apply to the IRM for a review of the fostering service's decision *or* make representations to the service: they cannot do both. The cost of having the case reviewed is met by the fostering service.

What the IRM can do

If foster carers choose to use the IRM the review panel will, as appropriate:

- Review their suitability to foster a child.
- Review any proposed changes to their terms of approval.
- Make a fresh recommendation to the fostering service on their suitability to foster a child and the terms of their approval, including approval for a specific child.

What the IRM cannot do

- It does not make a decision about the foster carers' case: this is done by the fostering service. The reason for this is that the IRM is *not* a higher appeals authority.
- It does not consider the suitability of the care plan for a child, e.g. whether the child should be fostered long-term.
- It does not handle complaints against the fostering service. Complaints should be dealt with through the fostering service's complaints procedure.

Independent reviewing officer [IRO]

If a local authority is looking after a child (whether or not the child is in its care), it must appoint an independent reviewing officer [IRO] for that child's case.

The role of the IRO has two separate aspects: chairing a child's LAC review and monitoring a child's case on an ongoing basis. As part of the monitoring function, the IRO also has a duty to identify any areas of poor practice, including general concerns around service delivery (not just around individual children). IROs must be qualified social workers. Whilst they can be employees of the local authority, they must not have line management responsibility for the child's case.

Independent visitors and advocacy

Contact details: see Appendix

An independent visitor is someone who officially befriends a child who usually has little or no contact with family members. All children and young people should be asked at their review meeting if they would like an independent visitor. Independent visitors meet with a child for the first time with the social worker and are expected to:

- Visit regularly and sometimes take the child out to places they enjoy.
- Advise children if they need any help with any issue or practical matter.
- Be a 'friend' for as long as the child wishes.

Independent visitors for Blackburn with Darwen children are appointed through Action for Children.

Insurance

Contact details: see Appendix

All foster carers should report any fostering-related loss or damage to property and contents as soon as possible to the insurance section of the finance department at the town hall. An outline of the insurance cover Blackburn with Darwen provides for foster carers is to be found in the foster carer agreement. Should foster carers have any queries regarding these matters, they should contact their supervising

social worker and/or the insurance section.

L

LAC [looked after children] paperwork

When a child is placed with foster carers, the social worker should provide, in writing, as much information as is available on the child's background and needs. This should detail their health and any medication or treatment; educational needs, including key contacts within school; the names and relationships of family members, including the whereabouts of any siblings placed separately and the reason they are being looked after; and who to contact, both in office hours and in an emergency. When children are placed in an emergency, foster carers may not receive all the required paperwork but it is essential that they obtain as much verbal information as they can from the social worker placing the child. Information on any medical condition, treatment or medication and any allergies or prohibited contacts is essential, even in an emergency.

Placement plan

The purpose of the placement plan is to set out in detail how the placement is intended to contribute to meeting the child's needs, as set out in the care plan. The placement plan will document how on a day-to-day basis the child will be cared for and how the child's welfare will be safeguarded and promoted by the appropriate person.

Care plan

The care plan should set out the aims and objectives of the placement and how they are to be achieved. The care plan should be completed before the first review, which must be held within four weeks of the child being placed in foster care. The care plan should be considered at every subsequent review or if there are any unexpected changes

Pathway plan

The pathway plan succeeds the care plan when a young person is 16 years old. The focus is on the steps necessary to ease the transition to adulthood and to prepare for leaving care.

Foster carers should receive a copy of all LAC [looked after children] forms, which are confidential and must be kept in a secure place. When a child returns home or moves to another placement, the LAC paperwork should be given to the supervising social worker, along with copies of the foster carers' records.

LAC [looked after children] reviews

LAC reviews – also called statutory reviews – are held at specified intervals in relation to all looked after children. These reviews are normally chaired by an independent reviewing officer [IRO] and are designed to ensure that adequate plans are in place to safeguard and promote the overall welfare of children; and to make recommendations, as necessary, for changes to those plans.

LAC reviews are convened at the following intervals:

- Within twenty working days of the child becoming looked after, and then

- Within three months of the initial LAC review, and then
- Subsequent LAC reviews should be conducted at not more than six-monthly intervals.

If a child moves to another placement, this sequence of reviews is repeated.

Reviews must take place sooner if:

- Requested by the IRO.
- The social worker's assessment is that the child's welfare is not being adequately safeguarded and promoted.
- A review would not otherwise occur before the child ceases to be detained in a young offender's institution or secure training centre; or to be accommodated on remand.
- The local authority proposes to cease providing accommodation for a looked after child.

The requirement to hold LAC reviews ends when a child ceases to be looked after or when the local authority has permission to place for adoption (in which case there is a requirement to hold adoption reviews).

The LAC review is a meeting to focus on the needs of individual children: to make sure they are being cared for and that plans are being made and carried out; and to discuss whether or not the care plan needs to be altered. An IRO will chair the review and must ensure that the views and wishes of the child are listened to and given consideration in making any decision. Parents are also consulted about their child in foster care.

In a survey of young people being looked after by the department, they commented that reviews were often attended by too many people, some of whom they did not want to be there. They did not want to be taken out of school or miss planned activities to attend reviews and they often felt that the review was less about them and more about the relationships between those involved in the placement. Social workers can consult with interested parties prior to the review so that only those essential to the meeting need to be present. Often there are issues about the day-to-day management of the case: these could be discussed in another forum where the child's attendance would be unnecessary.

Consultation documents are sent out to foster carers and children in placement prior to a review and these can be helpful in identifying issues to be raised at the meeting. Children should not be made to feel different by missing school or planned activities in order to attend reviews. They should be helped to prepare for a review to make sure they are able to convey how they are being cared for and what they wish to happen in the future. Some children do not want to be part of a review but may like to contribute by writing down their views or having someone express them on their behalf.

The chair of the review may like to meet with the child or young person outside the meeting to ensure that their views are recorded. Children need to be kept informed and be involved in decisions that affect them and, although this can be difficult and painful for them at times, the foster carer is well placed to encourage and support them in participating in reviews and other meetings.

Leaving care

If young people are not able to return home to their parents or family and are not placed in a new permanent family they will usually remain looked after by the local authority until they reach the age of 21 years.

Some young people will remain living with foster carers once they have left care. This will be planned through the planning and review process and, depending on the circumstances, children's services may continue to offer some ongoing support, which may include a degree of financial support.

Some young people will leave their foster placement at or before the age of 18 years and commence living independently. This may be their own choice or preference or because their foster carers have not contracted to provide an after care placement.

Where foster carers are caring for a young person with disabilities, it might be best that that young person continues in that placement.

If children are accommodated prior to their 16th birthday, the local authority has a duty to continue to assist and advise them under the Leaving Care Act 2000 until they are 21; or longer if they are receiving help with education or training.

Preparing young people for leaving care

The concept of transition is helpful in starting to think about preparing young people for leaving care. Young people should be fully involved in all planning and decision-making which affects them. Young people need to develop skills in independence, responsibility and decision-making in order to become successful adults.

Young people will be supported by Blackburn with Darwen's leaving care team and their current foster carers to develop life skills: self-care; practical skills; and interpersonal skills. There is an expectation that foster carers will support young people to develop life skills, in areas such as:

- How to shop for, prepare and cook food.
- Eating a balanced diet.
- Laundry, sewing and mending and other housekeeping skills.
- How to carry out basic household jobs such as mending fuses (which will involve basic electrical and other knowledge).
- Safety in the home and first aid.
- The cost of living.
- Household budgeting, including the matching of expenditure to income, the regular payment of bills and avoidance of the excessive use of credit.
- Health education, including personal hygiene,
- Sexual education, including contraception and preparation for parenthood,
- Applying for, and being interviewed for, a job.
- The rights and responsibilities of being an employee.
- Applying for a course of education or training.
- Applying for social security benefits.
- Applying for housing and locating and maintaining it.
- Registering with a doctor, dentist and optician.
- Knowledge of emergency services (fire, police and ambulance).
- Finding and using community services and resources.

Foster carers will be expected to attend training specifically associated with the skills required to support young people who will be making the transition into independence. Training is routinely available in areas such as sexual health, substance misuse and healthy eating. The leaving care team has close links with the housing department and there is a designated worker who is available to support young people with

housing issues.

A worker from the leaving care team will be introduced to each young person. This person is called a personal advisor and is there to support the young person on both a practical and emotional level.

The remit of the leaving care service is as follows:

- Undertaking the assessment of looked after young people between the age of 15 and 16 years, as identified under the Leaving Care Act 2000.
- Developing and providing young people with suitable accommodation to foster their independence training skills.
- Assisting and befriending young people.
- Providing a specialist resource for young people to access information and advice with issues connected to leaving care.
- Working with young people leaving the care system to develop interpersonal and practical skills to enable them live independently in their own accommodation within the community.
- In meeting the needs of young people and delivering efficient services, the team will work in partnership with:
 - Foster carers, to support young people in developing independent living skills, such as budgeting and home care skills.
 - Housing, to ensure that the needs of homeless young people and young people leaving care are met.

Pathway plans

It is the responsibility of the leaving care team to ensure that each young person has a pathway plan. The pathway plan is a personal document, which sets out the route that a young person will take in the transition to living independently. The pathway plan will outline the advice, assistance and support which Blackburn with Darwen will provide.

Summary

Each looked after young person needs to be treated as an individual. Carers will be provided with the support and guidance to enable them to assist young people to develop their potential and make the transition into adulthood a positive experience in spite of some of the difficulties that will be experienced along the way.

Life story work

Foster carers are encouraged to collect photographs, certificates and other memorabilia to ensure that every child has life story information which brings to life their past, helps them with the present and is something they can keep for the future. Throughout the journey into adulthood, foster carers will have contributed to the wellbeing of children and helped them achieve the five 'Every Child Matters' outcomes: being healthy; staying safe; enjoying and achieving; making a positive contribution; and achieving economic wellbeing.

If you have lived and grown up in the same family throughout your childhood and still feel you belong to that family, then you will probably take for granted all that you know about yourself and your family. This body of knowledge evolved naturally as you grew up and represents your understanding of where and how you belong to your family and wider community. Your knowledge will have been extended by

personal memories, good and bad, photographs, anecdotes and family folklore. All this is the foundation on which you built yourself and become an adult, and it is very important to you.

Children, particularly young children, tend to live in the present and forget the past. If a child has had a particularly unhappy past, foster carers and social workers may be tempted to try to protect them by not dwelling on the past. Though memories will fade in the long term, curiosity – the deep-seated need to know about their parents and understand the past in search of a true identity – will almost certainly surface, particularly when children are in their teens.

The sad times are part of a child's life and, by marginalising these, foster carers and social workers may find themselves unable to share with the child other information that is positive and not contentious. Thus, helping children understand their past is not simply a matter of explaining all the bad events that happened but of putting those bad events into context alongside other information about them and their family.

Foster carers are often the first people to take over the care of children from their parents. Initially, they may not know how long the child needs to be looked after but, regardless of this, they will share in a part of the child's history.

M

Matching

Each child or young person placed in foster care is carefully matched with a carer capable of meeting her or his assessed needs. Matching children with carers is based on the child's care plan and current written assessments of both the child and the carers

Matches are agreed by means of information sharing and reflection, which involves all relevant professionals, the child, the birth family, potential foster carers and their families; and takes due account of other children in placement.

Positive efforts are made and recorded to identify and support any relative or friend of the child who might provide an appropriate placement and meet the approval requirements of a foster carer. Priority is given to finding a placement that will allow siblings to stay together, where this is assessed to be in the best interests of the children involved. Matching should include consideration of inter-agency placements where resources are not available locally to meet the child's needs.

Written placement agreements contain specific references to elements of matching which were taken into consideration in agreeing the placement. They identify gaps in the match between the child and the foster carers and record arrangements to compensate for these.

Placement decisions take account of the child's views in the light of his/her age, understanding or experience; and, where appropriate, the wishes of the birth family.

The matching process should consider the child's needs, especially regarding the following key areas:

- The child's education.
- The expectations around contact with relatives and friends.

- The child's identity/race/culture.
- The child's history.
- The child's behaviour.
- The child's health.
- The focus of the placement.

The matching process should also consider the carers' availability and:

- Their experience.
- Their strengths.
- The family composition.
- The distance from the foster home to the child's school .
- Other children in the placement.
- The foster carer's children.

Once a potential placement has been identified, the child's social worker will liaise with the foster carers' supervising social worker (who may be from an independent fostering agency) to agree arrangements for the placement. At this stage, the social worker will also discuss the child with the prospective foster carer and, in particular, share/clarify any risks associated with the placement with the foster carers and the supervising social worker. Wherever possible, the child's social worker should visit potential carers and, as required, consult with other professionals prior to a decision about the appropriateness of a placement being made.

In relation to the sharing of bedrooms, children aged three and above should have their own bedroom or, where this is not possible, the placing authority must agree to the sharing of the bedroom and this must, therefore, be addressed during the matching process.

Where transracial or cross-community placements are made, the foster family is provided with additional training, support and information to enable children to develop a positive understanding of their heritage.

Where the proposed placement is an in-house placement, it will be presented to the social worker's manager for approval. If the placement is outside the foster carer's terms of approval, an exemption is required. A variation is needed where the number of children in placement is to be exceeded.

In order to avoid placements that disrupt a child's education, approval is needed for any change of placement affecting a child in Key Stage 4, except where a placement is necessary in an emergency and/or for safety reasons.

Ideally and where practical, before moving in each child should have the opportunity of a period of introduction to the proposed foster carers in order to reach an informed view of the placement and become familiar with the carers, the carers' family, any other children in placement, the home, the neighbourhood and any family pets.

Medical consent

See *'Delegated authority'*

Medicals for foster carers

Foster carers have medicals as part of the assessment process and these are repeated every three years. If a specific medical condition arises, it may be necessary for more frequent medicals to be

arranged. In any case, foster carers are expected to inform their supervising social worker of any changes in their personal health circumstances which might impact on their capacity to foster.

If there are any concerns about a foster carer's health, the advice of the fostering panel's medical advisor may be sought in order to ensure that continuing to foster does not pose a risk to the foster carer or to children placed with them.

If medical issues are impacting significantly on a foster carer's ability to foster, a foster carer review will be presented to the fostering panel for the panel's view on whether the carer should continue to be a registered foster carer.

Medication

Safe storage of medication is essential. Medicines should be kept in a locked cabinet and out of reach when taken out to be given to children. Carers must have guidance on the administration of prescribed drugs for children; advice on the arrangements whereby they can administer drugs *not* on prescription; and information on any allergies a child is known to have.

Non-prescribed medication

Consent for any 'over the counter' medication will be sought from those with parental responsibility for the child at the child's planning meeting and contained in the placement plan. Upon placement with foster carers, a clear indication should be given as to whether a child has any allergies, allergic reactions to medicines or drugs, or is taking any medication – whether prescribed or not – on a regular basis.

If a planning meeting has not yet taken place or consent has not been obtained from those with parental responsibility for the child, then carers should act as a 'reasonable parent'. This means that, to alleviate the child's discomfort, it would be reasonable to administer 'over the counter' medication in accordance with the manufacturer's instructions. A note should be made in the daily log of what medication the child is taking and how often.

If the child's complaint persists or recurs regularly, then it will be necessary to make an appointment with the child's GP.

Common complaints and appropriate 'over the counter' treatments

Nappy rash: A rash may disappear when exposed to the air but an emollient (such as zinc and castor oil) or preparations containing calamine may be helpful.

Bacterial or fungal infection: If this is suspected, a doctor should be consulted.

Cuts and grazes: These should be washed and cleaned, allowed to dry and then covered with a waterproof dressing (plasters). The use of antiseptic creams is not recommended.

Dry skin: Use an aqueous cream or 'E45' cream, which is not perfumed and is non-greasy, but check for any allergic reaction to the lanolin content.

Sunburn: No child or young person should suffer sunburn. Relevant sun factors should be used at all times.

Use calamine lotion for mild sunburn.

Minor scolds and burns: Bathe the affected area in cold water for at least ten minutes.

Severe sunburn or burns: Seek medical advice as soon as possible, particularly where a young child is concerned.

Athlete's foot: Anti-fungal preparations may be obtained with advice from the local pharmacist but it would be advisable to first obtain a diagnosis from the child's GP as some preparations can cause dermatitis.

Eye care: The use of eye lotions is not recommended. For foreign bodies in the eye, bathe with cooled, boiled water. If the irritation persists or if the eye is infected, consult the child's GP.

Bites and stings: For any internal bites or stings – such as in the mouth, ear, eye or nose – consult the child's GP. For external bites or stings to children under two years of age, apply calamine lotion. For older children, ask your pharmacist for suitable creams such as 'Afterbite' or 'Antisan'.

Relief of itching associated with chicken pox or measles: Use calamine lotion or witch hazel gel. If the itching is severe, seek medical advice as the child could be suffering from eczema or an allergy.

Teething: Apply 'Dentinox gel', 'Calgel', 'Anbesol liquid'; or 'Anbesol teething gel' according to the manufacturer's instructions.

High temperature with vomiting and/or a non-blanching rash: An urgent medical assessment should be sought.

High temperature only: Paracetamol in the appropriate doses (see below) can be given. Encourage the child to drink plenty of fluids but seek medical advice if the temperature remains high for 24 - 48 hours.

Period pain: Alternative preparations such as Feminax or Nurofen can be given but please consult your pharmacist for advice.

Dental pain: Products such as Junifen or Nurofen can be given for toothache following consultation with your pharmacist.

N.B. If a child is asthmatic: Do not use products containing Ibuprofen/Brufen (Junifen or Nurofen).

Constipation: The use of laxatives for children is not appropriate. Introducing fresh fruit and dietary fibre (cereals or wholemeal bread) and increasing fluids may be sufficient to ease constipation. For advice consult the child's health visitor or doctor.

Coughs: Pharmacists will recommend a simple linctus for children over one year old. If a child has a persistent cough which lasts longer than a week, please contact the child's GP. A cough occurring at night or after exercise may be due to asthma and will require medical attention.

Diarrhoea/vomiting: Encourage the child to take small amounts of clear fluid to prevent dehydration, e.g. flat 7-up. For young children, oral rehydration sachets such as Rehydrat or Dioralyte may be purchased. If the condition persists longer than 48 hours, consult the child's GP.

Flu: The best thing you can do to protect yourself from influenza is to follow good hygiene practices. These will help to slow the spread of the virus and will be the single most effective thing you can do to protect yourself and others from infection. When you cough or sneeze it is especially important to follow

the rules of good hygiene to prevent the spread of germs:

- Always carry tissues.
- Use clean tissues to cover your mouth and nose when you cough and sneeze.
- Bin the tissues after one use.
- Wash your hands with soap and hot water or use a sanitiser gel often.

There is a simple way to remember this: 'Catch it, bin it, kill it!' For more information, go to

www.direct.gov.uk or www.nhs.uk.

Prescribed drugs

Carers must follow accurately the directions for use of a prescribed drug for children in their care and must ensure that the course is completed. Check with the parent or social worker that the child is not allergic to that drug. Under no circumstances should drugs prescribed for one child be used for another.

Health checklist

This checklist can be used by foster carers to help them to ensure that they have all the information they need in order to ensure that the health needs of 'looked after' children are met.

- Have you registered the child with your GP?
- Have you checked with the social worker that a health needs assessment (medical) has been requested?
- Have you made a dental appointment for the child?
- Does the child require an eye test?
- If caring for a baby: are you attending baby clinic for regular developmental monitoring?
- Is the child's immunisation record up to date?
- Drugs can only be prescribed by a GP and administered following the prescribed dosage.
- Have you the necessary signed consent from birth parents or the department before any planned treatment is commenced on the child?
- Have you checked to see if the child is undergoing tests, checks or treatment that you need to keep up?
- Do not sign any medical consent forms unless you have the authority to do so.

Self-administration of medication

At the start of a placement – in consultation with the child, parents and carers – the child's social worker should assess whether the child may retain and administer his or her own medication. If the child is permitted to do so, the arrangements must be set out in the child's placement plan and reviewed regularly, including suitable arrangements for the storage of the medicines and recording by the child of when medication has been used.

General advice

Always keep *all* medicines out of the reach of children and store in a cool, dry place. Read the labels carefully and keep to the recommended dosages. Most tablets and medicines have an expiry date and should be destroyed after a year. You must be present when children take their medication. *All* medication given by you to a child or young person should be recorded in your foster carer diary.

If you have any doubts, seek medical advice.

Men who foster

See also 'Family safe care policy' and 'Safe care policy'

Men who foster can have a very influential role in the lives of the children they look after. Many of these children will have previously experienced transient 'father' figures whose behaviour and attitudes have given rise to confused expectations of men and, therefore, of male foster carers. All foster carers, male and female, need to think about the role of male foster carers and the positive impact they can have on foster children.

Most men who foster do so in partnership with a woman but a few do so as single male carers or in same sex relationships. Some men may be home-based and the main carer, while others may be in full-time employment outside the home. Irrespective of whether either carer is in employment, men and women who foster are both responsible for the day-to-day care offered to children and for communicating effectively with other professionals.

Research shows that involvement by a positive adult male figure in their lives can have a positive impact on children's self-esteem, self-control, sociability, empathy and cognitive abilities. This involvement may take the form of substantial periods of time spent with children, providing care, playing, helping with schoolwork and sharing in leisure activities.

The active involvement of foster fathers has been seen to have a positive impact on the mental health of children, as well as contributing to greater placement stability. Men who foster offer a role model for young men and women. Foster fathers themselves identify some aspects of this 'positive male role model' as:

- Presenting as a safe, caring, non-threatening male.
- Having the ability to showing a range of feelings and emotions (not just anger).
- Challenging stereotypes of men and women.

In society at large attention has focused on the need of boys for role models or mentors to help them work out their own sense of what being a man means to them. Research shows the importance of men highly involved in boys' lives (including men who are not members of the household). Girls also need to see that men can be responsible and, especially, safe carers.

Men who foster can be active in the following areas:

- Joint decision-making with his partner – if there is one – about fostering issues.
- Participating in all placement planning meetings and reviews; and in as many other meetings and significant discussions about foster children as possible.
- Spending time with social workers and other professionals.
- Attending training and other events organised by or through the fostering service.
- Spending individual time with foster children.
- Taking an interest in the children's education, health and leisure activities.
- Giving thought to the role he is to play with each child, including any potential safe caring issues.

Safe caring

Many men who foster are concerned about safe caring advice and feel that by following it their involvement with foster children will be severely impaired. However, men who foster have already

undergone a thorough recruitment, assessment and approval process and should not be viewed as posing a safety risk to children. The fostering service aims to ensure that male foster carers are well supported and to deliver training in a way that is accessible to them. Specific training for male foster carers will be provided as required.

The main concern of male foster carers is the risk of false allegations against them and how best to minimise this. A sensible, practical approach to safe caring issues will enable men to be involved carers and to feel comfortable around children who have, or may have been, abused.

Practical guidelines for men who foster

- Read, consider and discuss the 'Safe care policy' in this A-Z guide with your partner (if you have one), supervising social worker and the social workers for your foster children.
- Ensure that your family safe care policy is up-to-date and reviewed regularly in response to any changes in your household.
- Ensure you have information about any abuse a young person has previously suffered and ask questions of the social worker if you are unclear whether it will be feasible to make any necessary changes to existing family routines.
- Agree with the social worker how daily routines – e.g. bedtimes and bath times – should be approached, based on the individual child's needs and allowing you to give nurturing care.
- Offer positive one-to-one time with children – outings, leisure pursuits, help with homework, reading etc. This is ordinary family life and social workers will offer advice on whether any exceptional risks need to be borne in mind and addressed.
- Offer children comfortable, safe alternatives to sexualised behaviour. Do not avoid all intimacy but make it safe and ordinary for youngsters. As a family, allow and create opportunities – in the right environment – to discuss sexuality, sexual abuse and emotions. (*N.B. See 'Disclosures of abuse' for important guidance on how to respond if a child discloses sexual abuse in the course of a general discussion.*)
- Always keep a written record of significant incidents and signs. Be clear with the social worker as to what recording is required. Talk openly with your partner (if you have one), especially about your feelings and reactions to the foster child. Let your supervising social worker and/or the child's social worker know straightaway if you are concerned about an aspect of the child's behaviour: do not wait for weeks after something has happened before telling someone about it.

Role of the fostering service

Men who foster may sometimes feel isolated and unsure of their roles. Traditionally, fostering has been seen as an activity for women with men as supporters. This is changing and a growing number of men are now 'lead carers'. Nevertheless, they will still usually find themselves in the minority at fostering service meetings and may not be in contact with other men who foster.

The fostering service will try, as far as possible, to ensure that training is delivered to balanced gender groups of foster carers. Male foster carers may be put in touch with a 'buddy' foster carer able to offer advice on how he has dealt with issues as a male foster carer. A male supervising social worker will usually be available to offer advice and guidance from a male perspective.

Meningitis

Contact details: see Appendix

Signs and symptoms

Meningitis and septicaemia (blood poisoning) are not always easy to recognise and symptoms can appear in any order. Some symptoms may not appear at all. In the early stages, the signs and symptoms can be similar to many other more common illnesses, e.g. flu. Early symptoms can include fever, headache, nausea (feeling sick), vomiting (being sick) and muscle pain, with cold hands and feet.

A rash that does not fade under pressure is a sign of meningococcal septicaemia. With the **glass test**, spots or a rash will still be seen when the side of a clear drinking glass is pressed firmly against the skin. The rash may begin as a few small spots anywhere on the body and can spread quickly to look like fresh bruises. The spots or rash are caused by blood leaking into the tissues under the skin. These are more difficult to see on darker skin, so look on paler areas of the skin and under the eyelids. The spots or rash may fade at first, so keep checking. However, if someone is ill or is obviously getting worse, do not wait for spots or a rash to appear. They may appear late or may not appear at all.

A fever, together with spots or a rash that do not fade under pressure, is a medical emergency. Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately.

The source of this information is the Meningitis Trust. For more information, phone the 24-hour Meningitis Trust helpline or visit its website [see Appendix].

Missing from home and unauthorised absences

Useful contacts: see Appendix

When a child is unaccounted for, unless there is a risk that s/he could be in imminent danger, it is sensible first to act as a responsible parent would and:

- Search the child's bedroom, the rest of the accommodation and the immediate neighbourhood.
- Contact known friends and relatives with whom the child might be.
- Visit locations that the child is known to frequent (if this is possible, also taking into consideration personal safety, e.g. the time of night).

However, if there are reasons why delay might be harmful to the child, foster carers should limit themselves to checking the immediate vicinity and then contact the child's social worker or team manager. Should this prove difficult, they should contact their supervising social worker. Outside normal office hours, the emergency duty team [EDT] should be contacted. The social worker or EDT will undertake a careful risk assessment that takes into account individual circumstances.

If and when it is decided to report the matter to the police, the foster carer, social worker or duty social worker will make available:

- A description of the child (including a description of clothing, if known).
- When the child was last seen and with whom.
- A recent photograph.
- Family addresses.
- Known acquaintances.

- Any previous history of running away or going missing.
- The name and address of the child's GP, school and dentist.
- Circumstances which increase the risk to the child.
- Any health concerns.

When a child has been classified as missing, there is a protocol (dated October 2009) to be followed. This is summarised below, with minor modifications.

Interviews

Interviewing a child on returning from a missing episode is necessary to understand why s/he went missing or ran away in the first place. There are two stages to the process: the 'Safe and Well Check' and the 'Return Interview'.

Police safe and well check

This check is carried out by the police as soon as possible after the child has returned. Its purpose is to check for any indications that the child has suffered harm; where and with whom they have been; and to give them an opportunity to disclose any offending by, or against, them. If at any stage during an interview it comes to light that the child has suffered harm or is at risk of harm, action will be undertaken to safeguard the child. This should involve joint enquires with children's services. It is acknowledged that in some cases the police may feel it is not appropriate or necessary to undertake a safe and well check.

Return interviews

This is a more in-depth interview and is usually best carried out by a person who is able to follow up any actions that emerge and who has a relationship with the child. In most cases this should be the child's social worker.

It is good practice that this interview takes place within 72 hours of the child being located or returning from absence. It is especially important that a return interview takes place when a child:

- Has been missing for over 24 hours.
- Has been missing on two or more occasions.
- Has engaged (or is believed to have engaged) in criminal activities during his/her absence.
- Has been hurt or harmed while missing (or this is believed to have been the case).
- Has known mental health issues.
- Is known to be vulnerable to being, or is being, sexually exploited.
- Has contact with persons posing risk to children.

It is, however, acknowledged that where children go missing, it may not be necessary to see them every time they return. In these cases, a reasonable decision should be taken with regard to the frequency of such checks.

The interviewer will be required to complete a 'Missing Person Return Interview Form' as a record of the discussions which take place.

Once an interview has been completed, a copy of the interview form should be sent to the fostering team if a child is in foster care. Following a notification of a child missing from home in foster care, the supervising social worker will contact the foster carer to complete the 'Child Missing from Home in Foster Care Report'. Attached to this will be a 'Missing from Home Risk Management Tool' to help minimise the

likelihood of this occurring again.

Stage 1 Intervention Meeting

After five episodes within a 90-day rolling period, a stage 1 intervention meeting should be arranged. This level of intervention meeting is the crucial stage in avoiding serious escalation and must, therefore, be given high priority by all concerned. This meeting must be held within four working days of the last episode and representatives from each organisation or interested party must be present. The meeting should be chaired by a children's services manager. Attendees should include:

- Child (where appropriate).
- Social worker or relevant lead professional.
- Local police missing person co-ordinator.
- Parent and/or carer.
- Foster carers.
- Supervising social worker.
- Person who conducted return interview (if different to above).
- Other relevant professionals: Engage, YOT, health, young people's services, education and residential homes managers. The additional attendees will bring expertise and resources available to help and reduce a child's vulnerability to MFH.

Stage 2 Intervention Meeting

After nine episodes within a 90-day rolling period, a stage 2 intervention meeting should be arranged within four working days of the last episode. Representatives from each organisation or interested party must be present and the meeting should be chaired by an independent reviewing officer or a children's services manager. Attendees should be as for a stage 1 intervention meeting plus the social worker's team manager, the fostering team manager and the local police missing person champion.

Convening and chairing meetings

The lead professional – usually the child's social worker – calls an intervention meeting. Identified 'champions' may call an intervention meeting through the safeguarding unit. Any involved party may request a stage 2 intervention meeting.

The chairing of an intervention meeting will be undertaken by an independent reviewing officer [IRO]. In the absence of an IRO, an independent children's services manager will be appointed. ('Independent' is defined as one without line management responsibilities for the child in question). The chair will determine whether the child attends.

Unauthorised absence (CIOC)

There are circumstances where a child is absent without permission but there are reasons why s/he should not be classified as missing. Before deciding the category of absence – usually between 'missing person' and 'unauthorised absence' – the circumstances of the child and the absence must be considered. *It is not helpful to consider every momentary absence as warranting a formal missing person report.* The following is an example to what constitutes 'unauthorised absence':

'Clearly some children absent themselves for a short period and then return, with their whereabouts having been known to the carer. Sometimes children stay out longer than agreed, either on purpose to test boundaries or accidentally.'

Foster carers must consider if this statement applies: if it does, it is necessary to consider whether they are dealing with an unauthorised absence rather than with a missing person. Carers are best placed to make this judgement based upon their knowledge of the child in their care. Either way, if a foster child is absent from a foster home and there are no reliable signs of an early and safe return, foster carers must report the facts of the case to the child's social worker (or EDT) and the police. This will lead to a judgment on how best to proceed. Sometimes foster carers are unhappy with the response from the police, in which case they should refer back to the child's social worker (or EDT) and/or their supervising social worker.

Factors justifying an 'unauthorised absence' classification:

- The foster carers have knowledge of the child's location.
- The foster carers are maintaining contact with the child (e.g. speaking by mobile phone – NB texts might be sent by someone else).
- Other *reliable* sources have confirmed where the child is.
- Patterns of missing from home behaviours/associations exist, e.g. suggesting that the child will return unharmed after a certain (acceptable) period. (Evidence of this would be missing from home logs and return interviews.)

All of the above considerations should give foster carers confidence in taking the 'unauthorised absence' route. It must be stressed that foster carers are expected to keep under review their judgement and be prepared to change their assessment to 'missing' if the degree of risk is heightened, as indicated by:

- Loss of contact with the child.
- Known associates having no knowledge of the child's whereabouts.
- A period of six hours elapsing (or longer if this has been agreed at a stage 2 meeting).
- Loss of contact.

Support available to carers

Foster carers should in all instances consider the support available to them and:

- Take advice from social workers, other professionals and foster carers with relevant experience.
- Utilise 'on call' support from EDT and the Blackburn with Darwen Foster Carers Association helpline.
- Request and implement decisions from risk management meetings (stage 1 and stage 2 intervention meetings).

Multidimensional Treatment Foster Care [MTFC]

This service offers intensive, therapeutic short-term foster placements to children between the ages of 7 and 11 years. Each foster carer has one child in placement at any one time and receives 24 hours support. An individual treatment programme is devised for each child by the programme supervisor and the plan is supported by the multidisciplinary team. The desired outcome is that children will gain the pro social skills required to enable them to live permanently in a family setting. When the child graduates from the programme after approximately 6 to 12 months, the birth family therapist continues to work with the aftercare family for up to 6 months.

N

Names

Names used to address foster carers

Names are important because they are part of our sense of identity. How the looked after child addresses foster carers needs to be discussed at the start of the placement. It is inappropriate for children who have left their birth parents to call foster carers 'mum' and 'dad'. This gives them a false idea of the relationship they have with their foster carers (and is liable to be a source of friction with the child's parents). Each child's situation is unique, so foster carers should have a discussion with the child's social worker to ensure that the names used are appropriate to the situation.

Changing a foster child's name

Where a child is under 16, the written consent of parents and all those who hold parental responsibility [PR] is required to change a child's name. Where consent is not forthcoming, the child's name cannot be changed without a court order. However, a child of 16 or more can decide to change his/her name without the consent of those with PR.

It is vital for children to be aware of their identity and their name at birth is a major part of their identity. Foster carers are not allowed to change the surname or the forename of a child placed with them. Where children are old enough to make this decision themselves and wish to do so, carers should seek advice from the child's social worker or their supervising social worker. The position is different for adoptive parents: they have the right to change the name of the child after the adoption order has been granted by the court.

Occasionally, older children who have been in a stable permanent foster placement for several years express a wish to use the foster family's surname, which would be an informal, reversible name change. Again, this would need to be discussed initially with the child's social worker and the foster carers' supervising social worker. This is a sensitive area which could have major ramifications for the child's – and the foster carers' – relationships with family members.

National minimum standards

See also 'What is fostering?'

The national minimum standards for fostering services are aimed at providing better futures for children living in foster care. These standards make clear the respective responsibilities of the fostering service and foster carers. The standards set out ways in which the quality and consistency of the work of the fostering service may be improved. In line with the standard, Blackburn with Darwen is committed to ensuring that looked after children and young people requiring foster care are placed in a safe, healthy and nurturing environment.

Newsletter

The fostering service aims to produce a quarterly newsletter to circulate to all foster carers.

This newsletter was originally introduced as an additional means of communication with, and between, foster carers. Contributions from foster carers are most welcome.

There is a great deal of information and news to share with Blackburn with Darwen foster carers. Currently, we have almost 250 foster carers looking after a similar number of children in just under 140 foster families. In many of these families, of course, there are also foster carers' own children. With so many carers and children, there is a lot happening and much to be learned from each other, which is one good reason for having a newsletter.

The following is not an exhaustive list but the contents of newsletters have included:

- General news
- Information from Blackburn with Darwen Foster Carer Association
- Social events, e.g. quiz nights
- Current issues, e.g. obtaining passports for foster children
- Latest developments in fostering
- Confirmation of, or changes in, legislation (regulations/standards), policies and practice
- Training for foster carers
- Support groups
- Advice for foster carers, e.g. on children's education/health, benefits/grants
- Support services, e.g. SCAYT
- Forthcoming events, e.g. Foster Care Fortnight
- Recruitment drives
- Profiles on foster carers/staff
- Reminders, e.g. about training, medicals, CRBs
- Messages from managers
- Answers to FAQs

O

Offending in foster homes

This guidance is intended to assist foster carers, the police and the Crown Prosecution Service [CPS], in determining an effective and proportionate response to juvenile offending behaviour within foster homes. It does not cover reports of offences committed away from the home; or reporting children missing from home or for an unauthorised absence.

Blackburn with Darwen's aim is to:

- Strike a balance between the rights and needs of children in foster care, their carers and the local authority.
- Inform decisions to initiate police action (and the CPS right to prosecute).
- Underline the importance of regular and effective liaison between the local authority and the local police.

Whilst it is accepted that carers have a duty to report known or suspected crimes to the police, carers will

need to use their judgment about where this threshold lies, particularly when the information to hand is minimal and the crime or suspected crime is of a minor nature. All carers need to consider both the nature and seriousness of the incident before deciding to involve the police immediately, or at a later stage, or to involve them at all. The fact that carers report an incident does not mean that the police will follow a pre-determined course of action or, in some cases, any action at all. Wherever possible, the process to be taken will be determined following discussions by all concerned, including the child, in order to determine the most appropriate course of action.

❖ **Types of incidents and responses**

Level 1 (requiring immediate police response)

These include offences and incidents of violence where children or carers are at risk of immediate serious physical harm; where there is a risk of substantial damage to property; or where there is a risk of significant disorder within the home. In such situations, the carers should contact the police, either via the main force switchboard or the 999 system.

Level 2 (requiring no immediate police response)

These include incidents where, for example, a physical assault or damage has occurred and there is no risk of recurrence/ significant harm to people; or other types of incidents or theft. The incident should be reported to the fostering team manager who then has the responsibility of identifying the appropriate course of action. In addition, carers should inform the young person's social worker at the first opportunity.

Level 3 (requiring no police response)

It is anticipated that relatively minor incidents will be addressed using routine foster care processes without any police involvement.

Liaison meetings with the police

If a situation involving a looked after young person needs to be discussed with the police at an informal meeting, the child's social worker should be informed so as to have the opportunity to take part in the discussion. If the need for discussion of an incident is more immediate, appropriate representatives of the social worker and police officer(s) involved should attend.

In certain circumstances, preservation of evidence may be an issue and carers will need to ensure that reasonable steps are taken to retain articles relevant to any criminal reports. The local police should provide guidance on the preservation of evidence.

It is not the intention of this guidance to restrict the options available to carers and police officers, but to emphasise the importance of flexibility in determining the most suitable option for dealing with incidents involving looked after children.

Recording of incidents by foster carers

It is necessary for incidents within foster homes to be accurately recorded to provide an informed history on the young person. This information then assists any assessments and liaison meetings. All incidents of offending must be recorded in the foster carer log, recorded on a specific incident form and reported to the child's social worker and the foster carer's supervising social worker.

Recording of incidents by the police

If the matter is not going to be pursued via the courts, it is essential that the decision-making process both before and during discussions between the parties involved is documented. It is important that foster carers remain mindful of their duty of care towards foster children and that the children's welfare interests are paramount. Therefore, the usual requirement of the police to record offences should be weighed against the desire to avoid the unnecessary criminalisation of the parties to the incident.

Response of the CPS

In those cases where it is agreed that prosecution should be sought re an incident involving a looked after child, the CPS will wish to take into consideration:

- The disciplinary policy of the fostering service.
- An explanation from the carers regarding their decision to involve the police, which should be consistent with this guidance.
- Information from the carers about the recent behaviour of the child, including similar behaviour, the child's background, any history between the child and the victim, any apology or reparation by the child and any disciplinary action taken within the foster home.
- The views of the victim, including his/her willingness to attend court to give evidence and/or participate in mediation or any other diversionary programme.
- The views of the carer, social worker, counsellor or CAMHS worker on the effect of criminal justice intervention on the child, particularly where the child suffers from an illness or disorder.
- Any explanation or information about the offence from the looked after child.
- If the looked after child wishes it to be considered, information about the local authority's assessment of his/her needs and how the placement provided by the carers is intended to address these. The local authority should be able to provide this information, as it should be an integral part of the care plan for the child.

Specialists should consider all of the aggravating and mitigating features when deciding on the appropriate course of action. The reasons for the charging/diversion decision should be clearly recorded and show the factors that have been considered by those involved, in order to determine how the public interest has been satisfied.

❖ Situations where police involvement might be appropriate

Violence by a child to another

Incidents between children in foster care can range from minor disagreements to serious assaults where physical injury is caused. Having two vulnerable parties can complicate such incidents. Carers will need to ensure that internal health and safety reporting and anti-bullying procedures are followed.

Violence by a child to carers

Violence towards foster carers can vary from verbal threats to physical acts amounting to assault. Whilst foster carers have a duty of care towards each foster child, the latter's welfare needs must be balanced with the rights of carers not to be subjected to violence in the course of their caring.

Where there is no immediate continuing threat of violence, it is in the best interests of the carers to take time to discuss and consider possible options with social work staff. **This, however, does not remove the**

individual's right to involve the police.

It is important that carers follow the fostering service's policy and procedures for reporting such incidents.

Criminal damage within the home

The majority of incidents currently reported to the police involve damage to the foster carers' home. It is important to see these incidents in the context of the needs of the child and to consider whether involving the police is an effective and proportionate response. Factors to consider are:

- The background of the child.
- The child's communication skills and preferred method of communication.
- The level/value of damage caused.
- Previous incidents of a similar nature by the same child.
- The suitability and effectiveness of police involvement.
- The impact of police involvement on the child's overall plan.
- The message sent to other children, particularly in the foster home.
- The availability of alternative courses of action (e.g. mediation with the consent of the victim).

Criminal damage within the home should be reported to the police only when agreed by the fostering team manager and preferably as part of a clear management strategy that the child understands.

Theft within the home

Most offences of theft within the home are likely to be of low value, though it should be emphasised that value is a subjective issue relative to the victim. Factors to be considered include:

- The wishes of the victim.
- The nature and seriousness of the allegation.
- The requirement for formal investigation (e.g. an insurance claim requires a crime reference report within 24 hours).
- The availability of alternative courses of action (e.g. mediation).

Criminal damage to carers' cars and property

Factors for consideration would be similar to those listed above.

Disorder in or around the foster home

The area of disorder is subjective and requires judgment by carers to avoid unnecessary police involvement for minor infringements of discipline. The main factors, which should be considered, are:

- The nature and seriousness of the allegation.
- The risk of threat of violence.
- The wishes of, and the impact on, the immediate community.
- The involvement of any other agency (e.g. local housing officer, outreach youth worker).
- The availability of alternative courses of action (e.g. mediation).

Substance misuse

The misuse of controlled drugs within a foster home is a serious issue and it is essential that the response is prompt and effective. In responding to incidents, carers will be guided by the government's 'Tackling Drugs Together Strategy', which proposes collaborative action to:

- Reduce the acceptability and availability of alcohol and other drugs to children.
- Minimise the health risks and other damage associated with substance use by children.
- Increase the safety of communities from drug-related crime.

Carers will need to balance these principles with their duty of care to the children they care for and their role in managing children's behaviour as part of their responsibilities, as well as their responsibilities to the wider community. In practice, carers should inform the police immediately if it is established that a young person is using illegal substances or illegal substances are found on the premises. It is important that all action taken is recorded.

All materials should be removed from the young person. Drugs and drug-related materials should be stored securely before handing to the police. These should not be disposed of by carers but can be handed over for disposal without identifying the name of the young person and no further police action will be undertaken. The signature of the police officer removing the materials should be obtained.

A record of the removal should be kept by carers, including:

- The name of the person removing the material.
- A description of the material.
- The circumstances of the removal.
- The time and date of the removal.
- The time and date the material is placed into secure storage.
- The signature of the person putting the article into storage countersigned, if possible, by a second adult member of the foster family.
- The time and date of notification to the police, and the message number provided by the police control room.
- The time and date the material was removed by the police.
- The name and signature of the police officer removing the material.

To ensure that controlled substances are not being stored in a foster carer's home any longer than is necessary, it is important that every effort is made to ensure the police attend at the earliest convenient time. Carers should first contact the local police control room to arrange for the area officer to attend the home. If this officer is not available, then arrangements should be made for another officer to attend. The officer attending is then responsible for recovering the suspected controlled substance into police possession and, if appropriate, conducting any subsequent investigation in line with existing police policy.

Carers can dispose of alcohol and canisters but it is important that the disposal is witnessed and a record kept as above (minus references to police action).

Overnight stays

See '*Delegated responsibility*'

P

Parental responsibility [PR]

See also *'Delegated authority'*

Having parental responsibility [PR] means assuming all the rights, duties, powers, responsibilities and authority that a parent of a child has by law. People other than a child's natural parents can acquire PR by:

- Being granted a residence order.
- Being appointed a guardian.
- Being named in an emergency protection order. (Though PR in such a case is limited to taking reasonable steps to safeguard or promote the child's welfare.)
- Adopting a child.
- Becoming a special guardian.

Mothers automatically have PR and also married fathers. An unmarried father may acquire PR by being named on the birth certificate; by means of a formal agreement with the mother; or via an application to court. In some circumstances other people may acquire PR.

Foster carers never have PR but do have delegated authority to the extent agreed at the planning meeting held before, or in the first week of, a foster placement.

Passports

If foster carers are thinking of going abroad for a holiday, they will need to ask the child's social worker to apply for a passport well in advance, as it may be necessary to obtain the consent of the child's parents or leave from the court. Even if a child already has a passport, it might have to be tracked down or could even be lost. In any case, the process tends to be complicated and time-consuming where a child is 'looked after'. Unexpected delays may easily arise due to difficulties in, say, obtaining certain supporting documents. NB It is *not* possible at short notice to acquire a passport for any child on the day by attending a passport office in person.

In order to avoid much frustration, worry and, sometimes, disappointment that the child cannot be included in a holiday abroad: experience has shown that the advice below should be followed:

- When a child is placed, consideration should be given to whether a passport ought to be applied for at that early stage. Account should be taken of the child's age, how long s/he is expected to remain in foster care and the likelihood of him/her taking a holiday or school trip abroad in the foreseeable future.
- Foster carers need to inform the child's social worker as soon as possible if they wish to take a child abroad.
- At the outset, it needs to be ascertained with the child's social worker if there are reasons why obtaining a passport for the child might be particularly problematic and time-consuming.
- Foster carers should notify their supervising social worker of the passport request and give regular feedback on the progress of the application (or lack of it).
- It should be borne in mind that young people aged 16 and over have to be interviewed as part of

the process and this could possibly add weeks to the time taken for a passport to be issued.

- The process for babies and younger children is not necessarily quicker, as this depends on individual circumstances.
- Ideally, foster carers should not book a holiday abroad unless they actually possess the child's passport. Even when booking months in advance, foster carers and the child's social worker should, at the very least, first make enquiries to gauge the feasibility of obtaining a passport in the time available.

Payments to foster carers

See also 'Allowances'

The principle underpinning the council's scheme for payments to foster carers is that the individual needs of children are assessed and that the allowances paid to foster carers are at rates which enable the carers to meet those assessed needs. These allowances reflect the skills foster carers possess to provide high quality care appropriate to the child.

Blackburn with Darwen's 'Guide to the Foster Care Payment Scheme' sets out the criteria for each payment band and the current allowances payable. Payments to carers are divided into the following categories:

- **Band 1:** Payments to cover the daily costs of caring for a child or young person and other specific costs incurred. Usually paid initially to 'Family & Friends' foster carers, as they will not have completed a competency-based assessment in being approved.
- **Band 2:** Minimum payable to mainstream foster carers, as they will have completed a competency-based assessment as part of the approval process.
- **Band 3:** Payable to carers in recognition of their skills, experience and qualifications in caring for children and young people, based on an assessment by the fostering team.
- **Specialist/discretionary rates:** Payable to carers of children with exceptional needs (e.g. severe disabilities) or under the Multidimensional Treatment Foster Care [MTFC] programme.
- **Short break/link payments**

Permanence

See also 'Adoption'

Permanence is the framework of emotional permanence (attachment), physical permanence (stability) and legal permanence (the carer has parental responsibility for the child) which gives a child a sense of security, continuity, commitment and identity.

The objective of planning for permanence is to seek to ensure that children have a secure, stable and loving family to support them through childhood and beyond.

All children in need and children in our care will have care plans which reflect the local authority's commitment to securing their permanence.

Principles

- Blackburn with Darwen will ensure that a permanence philosophy is embedded in the authority and that children are at the centre of the planning process. The need to secure permanence for a child without undue delay will be considered from the day the child becomes looked after.

- Children will be sensitively and age appropriately consulted in the care planning process but will be assured that the burden of decision-making does not fall upon them.
- Blackburn with Darwen will ensure that systems for assessment, planning intervention and review are robust, legally compliant and informed by best practice, and research.
- Permanency planning will be child-focused and where conflict arises between the wishes of the parent and the needs of the child, the child's needs will be paramount.
- At the latest, every child will have an agreed written permanence plan in place at the second LAC [looked after] review in accordance with the Care Planning Placement and Case Review (England) Regulations 2010 and the Adoption and Children Act 2002.

Options for permanence and stability

Most children will have their need for stability and nurturing met by their birth parents and will not require support from, or come to the attention of, children's services. Where families do require support, the local authority will aim to support families to maintain the care of their children wherever it is in their child's best interests.

Where children are looked after by the local authority, the following three options for legal permanence must be fully considered:

- Remaining with or returning to birth parent(s) without a legal order.
- Living with a relative or person close to the child by virtue of a special guardianship order or residence order.
- Adoption into an alternative family.

For a variety of reasons it may not be possible for some looked after children to secure any of the above three legal outcomes. The specific reasons for this may be complex and varied and should only be agreed following careful assessment, management endorsement and rigorous review all of which must place the child's best interests at the centre. In such circumstances case planning will be driven by the pursuit of achieving enduring stability through one of the following two options:

- Living with permanent foster carers as a looked after child.
- Living in a long-term placement in a children's home.

A permanent foster placement is defined as one where the child has a clear sense of stability and belonging and the carers expect the child to be part of their family into adulthood. The child's primary attachments will be within the foster family, despite the potential for ongoing contact with birth family members. A permanent fostering arrangement will be formally matched at panel and agreed by all parties. The child, the carers, the birth family and the authority will share an expectation about the permanence of the situation. In many cases it may be possible for such placements to be made legally secure by virtue of a special guardianship order but in some cases it will not.

Permanence plan

Every looked after child must have a permanence plan agreed at the statutory review held four months after becoming looked after. Permanence may mean a return home to parents or a different approach to securing legal permanence, such as adoption or the making of a residence order.

To ensure that children are not affected by avoidable delays in decision-making, parallel planning or twin-tracking is often used. That is to say, alternative permanent families are sought at the same time as an assessment of parents or family members is being carried out.

Personal education plan [PEP]

See also *'Education'* and *'Education policy for children in foster care'*

Education plays a crucial part in the success of children in later life: it is not just about achievement but also gaining confidence and having the skills to think through situations and respond appropriately.

All looked after children of compulsory school age must have a personal education plan [PEP], whether or not currently in education. It summarises the child's developmental and educational needs, short-term targets, long-term plans and aspirations; and contains or refers to the child's record of achievement. This information is needed to ensure that appropriate support is in place to enable the child to achieve the targets set. The child's leisure interests and achievements are also recorded.

Foster carers have an important part to play in promoting education and they will need to be closely involved with the social worker and school in drawing up the PEP. The PEP should encourage better joint working between all parties as well as underlining the importance attached to a child's education.

The PEP allows the social worker, foster carers and designated teacher at the child's school – in conjunction with the child – to set out what needs to happen to meet the educational needs of the child. It should be initiated as part of the care plan before the child becomes looked after – or within ten working days in the case of an emergency placement – and be available for the first statutory review meeting [LAC review]. The child's social worker is responsible for co-ordinating and compiling the PEP, which should be incorporated into the child's care plan.

All looked after children have access to the pupil support team, which can provide valuable support to the foster carer and school. The team is able to help resolve difficulties, identify resources, give advice and support and provide one-to-one work with children and young people where appropriate.

Pets

See *'Health and safety'*

Photographs

Children who live with their birth families have plenty of opportunity to know and learn about the events in their lives. These children generally grow up surrounded by their family members and they accept and feel secure about their place in the family. It is important that children in foster care are given the opportunity to ensure that they have a record of significant events in the form of a photograph album.

Photos are an important visual record of a child's time in foster care. It is therefore important that foster carers take pictures of the child's time, however brief, in their family. It is a good idea to take photos soon after a child joins the family and at intervals thereafter. From time to time, foster carers should remember to include themselves and other members of their family and friends in photos.

If children are reluctant to have their picture taken then this should be respected. Usually with the passage of time and/or the excitement of an event, this self-consciousness over photos passes. Sometimes, children may be reticent to have photos taken because it was part of their previous abuse by an adult.

Celebrations, birthdays, Christmas/Eid, weddings and parties are all events that will hold memories for a

child joining a foster family. Holidays are another experience rich in memories for children: they will delight in remembering these times through photos. It will prove particularly useful to name and date all photos on the reverse.

It is important for foster carers to keep an album containing:

- Photos of foster carers, the foster home, the child's school and friends, pets and neighbourhood friends.
- Photos of favourite activities, significant incidents, holidays, birthdays and Christmas/Eid.
- Pictures and certificates from school and awards (sporting or educational).
- Anything else that the child feels is important.

N.B. Care needs to be exercised over taking photos which could be misconstrued, e.g. children in the bath or in nightwear. It must also be remembered that looked after children can receive no publicity without permission from those with parental responsibility [PR] for them. This applies to photos meant for publication in newspapers and certainly where the child would be identifiable as being looked after. As in other areas, it would be advisable to seek consent in advance for the types of photos that could be published, e.g. where the child is on a group photo taken at school.

Physical abuse

See also 'Disclosures of abuse'

Children are accommodated with foster carers for a variety of reasons. Some children may have suffered physical, psychological, emotional or sexual abuse. All these forms of abuse are damaging to children.

As part of the foster carer training programme, all foster carers will be offered training and support to enable them to care for these children.

If children are thought to be at risk of child abuse, their names are placed on a list held by the local authority. This list is known as the child protection register. Hospital staff, GPs, health visitors, the police, social workers and any other agency working with the children and their families are then aware that the children's names have been entered on the register and can be removed only with the agreement of a child protection case conference.

Physical abuse may be defined as actual or likely physical injury to a child or failure to prevent physical injury or suffering to a child. It may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. This list is not comprehensive. Wherever there are indications of physical abuse, foster carers must always seek advice promptly from the child's social worker. In the case of a medical emergency, foster carers must always seek medical advice.

Recognition of physical abuse

The first indication of physical abuse may not necessarily be the presence of serious injury. Concerns will be aroused by:

- Bruises and marks on a child.
- Referrals made by a child, parents or friends.
- Observations of a child's behaviour.
- Indications that the family is under stress (for any reason).

Bruising

Children can have accidental bruising but the following types of bruising should be treated as concerning:

- A bruising in or around the mouth, particularly in small babies, to the gum margins and/or the fraenum [mucous membrane] inside the upper lip or under the tongue.
- Fingertip bruising, e.g. grasp marks to the arms, chest or face, indicating having been gripped tightly or held fast and possibly shaken.
- Variation in colour of bruising, indicating injuries caused at varying times.
- Two simultaneous black eyes without bruising to the forehead, which is rarely accidental. A single black eye could be accidental or abusive.
- Bruising indicating the outline of an object used, e.g. belt marks, hand prints or a hair brush.
- Bruising or tears around or behind the earlobe(s), indicating injury by pulling or twisting.
- Repeated or multiple bruising on the heel or other non-accidental sites.

Bite marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped.

Burns and scalds

Any burn with a clear outline will be regarded with suspicion such as:

- Circular burns from cigarettes.
- Linear burns from hot metal rods or electric fire elements.
- Burns of uniform depth over a large area.
- Friction burns from dragging across a floor.
- Scalds that have a line indicating immersion or poured liquid.
- Splash marks from hot liquid being thrown.

Fractures

Fractures cause pain, swelling and discoloration over a bone or joint. Common non-accidental fractures occur to 'long bones', i.e. arms, legs and ribs. The majority of non-accidental fractures occur in infants and pre-school children.

If foster carers have any anxieties about the wellbeing of a child in their care, they must notify the child's social worker at the earliest opportunity (or EDT in an 'out of hours' emergency situation).

Physical restraint

See *'Promoting positive behaviour management and relationships within foster families'* and *'Restrictive and non-restrictive interventions'*

Placement plan and planning meetings

Before a child is placed, the child's social worker will arrange a placement planning meeting after liaising with the foster carer and the foster carer's supervising social worker. The meeting will usually be held in the new placement. Participants will include:

- The parent.
- The child (if appropriate).
- The foster carer.
- The supervising social worker.
- Any other relevant professionals, e.g. a representative from the child's school.
- Anyone else considered appropriate or who will have a role in the placement.

The purpose of the first placement planning meeting is to finalise the placement plan (which will be recorded on the placement information record). This will involve a discussion of the child's needs to ensure careful matching, including the child's personal history, religious persuasion, cultural and linguistic background and racial origin, as well as the child's health and education needs and how these are to be met. Particular care should be taken over changes of placement that will have the effect of disrupting the arrangements made for the child's education/training. The child's personal education plan [PEP] will be initiated at this meeting. Also included will be the arrangements for registering the child with local health professionals (GP, dentist and optician).

In addition, the placement planning meeting will consider the type of introduction process required, e.g. whether arrangements should be made for the child, parents and the social worker to visit the foster home and/or whether it may be appropriate to have an introductory overnight stay. Children should be able to visit the foster home and talk in private with the carer. If this is not possible, arrangements may be made for the carers to visit the child and parents; or for information about the foster carers to be sent to the child and/or the parents, e.g. about routines in the foster home, bedtimes, meals, visitors, pocket money, school, privacy and the overall expectations in relation to the child's behaviour within the home.

For children placed in foster care, the placement plan should cover the following issues in addition to those for all placements:

- The type of accommodation to be provided and the address.
- The child's personal history, religious persuasion, cultural and linguistic background and racial origin.
- Where the child is accommodated: The respective responsibilities of the local authority and parents/anyone with parental responsibility [PR]; any delegation of responsibility by anyone with PR to the local authority for the child's day-to-day care; the expected duration of the arrangements and the steps to bring the arrangements to an end, including arrangements for the child to return to live with parents/anyone with PR; consent of a young person aged 16 or over to being provided with accommodation under Section 20, Children Act 1989.
- The circumstances in which it is necessary to obtain in advance the local authority's approval for the child to take part in school trips or overnight stays.
- The local authority's arrangements for the financial support of the child during the placement.

- The obligation on the carers to comply with the terms of the foster carer agreement.

The meeting also provides an opportunity to ensure that the foster carers have a copy of any relevant court order and that full information is shared with them about the child's needs and any behaviour management issues.

Except in emergency placements, the placement planning meeting should be held before the placement. Where this is not possible, it should be held at the latest within 5 working days of the placement. The child's social worker will complete and arrange for the circulation of the care plan and placement plan to the child, parents and foster carers before, or at the latest, within 5 working days of the placement.

At the time of the placement, the foster carers should also be given any additional information about details of the child's day-to-day needs which are not covered by the placement plan/ placement information record but are important to ensure that the carers are in the best possible position to help the child settle in the new placement, e.g. any particular fears at night-time or the child's favourite toys.

The child's social worker must provide the child and the parent with written information about coming into care, including information on using the complaints procedure. In addition, as indicated above, the social worker should ensure that any other information about the placement that is available for the child is obtained and given to him/her. Children must understand house expectations before the placement is made.

In all cases, the child should be accompanied to the placement by the social worker and helped to settle in. Suitable luggage should be used and a child's belongings should never be transported in bin bags or other inappropriate containers.

Further placement planning meetings should be held at intervals agreed with the foster carers and their supervising social worker, or as required, e.g. where there are issues to be resolved in relation to the day-to-day arrangements for the placement. The social worker, foster carers and supervising social worker will agree the best format and venue for the meeting, which will be chaired by the social worker.

Pocket money

Fostering allowances contain an element for pocket money for each looked after child. Whilst there are guidelines, the amount of pocket money given to a foster child is at the foster carer's discretion. This is to enable carers to set pocket money in line with what is given to other children in the household. Looked after children should be encouraged to save some of their pocket money and have a savings account at a bank or building society. If children do not have a savings account, foster carers should open one for them.

Pocket money should not be withheld as a punishment, though it is acceptable for children to be asked to contribute a proportion of their weekly pocket money to replace an item that has been deliberately damaged or destroyed. Foster carers should always discuss the circumstances with the child's social worker and their supervising social worker before taking this kind of action.

Pornography

See *'Safe care policy'*

Promoting positive behaviour and relationships within foster families

See also 'Corporal punishment' and 'Safe care policy'

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1. Background

This policy is applicable to Blackburn with Darwen foster carers, short break carers and those carers who are employed by independent agencies who are caring for children looked after by the council.

It is recognised that foster care can be a very complex and difficult task yet one that can be very rewarding. The council recognises that carers need relevant information, training and support in order to assist them in offering a good standard of care to children who are looked after. Foster care can improve the lives of looked after children, who are a diverse group with a variety of needs. These children have widely differing social, ethnic and religious backgrounds and diverse experiences of family and community life. All these factors must be considered by the social workers and foster carers who look after them.

One common point is that many of these children will have been damaged by their early life experiences and, as a consequence, may have high levels of social, physical, educational and emotional health difficulties. Children who need foster care may, unfortunately, have had life experiences that include neglect, abuse, emotional and physical trauma, separation and loss.

These children may be lacking in confidence, be anxious or have poor social skills. They may be aggressive, withdrawn, destructive, impulsive and challenging. Sometimes, children's problems are not so serious, yet daily life with them can still be difficult because they demand attention and reassurance. Support given to a child or young person who is living within a foster family must ensure that the child is safeguarded and protected and that the welfare of the child is paramount.

Foster carers are with the child every day and are important people in a child's life, therefore good parenting, supported by training on behaviour management techniques and strategies, will enable them to achieve and develop a more positive relationship with the child and a more harmonious life and will enable children to feel good about themselves.

2. National and legislative framework

The legal and statutory framework provides guidance regarding the management of behaviour of children who live in a foster family. There is an emphasis on safeguarding and promoting the welfare of children and on certain actions by foster carers which are prohibited.

The national policy context is framed by the government's 'Every Child Matters' agenda and the five outcomes:

- Be healthy.
- Stay safe.
- Enjoy and achieve.
- Make a positive contribution.
- Achieve economic wellbeing.

The Children Act 1989 and the 'Children Act 1989 Guidance and Regulations Volume 4 – Fostering Services 2011' state that:

'Being able to promote positive behaviour and manage children's behaviour well is central to the quality of care provided in any foster home. Negative behaviour should usually be managed through building positive relationships with children.'

The National Minimum Standards for Fostering Services focuses on delivering achievable outcomes for children and young people. It clarifies responsibilities for all those working in foster care, by setting out ways the service to children and young people can develop and the most appropriate way to meet the child's needs and supports the provision of advice and training to foster carers.

Standard 3 of the National Minimum Standards 2011 has the desired outcome of:

'Promoting Positive Behaviour and Relationships so children enjoy sound relationships with their foster family, interact positively with others and behave appropriately.'

3. Behaviour management

The aim of this policy is to equip carers with the knowledge and skills to manage behaviour positively. This includes supporting positive behaviour and the de-escalation of conflicts and discipline. Most behaviour is learnt, which means it is shaped by our environment, in particular our relationship with others. Other people's responses can make it less likely that we behave in a particular way. There are certain principles which seek to guide carers in managing behaviour effectively.

❖ Seek to reward good behaviour

Behaviour is influenced both by what comes before it – 'the trigger' – and then by 'the consequence', so it may be possible to change the trigger and/or the consequence in order to produce positive changes in the behaviour.

Triggers

Some of the triggers that occur before the behaviour might be related to:

- Social cues (tone of voice, criticism or even a look).
- Copying (behaviour of others known to them, seen on T.V. or a trigger from memory).

- Their past (a memory, an unpleasant thought from the past).
- A place or situation (e.g. tantrums in a supermarket).
- A person (e.g. a visit with birth family).
- Self talk (a child who has a negative view of self or a child who is told s/he is 'stupid').
- Other factors (poor health, poor diet, lack of sleep, uncertainty of future).

Consequences

- When we do something and the consequence is positive or rewarding, we are more likely to repeat this behaviour.
- To strengthen a positive behaviour in a child, it is necessary to consistently reward it, e.g. by praising the behaviour.
- If the behaviour is negative and the consequence is negative or unpleasant, this makes a child less likely to repeat the behaviour.

Inappropriate behaviour

Care should be taken not to reward inappropriate behaviour. We create problems when we unwittingly provide rewards for behaviour we do not want to encourage. Attention from a carer is a powerful motivator for a child, so we need to use it carefully!!

❖ **Support positive behaviour to establish good relationships with the child based on mutual respect**

By giving praise

Most children respond well to praise, encouragement and positive attention and, for many children, this alone may be enough in assisting them to behave. *Praise, encouragement and positive attention is the foundation of a warm, positive relationship between children and their carers.*

Focus on the positive

It is easy to become preoccupied with difficult and challenging behaviour and if carers are struggling to improve the way a child behaves, it can leave them feeling exhausted. It can also leave the child feeling unable to do anything right.

It is important to look for the positives and provide encouragement and praise. If carers observe and point out a child's positive behaviour, not only will it make the child feel better but the carer too. Positive attitude and warmth will reinforce a positive relationship between the carer and child, then the child will want to behave out of a desire to please the carer.

Praise is an important way of providing a reward for positive behaviour. Praise can be said – 'Well done!' – it can be a smile or a pat on the back as well as words. *If good behaviour goes unnoticed, the child is more likely to start misbehaving in order to attract attention.*

Praise works best when it is specific, sincere, immediate and appropriate. It may be given for:

- Doing something you have asked of the child.
- Playing well and encouraging co-operation with other children.
- Doing well at something.
- Having good manners.

- Doing something right even when not asked to do so.

By using play to give positive attention

Many children who become looked after learn through their early experiences that the way to get attention is to misbehave. They are often ignored when quietly playing and chastised when they are behaving badly. When children come into care, one of the carer's roles is to establish the exact opposite of this. The aim is to concentrate on giving positive attention when the child is behaving well and to give comparatively little attention to misbehaviour.

How to positively support children in play

- Go at the children's pace.
- Repeat activities where children have learnt skills, e.g. jigsaws.
- Imitation.
- Mirror their actions.
- Let the children choose.
- Move to activities when they want to.
- Allow the children to lead.
- Follow their ideas rather than suggesting your own.
- Show enjoyment, relax and have fun.
- Avoid power struggles.
- Don't do things better than them and don't undermine them.

Carers should use descriptive commentary at regular intervals throughout the day, as this assures children that the carer has noticed and is showing an interest in what they are doing. It takes only ten minutes, a few times a day, and is a way of being intimate, warm and very rewarding for both carer and child.

Many people fall into the trap of buying expensive toys in order to keep children amused. Joining in playing provides attention that promotes relationships and good behaviour, and this is invaluable.

By using a reward

Praise and attention are very beneficial in the care of children and in promoting positive behaviour. Sometimes, some children need that little bit more. In these instances, rewards such as small treat, extra 'privileges' or pocket money, and gifts can give that little bit extra encouragement.

Why rewards might be given

- When you want a child to learn a new skill.
- When you want a child to carry out a task.
- When you want a child to break a habit.
- When you want to turn around a particular problem.
- When you want a child to behave positively.
- When you want a child to co-operate.

When rewards might be given

- 'Out of the blue', e.g. a surprise treat when a child has behaved well.

- When a child is achieving in accordance with a reward/star chart.
- When a reward has been planned in advance.

To make rewards work, foster carers need to:

- Be specific about the behaviour they would like to see.
- Follow through whatever they agreed with the child.
- Take small steps so that children can achieve more easily: the more children are rewarded, the more they are motivated.
- Keep it simple: gifts do not need to be expensive.
- Tackle one behaviour at once.
- Involve the child, especially with reward/star charts.
- Be positive.

By targeting positive behaviour

For a child, attention is a very powerful motivator. A child's behaviour is reinforced when carers pay attention to it and the positive attention carers give already acts as a reward. However, for some children who have a need for constant adult attention, they will do whatever is necessary to get it. To ignore misbehaviour is one way to manage this but it will not show the child how to behave, so carers need to target positive behaviour they want to see more of and reward it accordingly.

Benefits of ignoring

- It is a good alternative to nagging or shouting.
- The child gets no attention when misbehaving.
- It promotes a good relationship with the child.
- It can make carers a good role model.

Behaviours to ignore

- Minor sibling rivalry.
- Tantrums.
- Moaning/whining.
- Silly noises or voices.
- Complaining.
- Children crying if unable to get their own way.
- Pulling faces.
- Swearing.

Behaviours not to ignore

- Actions dangerous to themselves or others.
- Destructiveness.
- Excessive distress.

Ignoring should never be used as a punishment. Only ignore one or two behaviours, otherwise you will ignore the child for too long.

❖ Establish household rules which are consistent – set limits

Many looked after children have not had boundaries set for them or, if they have, these have been inconsistent. This means they have missed out on the chance to develop a sense of inner stability and self-control. Carers can provide care, warmth and sensitivity by responding with praise and laying down guidelines to ensure safety and protection for children and contain their often challenging behaviour.

4. Managing behaviour safely

Each foster family needs to develop a 'safer caring policy' to assist them to care safely for the children who are placed with them. Foster carers will be advised of any possible behavioural issues which can be expected from each child prior and during the placement. 'Safe caring' means relating to the child in a way that meets the following requirements:

- It is safe and respectful to the child.
- It is safe for the foster carers, in that they do not lay themselves open to misunderstandings or to allegations of abuse.
- The carer explains the strategies calmly in advance, at a neutral moment, so that the child knows what will happen if s/he behaves in a certain way.
- The carers make sure the child knows why limits are in place.
- Discipline is asserted in a calm, rational and consistent way.
- When a child is displaying particularly difficult behaviour, carers will need to accept support.
- Carers will need to make records of the behaviours and strategies they put in place.
- Carers have to be fair about children's rights. For example, if a sanction denies children the use of something belonging to them, then this property will need to be put in safekeeping.

Techniques deployed by foster carers will be largely dependent upon the child's age or developmental stage alongside individual circumstances. The aim is always to reduce and/or eradicate inappropriate behaviours by responding in a positive and consistent manner. Occasionally, however, foster carers will need to impose sanctions for unacceptable behaviours. In such circumstances, as well as taking into account the child's age and development stage, foster carers must apply only sanctions that are approved by Blackburn with Darwen.

❖ Sanctions

Permitted sanctions

- Loss of privileges.
- The use of increased supervision, additional house chores or a curtailment of leisure activities.
- The appropriation of pocket money or savings to repair damage or for the replacement of loss. Young people must not be deprived of more than two-thirds of their total spending money for the week. If pocket money is reduced as a sanction, the reduction must be placed in a savings account for the child.
- Confiscation of a possession on a temporary basis (for a short set period of time).
- Confiscation of an article or substance that may cause injury to themselves or others.

Sanctions that are not permitted

- Punishment or treatment of a child that is humiliating.

- Using any element of force, including smacking, slapping, pinching, shaking, throwing missiles, handling in an inappropriate manner, pushing or responding to violence with violence.
- Refusing children a meal or depriving them of food or drink.
- Withholding any form of medication or medical treatment.
- Restricting any form of contact with family members (including an independent visitor, advocate, solicitor, social worker, CAFCASS or Ofsted).
- Using accommodation to physically restrict the liberty of a child.
- Intentionally depriving a child of sleep.
- Conducting an intimate physical search. If it is felt that children have drugs on their person, consideration needs to be given to notifying the police following consultation with the child's social worker or EDT social worker.

❖ Family rules

It is easier for children to behave well if they know what is expected from them. Looked after children may be used to very different standards of behaviour to those that prevail in the foster family. It is a good idea to draw up family rules and tailor these to each child's individual needs

- Think about things that matter to you and the child.
- Get the whole family together to discuss and agree on the rules.
- Make sure they are clear and brief.
- Enhance what children should do and what they should not.
- Only use behaviour that you can observe.
- Maybe write the rules down.

If children break the rules, explain to them which rule has been broken. Explain what they should have done in a respectful manner and offer praise if a rule has been complied with. Rewarding acceptable behaviour will always be the preferred method and will encourage acceptable conduct and behaviour. By telling children how their behaviour makes them feel, carers can avoid venting feelings in an angry, negative manner, which is not helpful.

Help children learn from the consequences of their actions

We all learn about the world by observing the things we do – the consequences of our actions. There are two helpful positive strategies to assist carers when using any form of discipline with children who have misbehaved. These take a non-confrontational approach to avoid shouting, which can make the situation worse. These strategies only work in the context of having a positive relationship with the child and where an established trusting bond has been formed.

Natural and logical consequences

Natural consequences are occurrences that do not involve the intervention of others, e.g. if children do not eat their lunch, they will feel hungry.

Logical consequences are designed by carers as a suitable consequence for certain behaviour, e.g. if children break a toy, they are encouraged to replace it.

All children need to learn the consequences of behaviour: it enables them to be accountable for what they do and helps them make a link between behaviour and its consequences.

Time out

Time out from giving positive reinforcement means withdrawing attention in response to misbehaviour. It is used instead of more negative responses like shouting, blaming and criticising. It provides the time and space for all parties to calm down. It is not an alternative to discussion but an option for talking later without the need for conflict.

Time out should be brief and in a place where there are no distractions but not in a locked room. Carers simply want to remove positive attention, not frighten the child. Looked after children may be more prone to experience feelings of rejection and isolation and some may have experienced the abuse of confinement.

❖ De-escalation techniques

When a child or young person is angry or upset, there is an array of techniques carers can use to avoid the situation becoming worse.

Simply listening

Sometimes all that is needed is to allow an angry child or young person to vent all their anger and frustration to someone who is actually attentive to what they are saying. Do not attempt to say anything. Just listen attentively, nod your head and sometimes give encouragement, such as "Uh huh," "Go on," or "Yes. . ." When children are attempting to get attention with their anger, sometimes all you need to do is to listen until their anger is spent. At that point you may ask a simple question such as, "How can I help you?"

Active listening

Active listening is the process of really attempting to hear, acknowledge and understand what the child is saying. It is a genuine attempt to put yourself in the other person's situation as best you can. Active listening means you are attending not only to the words the other person is saying but also the underlying emotion.

Acknowledgement

Acknowledgement occurs when you can legitimately understand the child's angry emotion. The carer could then honestly respond with, "Wow, I can see how something like that could cause some anger!" or, "If that happened to me, I might be angry, too." The tone of voice is critical in this circumstance. You do not want to use an excitable tone, as it could further incite the angry behaviour: rather use a calming and respectful tone of voice designed to help the emotion. It confirms the legitimacy of the emotion but not the behaviour. The angry person needs to realise that being angry is not the problem: the problem is the way s/he may be acting out some of those angry feelings;

Apologising

Apologising is the fourth of the de-escalation skills: sincerely apologising for anything in the situation that you believe was unjust. It is simply a statement acknowledging that something occurred that was not right.

5. Resources and training available to foster carers

Training underpins the development of understanding and insight for carers seeking to establish behaviour management strategies for children. Foster carers receive information about behaviour management in an array of different formats:

- Within the **Skills to Foster** preparation course. The course covers areas of child development and looks at children who may have additional needs beyond what would normally be expected for their age and developmental status. In addition, the course looks at separation and loss and strategies and interventions are suggested. Case studies are used to create discussion which talks about safe caring and forming house rules. Consultation with the department's emotional health service for children in care can be accessed very quickly. Discussions also take place around carers needing to know as much information as possible about the child and their background in order for them to understand the child's behaviour.
- Foster carers can access Blackburn with Darwen's optional one day training course, **Positive Care and Control of Children**, where they can learn to understand the influence they, as carers, can have on the feelings, thinking and behaviour of the children they are caring for; and will learn to divert, diffuse and de-escalate situations.
- Foster carers can access their local **Webster Stratton Parenting Programme**, which their supervising social worker will put them in touch with. Any specialist training can be requested and resourced as required.
- Via their contact with both their supervising social worker and the social worker for the children they are caring for: foster carers will have the opportunity to discuss any behavioural issues and behaviour management strategies, both in general and specifically.

R

Racism

Each individual will have a different understanding, awareness and experience of racism and a personal attitude towards racism. However, as foster carers, it is important to be able to recognise racism and also to be able to distinguish between different forms of it, hence the following definitions. This is vital if foster carers are to effectively challenge racism for the benefit and protection of all the children they care for.

Personal Racism

- A belief, attitude or feeling that people of another race are less equal or inferior.
- A feeling of superiority based on race.

Organisational Racism

- A system that is structured and functions to the detriment of ethnic minorities.
- A system that excludes people through their employment of people from ethnic minority groups.
- An organisation that fails to actively ensure that all people are fully and equally represented, including promotion and development.

Prejudice

- A belief or preconceived idea about issues such as individuals, cultures and agencies.
- An idea that is usually based on non-factual evidence and influenced by negative images.

Direct Racism

- Direct Racism is usually extremely obvious: insulting or abusive name-calling or labels, clear exclusions from services or events, humiliation, fear and threats.

Indirect Racism

- This is usually very subtle and sometimes difficult to detect. It is often incorporated into systems and organisations. Although individuals are indirectly racist in their actions, ideas and thoughts, sometimes people do not realise just how indirectly racist they are.

Records and record keeping

See *'What is fostering?'*

Religion

It is important for the identity and welfare of children for their religious practices and beliefs to be supported during a period of separation from their birth family. Foster carers cannot change a child's religion.

Although you may not have strong religious convictions yourself, foster children or their respective birth families might have, in which case it would be part of your role to encourage religious observance. Conversely, you may have strong religious convictions whereas foster children and their birth families do not. It would be inappropriate to insist that foster children observed your religious practices. Normally, of course, religious compatibility would be addressed in the matching process.

Established world religions include Buddhism, Christianity, Hinduism, Islam, Judaism and Sikhism. We all need to be understanding and respectful of each other's religions and of customs arising out of these belief systems. If you are unsure about a child's religious practices, speak to the child's social worker. It might be necessary to clarify the position with the child's birth family.

Resilience

Resilience refers to the qualities that cushion a vulnerable child from the worst effects of adversity and that may help a 'child to cope, survive and even thrive in the face of great hurt and disadvantage'. While it may not always be possible to protect a child from further adversity, finding ways to boost a child's resilience should enhance the likelihood of better long-term outcomes. Focusing on the strengths of children is crucial to future outcomes. This means focusing on 'resilience factors' or things that help children withstand adversity.

Resilience-enhancing factors are the sorts of things in the lives of children that help them cope in unfavourable circumstances or at times of difficulty. Resilience factors can include access to a caring relationship with adults such as foster carers and also contact between children and their birth family. The experience that foster children have at school may also help them to overcome difficulties and every effort should be made to ensure that their experiences are positive, including encouraging them to take part in school activities that they enjoy to help build their self-esteem.

A sense of direction is also very important to children in troubled circumstances because it can provide stability and control. This involves working with children to build up a picture of what the future may hold and to develop goals and plans for reaching them.

Self-esteem

Self-esteem is one of the fundamental building blocks of resilience. Principally, self-esteem flows from positive attachment experiences, but can be enhanced by participation in valued activities. It is about feeling successful, not simply academically, but also in other areas such as in relationships or in spare time activities. This means that encouraging foster children to take part in school activities which they enjoy can be an important source of self-esteem.

Making the effort to show that you care about the children and young people, who you work with, even if the relationship is short term, shows them that you value them. Simple displays of sincerity will increase self-esteem.

Promoting self-efficacy

Self-esteem is closely linked with developing a sense of self-efficacy or self-direction. Self-efficacy grows from experience. It is about qualities of optimism, persistence and believing that one's own efforts can make a difference. A person's sense of self-efficacy is improved by opportunities to take responsibility or contribute to decisions which affect the minutiae or broader trend of one's life.

Two important ways in which child welfare professionals, such as managers, social workers and foster carers, can help young people in care develop a sense of self-efficacy are through:

- Encouraging children to define their own outcomes.
The involvement of children and young people in planning their care is a crucial way of promoting that sense of control or self-direction. Working with young people to develop goals or outcomes can help promote a sense of what the future might hold and how to reach it.
- Involving children in the development of services.

Restrictive and non-restrictive physical interventions

Physical intervention refers to direct contact between one person and another or to physical contact related to the use of an aid, such as a protective helmet. **Non-restrictive** physical interventions cover such areas as touching, obstructing and holding and **restrictive** physical intervention involves the use of force to restrict movement or mobility or the use of force to disengage from dangerous or harmful physical contact initiated by children.

❖ Non-restrictive intervention – permissible by foster carers

Touching

Normal physical contact – as would be expected between good parents and their children – is expected between foster carers and the children they look after. Although physical contact may, on occasions, be used to assert authority over a child, it is more often an important element of care and parenting.

Holding

Holding would discourage children from harming themselves, others or property. A child may be successfully engaged by a hand placed firmly on the arm or shoulder to reinforce the attempts of foster carers to reason with him/her or to emphasise the concern felt for him/her. Carers may also firmly encourage a child to move away from a situation by placing a hand on the arm or around the shoulders and moving him/her away.

Obstructing

Obstructing is the use of a carer's physical presence, without touching, to obstruct or restrict a child's movement. An example of obstructing would be to restrict a child's movement around a room or building to prevent him/her from picking up an object to use as a missile.

General advice

Non-restrictive physical interventions should not be used as a matter of routine but only if absolutely necessary to the situation in order to safeguard the child or another person. Holding should involve no more than a hand placed on an arm or shoulder or leading a child by one or both hands and/or possibly by the flat of one hand placed against the child's back in order to guide him/her to some other place or activity. Holding would be used to avoid external danger, e.g. holding a child's hand while crossing the road.

Children who are looked after have various needs which the adults caring for them should respond to. Those needs will include the need for guidance, personal example, influence, sensitivity and, in some circumstances, control. Foster carers have broadly the same rights and responsibilities as parents have to promote a child's welfare, safeguard a child from negative influences and protect others from harm. It is recognised that foster carers who have day to day care of a child will from time to time be required to exercise control in a manner which safeguards and promotes the welfare of the child. There may be circumstances where children may be at risk of committing harm to themselves or to other people, whether intentionally or not. In such circumstances non-restrictive physical intervention – touching, obstructing or holding – may be necessary.

Any physical intervention must be justifiable, appropriate to the child's circumstances and enhance safety. It must take account of the physical, emotional and medical needs of each individual child. Physical interventions should not in any way be used as a substitute for other types of intervention.

Risk assessment and behaviour management will inform any physical intervention and will indicate the necessity for its use. Where this is indicated, foster carers will receive relevant training and information about the management of behaviour, which will emphasise positive approaches and alternatives to the use of physical intervention wherever possible.

Where physical intervention has been necessary, foster carers will make a written record. The social worker and supervising social worker should be informed as soon as possible so that the child can be seen. Children and foster carers will afterwards receive additional support, when required.

❖ **Restrictive physical intervention (restraint) - not permissible by foster carers**

Restrictive physical intervention is the positive application of force with the intention of protecting children from harming themselves or others or seriously damaging property.

Foster carers are not permitted to use restrictive physical intervention (restraint). Where it is recognised that a child's behaviour is likely to require the application of restraint, the child should be placed with foster carers *only if the carers are appropriately trained and where management of behaviour is discussed and a strategy agreed by all parties in advance.*

Following any physical intervention, the child and others involved should be given the opportunity to see a medical practitioner.

Locking or bolting of doors

It is acceptable to use mechanisms or modifications to a foster home which are necessary for security – e.g. on external exits or windows – so long as this does not restrict children's mobility or ability to leave the premises if it is safe to do so.

It is also acceptable to lock office or storage areas to which a child is not normally expected to gain access.

Time out/withdrawal

If used as strategies in a behavioural programme, time out and/or withdrawal must be approved and set out in writing in the foster carer agreement and/or in the behaviour management plans (as part of the placement information record) for an individual child.

In those circumstances, time out involves restricting a child's access to all reinforcements as part of a behavioural programme. Withdrawal involves removing a child – from a situation which places the child or others at risk of injury or to prevent damage to property – to a location where s/he can be continuously observed or supervised until ready to resume usual activities.

Reviews

See 'Annual foster carer reviews' in "What is fostering?", 'LAC reviews' and 'Child protection conferences/reviews'

Risk assessments

Foster carers work with vulnerable young people who may exhibit behaviours that can be difficult to manage. The supervising social worker will complete a risk assessment on each child prior to placement with a foster carer or within one week of placement in the case of emergency placements.

The risk assessment should take into consideration the views of the social worker, supervising social worker, previous carers, foster carers and, where appropriate, the young person. It will take into account all available information about the child and potential risks to the wellbeing of the child and the foster family.

Risk assessments will provide information about the experience previous carers have had of the child and will give an idea of the levels of the child's functioning and abilities. Foster carers will gain an idea of what the child is safely able to do independently and of the level of supervision that might be required in

particular circumstances or activities.

Throughout the time a child is placed with them, foster carers will carry out their own risk assessments by virtue of getting to know the child better and learning more about the kind of encouragement and boundary setting they need in order for them to be cared for safely.

A more formal further risk assessment will be carried out where specific risks are identified either on placement or at any point thereafter.

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Safe care policy

See also 'Family safe care policy' and 'Men who foster'

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Introduction

Blackburn with Darwen is committed to providing the highest standard of care to children and young

people looked after in foster care. The council recognises the complexity and demands of the fostering task and staff will provide the highest standard of support to foster carers.

Every effort will be made to ensure the safety of children and young people in foster care, including the safety of foster carers' own children. Foster carers will be provided with all known information relating to children and young people placed with them.

All foster carers will promote the safety of children placed in their care with regard to physical, emotional, educational, moral and general wellbeing. Every foster carer will adhere to the council's safe care policy and guidance. Additional safe care arrangements may be required for some children and young people to take into account their individual needs. For these reasons, this safe care policy has general guidelines, e.g. 'Section 1 Home matters' applies to all carers. There are more specific matters relating to teenagers.

The purpose of this policy is to:

- Keep foster children safe from abuse by adults.
- Keep children in the foster home safe from abuse by other children in the household.
- Keep members of the foster family safe from false allegations.
- Ensure that the foster home is a safe environment for children.

Actions when a child is placed

Children who are looked after away from their own homes must be kept safe and have their wellbeing promoted. However, the history of some looked after children may make them more vulnerable to harm and those caring for them may be at risk of complaints or allegations.

Safe care policies are about good practice. The objectives of safe care policies are to minimise the risk of harm to looked after children and ensure that they and the foster family caring for them live in a safe environment.

To this end, foster carers should:

- Be provided with full information about the foster child and his/her family, including details of abuse or possible abuse, both in the interests of the child and of the foster family.
- Have an individual safe care policy in place for the child.
- Monitor the whereabouts of their foster children, their patterns of absence and contacts. They should follow the recognised procedure for whenever a foster child is missing from their home. This will involve notifying the placing authority and, where necessary, the police of a child's unauthorised absence.

Section 1: General

1. Home matters

Family environment

- Foster carers will ensure children and young people enjoy a hazard-free environment in relation to abuse and physical safety.
- Foster carers will provide an environment where the child is valued and supported and his/her emotional development is met.

Privacy and property

- Everyone should respect each other's privacy and not touch each other's property without permission.

Appropriate dress

- All family members should dress appropriately at all times.

Independence

- Children and young people should be self-sufficient as much as possible, especially in respect of personal care.

Supervision

- Children need to be closely supervised while playing. Frequent checks should be made and room doors remain open.

Photos and videos

- Photographs and videos of children should not be taken without their permission and the permission of the child's social worker. All such photographs/videos will be sensitive and discreet and will not be taken of naked children, e.g. in the bath.

Safety from abuse

- Carers will keep children safe from abuse, which includes teaching them how to protect themselves.

Changes in household

- Blackburn with Darwen must be notified of any changes in the composition of the household, including people who join or leave the household, either permanently or temporarily.

CRB checks and adults caring for children

- A police check will be undertaken on all persons over the age of 16 years who have unsupervised access to a child or young person.
- No person will offer sole/unsupervised care to a child or young person unless they are over the age of 21 years, have been cleared by the CRB [Criminal Records Bureau] and have gained prior consent from Blackburn with Darwen and the child's social worker.
- Foster carers should not leave children alone or place them in the care of adults who are not police checked without prior written permission from the social worker.

Safe care policy

- When a nominated person cares for a child or young person, s/he will adhere to both this general safe care policy and to the one specific to the child. Visitors to the house also need to be aware of the safe care policy.

Confidentiality

- Foster carers will observe and protect confidentiality relating to the child or young person. All information will be retained safely and securely.

Bank accounts

- Foster carers should be signatories to a child's bank account.

Holidays

- Children should not be taken on holiday without prior permission from the social worker.

Stays away

- Children should not be allowed to stay away from the foster home overnight without the social worker's permission unless the foster carers have delegated authority to give permission.

Emergencies and medical consent

- In case of emergency, foster carers must take medical consent agreements with them when any distance away from home with the child, e.g. on holidays, day trips etc.

Forms of discipline

- Foster carers should identify and agree appropriate disciplinary measures appropriate to the age of the child/young person. Corporal punishment – which includes smacking, slapping, shaking – or any other form of humiliation is not allowed.

Home environment

- Foster carers will ensure the home is warm, adequately furnished and decorated, and is maintained to a high standard of cleanliness and hygiene.

Health and safety

- Health and safety in the home must be given the highest priority; Foster carers are responsible for ensuring the home is free of avoidable hazards that might expose a child to risk of injury or harm. Care must be taken to ensure dangerous materials and equipment cannot be accessed by children and young people, Children and young people should be made aware of the routine/escape route in the event of a fire in the home.

Record keeping

- Daily records will be maintained in line with the guidance in the foster carers' handbook.

2. Bedrooms

Children over the age of 3 will have their own bedroom or, where this is not possible, the sharing of a bedroom will have been agreed with the foster carers' supervising social worker. In that case, a risk assessment and the necessary arrangements must be outlined on an 'Agreement and Risk Assessment - Sharing of a Bedroom' form, signed by all parties.

Children should be encouraged to personalise their bedrooms, with posters, pictures and personal items of their choice; and – if of an appropriate age and level of understanding – to be involved in the choice and/or purchase of furniture, equipment and decorations. For older children this should be part of a plan to prepare for independence.

Children's rooms should be kept in good structural repair and be clean and tidy. The furniture should conform to standards of flame-retardant materials, as advised by trading standards.

Children's privacy should be respected. Unless there are exceptional circumstances, carers should knock on the door before entering children's bedrooms; and then only enter with their permission. The exceptional circumstances where carers may have to enter a child's bedroom without asking permission include:

- To wake a heavy sleeper, undertake cleaning, return clean or remove soiled clothing. In these circumstances, the child should have been told/warned that this may be necessary.
- To take necessary action, including forcing entry, to protect the child or others from injury or to prevent likely damage to property. NB The taking of such action is classified as a form of physical intervention.
- If child is ill or frightened at night then carers may sit by the bed.

Care needs to be exercised where children have access to computers. Ideally, computers should not be placed in a bedroom in order to avoid children gaining access to inappropriate material. For the same reason, care should also be taken where children have access to a television in the bedroom, particularly after 9pm.

3. Physical contact

Carers must provide a level of care, including physical contact, which is designed to demonstrate warmth, friendliness and positive regard for children.

Children may receive physical affection but their permission should be sought before giving them a hug or cuddle. Children's wishes will be respected on this matter. Physical contact via tickling and wrestling games should be avoided.

4. Intimate care

Physical contact should be given in a manner which is safe and protective and avoids the arousal of sexual expectations and/or feelings; and does not in any way reinforce sexual stereotypes.

If possible, children should be supported and encouraged to undertake bathing, showers and other intimate care of themselves without relying on carers. If children are too young or are unable to bathe, use the toilet or undertake other hygiene routines independently, arrangements should be made for carers to assist them.

Unless otherwise agreed, children will be given intimate care by adults of the same gender. These arrangements must have an emphasis on respecting the child's dignity; and the right to be consulted and involved will be protected and promoted. Where necessary, carers will be provided with specialist training and support.

In accordance with the age and gender of the child, assistance may be given with toileting, bathing, washing, dressing and undressing. During these times a bathroom/bedroom door may be left slightly open and, in the case of dual carers, the other carer should remain in the vicinity. Care must be taken to avoid touching the genitalia. The level of personal care required should be agreed at the placement planning meeting and recorded in the placement plan.

5. Peer group abuse/bullying

The possibility of peer abuse will always be taken seriously but it is recognised that it is equally important not to label or stigmatise normal sexual exploration and experimentation between children. Behaviour is not a cause for concern unless it is compulsive, coercive, age-inappropriate or between children of significantly different ages, maturity or mental abilities.

If at any time carers suspect children are engaged in abusive sexual relationships, as perpetrators and/or victims, they must immediately inform their supervising social worker and the child's social worker. A referral will then be made under the safeguarding children procedures.

Bullying is defined as behaviour or actions of a person, group of people or a whole organisation designed to cause distress or to hurt a person or group of people. Bullying can be overt and plain for all to see. It can be subtle and insidious. Bullying can become part of the culture, recognised or believed by all or a significant number of people as 'acceptable': it can even be encouraged and rewarded.

Examples of bullying

- Name calling, being sarcastic and spreading hurtful rumours.
- Assault or physical violence.
- Threats and intimidation.
- Spitting.
- Incitement of others to harass and intimidate.

- Destroying or taking property without permission.
- Extortion or undue pressure.
- Emotional aggression like tormenting and excluding people.
- Racial harassment, taunts, graffiti and gestures.
- Sexual aggression or harassment, unwanted physical contact or comments.
- Comments, threats or actions relating to people's disability.
- Comments, threats or actions relating to people's sexual orientation.

Staff and children are capable of bullying and of being bullied.

If there is a risk that a child is likely to be bullied or may be the perpetrator of bullying behaviour, foster carers should notify/consult relevant social workers and the supervising social worker with a view to developing a strategy for managing and reducing the risks. The arrangements/strategies should be outlined in a placement plan/placement information record. If bullying is persistent or serious, consideration should be given to making a child protection referral.

6. Enuresis and encopresis

If it is known or suspected that a child is likely to experience enuresis, encopresis or may be prone to smearing it should be discussed openly, with the child if possible, and strategies adopted for managing it. These strategies should be outlined in the child's placement plan.

Foster carers, their supervising social worker and the child's social worker should consider the reasons for enuresis and encopresis. There may be a variety of reasons but it is likely that such behaviour is symptomatic of anxiety and worries about previous experiences, including abuse and neglect.

It may be appropriate to consult a continence nurse or other specialist, who may advise on the most appropriate strategy to adopt. In the absence of such advice, the following should be adopted:

- Talk to the child in private, openly but sympathetically.
- Do not treat it as the fault of the child or apply any form of sanction.
- Do not require the child to clear up: arrange for the child to be cleaned and remove then wash any soiled bedding and clothes.
- Keep a record, either on a dedicated form or in the child's daily log. If necessary, a more detailed record could be kept.
- Consider making arrangements for the child to have any supper in good time before retiring and for the child to use the toilet before retiring. Also consider arranging for the child to be woken to use the toilet during the night.
- Consider using mattresses, bedding and protective covers that can withstand being soiled or wet.

7. Touch: guidance on personal care and relationships

The term 'touch' is used throughout this policy in two different contexts. Touch is a form of physical intervention designed to prevent a child or others from being injured or to protect property from being damaged. Touch is also an action used by carers to demonstrate affection, acceptance and reassurance and it is this on which this section provides guidance.

It is acknowledged that touch raises particular issues for those working with children. Some people have views about applying a 'hands off' or 'hands on policy with children resulting from scandals of child

abuse, or fear of violence from children. Carers may be anxious about allegations of inappropriate physical contact with children.

However, touch is acceptable but carers should consider the following:

The child's background and previous experiences

The child may have had particular experiences which make it difficult to accept touch from an adult; or the child's experiences may lead to a need for more touch than is acceptable.

It is, therefore, important for carers to obtain information about the child's background before acting in any way, not just in terms of the use of touch. If there are particular needs that the child has or if it appears that the child may respond more or less favourably to touch, this must be reflected in the planning process. Depending on the age and level of understanding of the child, s/he should be involved in this assessment and planning and should be encouraged to consent to being touched or to place conditions on this.

The child's culture and boundaries

The culture or values of the household should be such that touch is encouraged: as a positive and safe way of communicating affection, warmth, acceptance and reassurance.

Carers and children should be encouraged to use touch, positively and safely. However, it is important for carers and children to know which boundaries exist within the home or for individual children. If boundaries or expectations exist for individual children, then these should be set out in their care plan and placement plan.

If boundaries or expectations exist for the home, these should be clear. For example, if carers are not expected to allow children to sit on their laps or to carry children, this should be stated, preferably in writing.

In the absence of any plan or expectation, the following should be taken into consideration:

- When thinking about who is an appropriate person to touch a child, it is vital to consider what the adult represents to the particular child. Personal likes and dislikes will play a part in any relationship.
- In addition, many factors influence the power relationship between adult and child, including gender, race, disability, age, sexual identity and role status.
- The background of the child will also influence any decision about who represents a 'safe' adult in the eyes of the child.
- Children from ethnic minority backgrounds may be used to different types of touch as part of their culture.
- Children who have been subject to physical or sexual abuse may be suspicious or fearful of touch. This is not to say that children who have experienced abuse should not be touched, as it would be beneficial for the child to know different, safer and more reliable adults who will not use touch as a form of abuse.

- For each child, what constitutes an intimate part of the body will vary but generally speaking it is acceptable to touch children's hands, arms and shoulders. It may be appropriate to hug or cuddle children, or carry or give them 'piggy backs'.
- Other parts of the body are less appropriate to be touched, by degrees. Some parts of the body are 'no go areas'.
- Therefore, it may be appropriate to touch a child's back or ears, or stroke their hair or knees – if the child indicates such touch is acceptable. To go beyond this would be unacceptable, even if the child appeared to accept it.
- In any case, no part of the body should be touched if it were likely to generate sexualised feelings on the part of the adult and/or child.
- Also, no part of the body should be touched in a way which appears patronising or otherwise intrusive.
- Therefore, the context in which touch takes place is usually a decisive factor in determining the emotional and physical safety for both parties.
- What message is being sent out to the child? If the intention is to positively and safely communicate affection, warmth, acceptance and reassurance, then it is likely to be acceptable.
- A fleeting or clumsy touch may confuse a child or may feel uncomfortable or even cause distress. Carers should touch with confidence and should verbalise their affection, reassurance and acceptance by touching and making positive comments, e.g. by touching a child's arm and saying, 'Well done!'
- Where children indicate that touch is unwelcome, carers should back off and apologise if necessary.
- Carers should talk to colleagues and record their interactions with children. If particular strategies work – or not – colleagues should be informed so they can build on them or avoid making the same mistake.
- Touch of an equally positive and safe nature is acceptable between carers, as this is a way of demonstrating positive role models for children. It shows that adults can get along and use touch in non-abusive and non-threatening ways.
- It is also acceptable to talk about how touch feels, acceptable boundaries and expectations.
- Play fighting is no alternative for this. It is unacceptable.
- The key is for carers to help children experience and benefit from touch, positively and safely; as a way of communicating affection, warmth, acceptance and reassurance.

8. Appropriate language

It is essential that all carers are aware that the use of foul and abusive language directed towards children is totally inappropriate and unnecessary. This will only have the effect of demeaning children,

have a negative effect on the child/carer relationship and lead to an escalation of disruptive and challenging behaviour.

All carers need to be aware that any complaints relating to foul and abusive language will be treated seriously and may lead to a formal investigation.

9. Friendship and support

Confidence in, and good rapport with, particular adults is a fundamental element in good care practices. While children are in foster care, a variety of problems will arise. At times of stress or crisis every child needs an adult to turn to.

Warmth and understanding are essential but everyone needs to know and understand when a relationship is inappropriate. The fine line between what is 'proper' warmth and understanding and what is regarded as 'improper' is likely to vary depending on the needs and experiences of the individual child.

Where it is known that a child has been a victim of sexual abuse and is likely to behave towards carers in a sexual manner, particular rules will have to be drawn up for foster carers. This may involve the need to avoid being alone with the child by always having a third person present.

What is important is that carers need to put the child's interests first and always consider what is appropriate in any given situation with a particular child.

Interaction on a one-to-one basis

Carers must have knowledge and understanding of the child and his/her background, and be able to recognise and respect any emotional 'barriers' the child has 'erected'.

Carers should be sufficiently aware of their own feelings, so that they can recognise the dangers of a relationship with a child becoming sexualised and stop to consider what is happening and what they are doing.

The feelings and views of others, of both adults and children, need to be taken into account. If there is any indication that a relationship could be viewed as inappropriate, the carers should discuss the issues with their supervising social worker and the child's social worker.

It is not a matter of carers never becoming involved in close one-to-one relationships with a child, as this is a vital part of the caring task. However, carers must be aware of the dangers which might arise in fostering and be clear where the boundaries in such relationships lie.

Additional support

Consideration should be given to the need for each child to have an advocate or independent visitor. This should be discussed at the child's reviews. Appropriate support must be provided to all children including those who are refugees or asylum seekers; and those who have disabilities and/or communication difficulties.

10. Telephones/correspondence

Children should not be permitted to carry or use mobile phones unless agreed with social workers and the supervising social worker, with arrangements/conditions outlined in the child's placement plan/placement information record.

Children should be permitted to use home landline telephones at reasonable times. Carers should not withdraw or prevent use unless there are exceptional circumstances, e.g. to protect the child or another person from injury, to protect property from being damaged or to prevent an offence from being committed. If a child is denied access to phones, the social worker and supervising social worker must be notified.

Children must be supported and encouraged to send and receive letters to family members and friends. Restrictions may be placed upon the sending or receipt of letters only with the authorisation of the social worker in consultation with the supervising social worker. Such restrictions can be placed upon a child only where it is necessary to do so to safeguard or promote the child's welfare; to protect another person from harm or injury; or to protect property from being damaged. Any restrictions/arrangements must be outlined in the placement plan/placement information record.

11. Serious incidents

In the event of a serious incident – e.g. accident, violence or assault, damage to property – foster carers should take what actions they deem necessary to protect children and themselves from immediate harm or injury; and then notify the social worker and supervising social worker (or EDT if out of hours).

If there is a risk of serious harm, injury or damage to property, carers should notify the police, then inform the social worker and supervising social worker.

Section 2: 10+ years old

12. Menstruation

Young women should be supported and encouraged to keep their own supply of sanitary protection without having to request it from carers. There should also be adequate provision for the private disposal of used sanitary protection.

13. Puberty and sexual identity

Foster carers must adopt a non-judgemental attitude towards children, particularly as they mature and develop an awareness of their bodies and sexuality.

Carers must adopt the same approach to children who explore or are confused about their sexual identity or who have decided to embrace a particular lifestyle, so long as it is not abusive or illegal.

Children who are confused about their sexual identity or indicate they have a preference must be afforded equal access to accurate information, education and support to enable them to move forward positively. As necessary, this must be addressed in the placement plans.

14. Sexual activity in homes

Children under the age of 13 are deemed to be incapable of giving consent to sexual activity. Therefore, children of this age who engage in sexual activity must be referred under safeguarding children procedures as potentially suffering from significant harm.

Social workers, supervising social workers and carers must be alert to such sexual relationships when

considering the placement of children under 13. Children of this age who are likely to be at risk from each other – or from older children – should not be placed together.

When considering the placement or ongoing placement of children over the age of 13, social work managers must assess the risk of sexual relationships developing and should ensure strategies are in place to reduce or eliminate these risks if they are likely to be exploitative or abusive.

Where children aged 13 - 18 are placed together with no identified risk of exploitative or abusive behaviour, carers must monitor any developing relationships sensitively and positively discourage them from engaging in under age sexual relationships.

Overall, carers should be mindful of their duty to consider the overall welfare of children and this might mean recognising that illegal activity is taking place and working to minimise risks and consequences. If there is any suspicion that a child is engaging in illegal behaviour, this must be discussed with the child's social worker, who will consider what further action is required under the safeguarding children procedures. Any actions taken in this respect will be subject to consultation and must be addressed in the placement information record.

If carers suspect children are engaging in sexual relationships, they should:

- Ensure the basic safety of all the children concerned.
- Inform the child's social worker and their supervising social worker.
- Record the concerns in the children's daily diary log and/or specific incident book.

15. Contraception and pregnancy

Access to contraceptives will not be conditional on children giving information about their lifestyles and contraception will never be withdrawn as a punitive measure.

Whilst not encouraging it, it is acknowledged that children may engage in sexual activity before they reach the age of consent. In such circumstances, the carers' supervising social worker should consult the social worker to agree what reasonable steps can be taken to minimise the risks of pregnancy or infection, including facilitating contact with relevant agencies providing contraceptive advice, such as the Brook Advisory Service.

If a child is suspected or known to be pregnant, foster carers should notify the child's social worker and their supervising social worker and decisions will be made on what action to take.

16. Pornography

All materials published, circulated or available to children – including on the internet – must promote and encourage healthy lifestyles and images of men and women that are positive and encouraging.

Children must be positively discouraged from obtaining material that is potentially offensive or pornographic. If they obtain such material and it is suspected to be illegal, then it must be confiscated. This should be discussed by the foster carers with the child's social worker and their supervising social worker, as should any concerns that the child has been exposed to extreme pornography, in which case consideration will be given to what additional action is required.

If children obtain such material legally, then they should be required to keep it private.

17. Sexual exploitation

Children may have previously exchanged sex for rewards, gifts, drugs, accommodation and money. Some maintain this lifestyle while continuing to be accommodated by the local authority. Such situations must be reported to by foster carers to the child's social worker and their supervising social worker and decisions will be made on what action to take.

Carers must be alert to such behaviours and should do all they can to create an environment which encourages children to be open about their past or present attitudes and behaviours and which demonstrates they will be supported to guide them away from such lifestyles.

Where there is any suspicion that a child is engaged in such behaviour, it should be addressed in the child's placement plan. Strategies to help the child find alternative lifestyles need to be identified. In addressing these behaviours, consideration must be given to the extent to which the child is suffering significant harm and whether it is necessary to refer the child under safeguarding children procedures in the area where the child is living.

If there is any suspicion that a child is involved in prostitution, Ofsted must be notified.

Advice and support with regard to sexual exploitation can be accessed through the Engage team.

18. Sexually transmitted diseases

If it is known or suspected that a child has a sexually transmitted disease [STD] – including HIV and AIDS – foster carers must notify the child's social worker and their supervising social worker and decisions will be made on what action to take.

19. Body piercing and tattoos

It is illegal for tattooists to tattoo anyone under 18 years old, even with parental consent, therefore the issue of consent for tattoos does not arise. However, children can have their bodies pierced at any age.

Children who express an interest in body piercing should be treated on a case by case basis depending on their age and level of understanding but, in principle, foster carers should discourage them, pointing out the possible implications and health care risks, e.g. from unsafe materials, needles etc.

Serious injury, illness or death of a child in care

If a foster child is seriously injured, becomes seriously ill or dies, foster carers must, of course, report this fact immediately to the child's social worker and their supervising social worker. This triggers a series of actions and those for which the social worker is responsible include the following:

- Informing his/her line manager.
- Notifying the parents immediately and in person, if possible.
- In the event of death, discussing with parents and reaching agreement on funeral arrangements (which might be delayed if death was sudden and certainly would be if it was unexplained).
- In the event of serious injury/illness, arranging with the parents to visit the child in hospital.

- Obtaining as much information as possible on the circumstances surrounding the cause of death/serious injury and passing this on to the line manager.
- Where there appears to be financial hardship, discussing with the line manager any necessary expenditure, including reasonable travelling expenses, to assist the family in attending the funeral or visiting the child in hospital.

The fostering team manager reports serious injuries and deaths as required by the current fostering regulations.

Sexual abuse

See *'Disclosures of abuse'*

Sexual exploitation

See *'Safe care policy'*

Sexual identity

Useful contacts: see Appendix

See also *'Safe care policy'*

Blackburn with Darwen has a clear equal opportunities policy which includes the principle of respecting the sexuality of others, which may be different from our own.

Gay or lesbian carers are welcomed for their positive contribution and different perspective on many issues. Similarly, the children and young people we care for may be gay, lesbian or uncertain about their sexuality. Their needs and concerns must be treated with respect and they need the support, acceptance and understanding of those caring for them. Foster carers can be enormously influential in this respect by creating the atmosphere in their home which enables children and young people to explore these issues without feeling judged or pressurised. The social worker of the child/young person should be involved in discussions and it should be decided the child/young person if additional help is needed.

Gay or lesbian carers who wish to contact a gay/lesbian carers' group may obtain further information and advice from groups listed in the Appendix and on the internet.

Sexually transmitted diseases [STDs]

See *'Safe care policy'*

Short breaks

Introduction

The fostering service recognises that many carers will require additional support through the provision of short break care and other community-based resources to promote stable and secure placements.

Many looked after children demonstrate a range of behaviours that can threaten the stability of, or lead to the disruption of, foster placements. In birth families there is often the opportunity for children to have short breaks with members of the extended family. This is more difficult where children are looked after, as often children cannot be cared for by extended family members and friends of foster carers.

Where short break care is provided, it should be primarily considered to be in the best interest of the child. The following outcomes should be the motivating factor for requesting a short break:

- It is likely to increase the stability of the placement.
- It will enable the carers to provide continuity of care.
- It will provide the child with further opportunities that will improve their life chances.

Short breaks for children under the age of 3 years

Carers for children under the age of 3 years should not receive short break care. This is based on the recognised importance of the first three years of a child's life as being the time when attachments are formed. Already many children under this age will have experienced unsettled and disruptive patterns of care.

In exceptional circumstances, foster carers can request short break care, e.g. if there is a family bereavement or sickness in the family. If carers are experiencing extreme difficulties in caring for children under the age of 3 years, they should discuss the circumstances with their supervising social worker to ascertain what other forms of support may be appropriate.

Short breaks for children over the age of 3 years

In the main, carers are encouraged to take children on holiday with them in recognition that, for young children especially, these are very positive experiences which can often cement their sense of belonging to their foster family.

Where a particularly challenging child is placed, then short break care can be built into the placement plan or agreed at a review as in the best interests of the child and as a strategy likely to enable the placement to be sustained.

Where children with disabilities and significant additional care needs are placed with foster carers, it is also recognised that carers may need a break. This can be provided in a range of ways: by utilising the sitting service, Apple Trees short break unit or other foster carers. The resource to be used would be agreed as part of the care plan and the family linked to a specific service or carer for continuity.

There is recognition that busy foster carers may require a break from fostering from time to time. Where this is the case, carers must discuss their plans with their supervising social worker, giving plenty of notice so that appropriate plans can be made, including the opportunity for children to have a planned introduction to the short break carer.

Payments to foster carers would generally cease when children were not in placement. However, in specific circumstances the fee element may be payable. Those circumstances may include where a carer has been managing a particularly challenging situation for a prolonged period of time.

Multidimensional treatment foster care [MTFC]

This specialist scheme has respite care built into the programme in recognition that these foster children are the most challenging in the borough at point of placement. The respite carers are specifically recruited and trained within the MTFC model and the child will be linked with the same respite carer so that minimal disruption is caused to him or her. Continuity of behaviour management of the child is carefully managed through the advice and support of the MTFC staff.

MTFC carers have two weeks paid holiday built into the programme to enable them to continue to care for such challenging children on an ongoing basis.

Smoking and passive smoking

Useful contacts: see Appendix.

It is well recognised that cigarette smoking, both direct and indirect, can have serious health implications. Blackburn with Darwen Borough Council/NHS values the children in its care and wishes to promote their health and wellbeing by safeguarding them as far as possible from the effects of direct and passive smoking.

Blackburn with Darwen operates a 'No Smoking' policy in all its workplaces, vehicles and buildings. This policy applies to foster carers in certain important respects which are described more fully below. Social workers have a responsibility to advise foster carers and new applicants of the dangers of smoking and, in particular, the specific dangers of passive smoking to babies and children. Because of this potential for harm, it is Blackburn with Darwen's policy not to place children who are under five years of age with foster carers who smoke. Furthermore, care must be taken over placing a child aged five or older with smokers if the child has been diagnosed with any medical conditions, including disabilities, that might be aggravated by smoke. This covers children who have:

- Asthma or other breathing difficulties (or a family history of this).
- Heart conditions.
- Middle ear / glue ear problems.
- Disabilities, e.g. Down's Syndrome, cystic fibrosis.
- Been born prematurely.

Medical advice should be sought wherever there is doubt. Carers who smoke should be aware that the children in their care might become ill as a result of passive smoking. Children with a carer who smokes have more chest, ear, nose and throat infections than non-smokers' children. In addition, the more cigarettes smoked at home, the greater the risk to the child. Children exposed to smoke are more likely to develop breathing problems as adults. Furthermore, children who live with smokers are more likely to take up the habit themselves, as they copy the adult behaviour and perceive smoking as the norm.

Blackburn with Darwen Council has agreed that smoking will not be permitted in any area where children are present, therefore foster carers must:

- Never smoke around children.
- Keep the home smoke-free.
- Only smoke outdoors but, if this is not possible, limit smoking to one room where the children are not allowed and where windows can be opened for cross-ventilation.
- Never smoke in the room where children sleep or allow anyone else to smoke either.
- Never smoke while completing any activity with a child.
- Never smoke in the car. (N.B. It is *illegal* to smoke in private vehicles where a person under the age of 18 is present in the vehicle.)

Young people in care should be discouraged by their carers from starting to smoke or continuing to do

so. Help and advice on smoking cessation should be given to carers and young people by their respective social workers and health professionals. Cigarettes should never be bought for children or young people, even as a reward or to placate them. Carers must ensure that this policy on smoking is adhered to by other members of the household and when they are choosing babysitters or visiting friends or relatives who are smokers.

As the trend is towards placing children in smoke-free environments, carers need to be aware that, other things being equal, placements with non-smokers are likely to be preferred, which is another reason for carers to take steps to give up smoking. Where possible, children averse to smoking will be placed with carers who do not smoke.

Concerns for the health of children are not the only issue. Like anyone else, carers who smoke are putting their own health in jeopardy, which may affect their ability to actively parent children, either due to bouts of illness or more serious health problems longer term. Often, children in care have been disadvantaged in many ways and every effort should be made to minimise the risk of their losing another parental figure due to ill health, disability or even premature death (albeit that this is rare)..

Information on help available to stop smoking may be provided to carers by their social worker. Information is also available from GP surgeries, school nurses or health visitors. Other useful national and local resources, including current helpline phone numbers, may be found via websites such as **The NHS website (www.nhs.uk/smokefree)**. Given how difficult it can be to stop smoking, a carer will be considered to be a non-smoker only after twelve months of not smoking.

Social workers are role models, too, therefore they are expected to adhere to this non-smoking policy, e.g. by not smoking in the presence of children and young people and not providing them with cigarettes.

E-cigarettes

E-cigarettes are battery-powered products that typically look like real cigarettes; others look like items (eg pens and USB memory sticks). Each e-cigarette consists of a cartridge of liquid nicotine, the atomizer (or heating element), a rechargeable battery, and electronics.⁸ They turn nicotine, flavour and other chemicals into a vapour that is inhaled by the user. The exhaled vapour can be seen and the tip of the e-cigarette has a light emitting diode (LED) which lights when the user inhales, resembling a real cigarette. Users are therefore modelling smoking to children and young people in much the same way as they would with normal cigarettes.

E-cigarettes produce emissions that can be seen, smelled, and contain nicotine, carcinogens and other substances; however, there has been no systematic study of emissions and so the effect of passive e smoking is unknown.

E-cigarettes are not regulated as a tobacco product or as a medicine in the UK and there is no peer reviewed evidence that they are a safe and effective nicotine replacement therapy.

The proposed benefit of e-cigarettes is to deliver nicotine without the concentrations of toxic compounds found in cigarette smoke. Their use has therefore been suggested as a harm reduction strategy. E cigarettes have been found to contain harmful substances, and concerns have been raised about their safety. In 2009, the US Food and Drug Agency (FDA) released results of an analysis of certain electronic cigarettes. The analysis found that the e-cigarette cartridges contained carcinogens and toxic chemicals.

Analysis of two leading brands revealed:

- diethylene glycol (a toxic chemical) in one cartridge at approximately 1 per cent
- tobacco-specific nitrosamines (which are human carcinogens) in half of the samples
- tobacco-specific impurities suspected of being harmful to humans (anabasine, myosmine, and -nicotyrine) in a majority of the samples.

Social worker visits and care planning regulations

Once a child is placed with foster carers, the child's social worker will make regular visits to the foster home. This is discussed at the placement planning meeting. The frequency and timing should be discussed with foster carers and visits should be mutually convenient. When social workers visit, they should see the child alone and also with the rest of the foster family.

The child's social worker should visit within the first seven days of placement and usually incorporate a planning meeting. Thereafter, they must visit at intervals of no more than six weeks during the first year and then three-monthly. However, foster carers or the child can request a visit from the social worker whenever it is required and expect a prompt response, especially when the matter is urgent.

Visits provide an opportunity to discuss any significant information about the child. The social worker should keep you informed of developments within the child's family and any forthcoming legal proceedings. Any changes to plans made for the child's future should be made after consultation with the carers.

Foster carers also have a responsibility to keep the social worker informed about the child's progress. It is essential to maintain a written diary, particularly regarding the child's reactions/behaviour after contact with parents, progress at school, and relationships with other children and members of the foster family.

Sun safety

See also 'Hot weather and keeping cool'

Children's skin is delicate and can be easily burned by the sun. Most children want to play outside in the sun but too much sun can cause skin damage and be a serious risk factor for skin cancer in later life. Babies under six months old should never be exposed to strong sunlight and should be kept in the shade away from reflected sunlight. It is advisable to keep children out of the sun between 11 am and 3 pm when ultra-violet light is at its strongest. Do not be fooled by a cloudy day, as the sun's rays can still burn; and even in April and September in the UK you may need sun protection.

Simple guidelines

- Apply a high protection sunscreen. The higher the factor the greater the protection.
- Always read the instructions on sun protection products. Their sun protection factors (SPFs) may vary, some are waterproof and others require less frequent application.
- Factor 30 is recommended for babies and young children.
- Pop on a broad-brimmed hat to protect the back of the child's neck and shade the eyes.

- Encourage young children to wear UV protection sunglasses.
- Cover children up with loose cotton clothing but remember that wet cotton lets through more UV rays, so change into dry clothing as soon as possible.

The freckle factor

Recent research has shown that children who are frequently exposed to the sun, even though they are wearing a sun cream, have a lot more freckles and moles on their bodies than other children. As the number of moles and any change in their shape can be an early indicator of a predisposition to skin cancers, it is wise to encourage children to spend some of their time in the sun covered up and to play in the shade whenever possible.

T

Tattoos

See 'Safe care policy'

Toy library

Contact details: see Appendix

The toy library is made up of a wide range of toys, games and resources for children, parents and foster carers, families and groups to borrow. It is ideal to find out ideas for play and different resources to encourage child learning and development.

TV, videos, DVDs and the internet

Children today can be exposed to a great deal more violence and sexually explicit images on our television screens than ever before. Video – film – computerised games and the internet, could all provide material that can be considered unsuitable to children and young people.

There are no legal rules or specific guidelines about what are acceptable levels of violence on the screen. This is partly because the standard of what is acceptable changes with time and partly because children react differently depending on their age and maturity. While it may be difficult to be precise about acceptable levels of screen violence, this is not the case with sexually explicit and sexually violent images. All these are unsuitable viewing for children and young people.

Some useful advice

- Follow the television 'watershed' and film classification systems. These are a good indicator.
- Check television guides for the explanation of the classification, such as scenes of violence or scenes of sexually explicit nature.
- Watch out for warnings that a programme may cause distress. Take into account the experiences a child placed with you may have had.
- Don't leave unsuitable material around where children may see it.
- If children have access to television, videos, DVDs and the internet in their bedroom, monitor its use.

U

United Nations Convention on the Rights of the Child

Human rights are important for everyone and adults have an idea of their rights. However, children and young people may not know their rights. They may even have their rights forgotten or ignored.

All children have the right to:

- Good health and wellbeing.
- A better quality of life.
- Support for their families.
- The best alternative care, if it is in their interests: whether in a family, by adoption or in a residential placement.
- Be safe from harm, neglect, discrimination or exploitation.
- Express views on all matters affecting them.
- A sense of identity and worth and a right to practise their own cultural life and the arts.
- Special care, education and training if they have a disability, designed to help them achieve greatest possible self-reliance and to lead a full and active life in society.
- Help when they have committed an offence, so that they can understand the consequences of their action for their victim and adopt a constructive role in society.
- Have their rights protected and to be well informed.

V

Voice group

Contact details: see Appendix

The Voice group (formally known as UR Care Council) is a group of care-experienced young people who can provide a voice for looked after children and care leavers so that they can influence the design, delivery and development of services.

They meet at least once a month and also run projects, training and consultation events with other children in care. The group can invite any officer or councillor to meet with them, including the Director of Children's Services. Two members of the group sit on the Corporate Parenting Committee to scrutinise and challenge decisions being taken by the committee.

Appendix

Contact details (referred to in 'What is fostering?' and A-Z)	
Allowances Blackburn with Darwen fostering website www.blackburn.gov/fostering	666791
BAAF - British Association for Adoption and Fostering Saffron House, 6-10 Kirby Street, London, EC1N 8TS. www.baaf.org.uk email: mail@baaf.org.uk	0207 421 2600
<u>Yorkshire & Humberside and North West office</u> BAAF Yorkshire & Humberside, 4 Pavilion Business Park, Royds Hall Road, Wortley, Leeds, LS12 6AJ.	0113 289 1101 <i>Advice/information:</i>

email: leeds@baaf.org.uk	0113 289 1144
beeZ card beeZ Leisure Card, Blackburn Central Library, Town Hall Street, Blackburn, BB2 1AG. www.beez.card@blackburn.gov.uk	708080
Common infectious diseases NHS Choices – Your health, your choices www.nhs.co.uk	
Complaints procedure for foster carers Quality Manager – Engagement, Customer Care, Blackburn with Darwen Borough Council, L Floor, Tower Block, Blackburn, BB1 7DY email: Lynda.Henderson@blackburn.gov.uk	585755
E-safety www.getnetwise.org www.wiredsafety.org www.childline.org.uk www.kidscape.org.uk www.direct.gov.uk/en/Parents www.ncb.org.uk www.thinkuknow.net www.chatdanger.com Mobile phone bullying: www.stopbully.com To report problems and complaints about abuse or any inappropriate online communication: www.thinkuknow.net www.virtualglobaltaskforce.com	
The Fostering Network 87 Blackfriars Road, London, SE1 8HA. www.fostering.net email: info@fostering.net	0207 620 6400 Advice/information: 0800 040 7675
Healthy eating NHS choices – Your health, your choices www.eatwell.gov.uk Change4life www.nhs.uk/change4life	
Hot weather and keeping cool www.nhsdirect.nhs.uk	0845 4647

<p>Independent visitors and advocacy Child Action North West, Whalley Road, Wilpshire, BB1 9LL.</p>	244712
<p>Help/support line for foster carers Blackburn with Darwen Foster Carers Association</p>	10 am – 9 pm: 07805 516014
<p>Insurance Audit & Assurance, Finance Department, Town Hall, Blackburn linda.haworth@blackburn.gov.uk</p>	585611 / 585870
<p>Meningitis The Meningitis Trust, Fern House, Bath Road, Stroud, Glos., GL5 3TJ. www.meningitis-trust.org.</p>	01453 768000 24-hour helpline: 0808 801 0388
<p>Missing from home and unauthorised absences</p> <p><u>Children’s Services</u> First Response Early Intervention and Support Team [FREIST], Children’s Services, The Exchange, Ainsworth Street, Blackburn, BB1 6AD.</p> <p><u>Police Missing From Home Co-ordinator</u> Greenbank Eastern Division Headquarters, Greenbank Industrial Park, Whitebirk Drive, Blackburn, BB1 3HT.</p> <p><u>Engage Team</u> Engage Team, Accrington Road Community Centre, Accrington Road, Blackburn, BB2 1AF.</p>	666400 353651 56145 / 6
<p>Sexual identity</p> <p>MESMAC North East (<i>‘Gay/bisexual men’s health project’</i>) 3rd Floor, 11 Nelson Street, Newcastle, NE1 5AN. www.mesmacnortheast.com</p> <p>Albert Kennedy Trust <u>Manchester office</u> 5 Oak Street, Northern Quarter, Manchester, M4 5JD. www.akt.org.uk email: contact@akt.org.uk</p>	0191 233 1333 0161 228 3308 / 9
<p>Smoking and passive smoking NHS smoking helpline www.smokefree.nhs.uk</p>	0800 022 4332

Toy library Mobile Toy & Resource Library, Site 1, Unit 8 Philips Road, Glenfield Park, Blackburn.	695925
Voice Group Children and Young People's Participation Officer	666753

Useful addresses and telephone numbers

BAAF - British Association for Adoption and Fostering Yorkshire & Humberside and North West office BAAF Yorkshire & Humberside, 4 Pavilion Business Park, Royds Hall Road, Wortley, Leeds, LS12 6AJ. email: leeds@baaf.org.uk	0207 421 2600 0113 289 1101 <i>Advice/information:</i> 0113 289 1144
Child Action North West, Whalley Road, Wilpshire, BB1 9LL.	244712
Children & Families [CAF] Team	666913
Children with Disabilities	666940
CIOC [Children in our care] Team	666863

CIOC Team at 594 Whalley New Road	243250
Connexions	267780
Customer Care (re complaints)	585755
Emergency Duty Team [EDT]	587547
Families Information Service fis@blackburn.gov.uk	667877
Finance (Fostering)	666791
First Response Early Intervention and Support Team [FREIST]	666400
Fostering & Adoption Team	666840
Fostering Partnership (Multidimensional Treatment Foster Care)	819020
Independent Review Mechanism [IRM] Unit 4, Pavilion Business Park, Royds Hall Road, Wortley, Leeds, LS12 6AJ www.independentreviewmechanism.org email: irm@baaf.org.uk	0845 450 3956
Insurance (Blackburn with Darwen)	585611 / 585870

LAC [looked after children] Education Manager	666702
Leaving Care Team	243250
Legal Department (Blackburn with Darwen)	585411
Lifeline	677493
Ofsted Piccadilly Gate, Store Street, Manchester, M1 2WD. www.ofsted.gov.uk email: enquiries@ofsted.gov.uk	General helpline: 0300 123 1231
Royal Blackburn Hospital	263555
Safeguarding & Child Protection	666991
Safeguarding Unit (for independent reviewing officers)	585117

SCAYT [Supporting Carers and Young People Together] The Fold, 2-8 Venice Avenue, Burnley, BB11 5JX.	01772 538880 Press 1 for East
The Fostering Network	0207 620 6400 <i>Advice/information:</i> 0800 040 7675
Toy Library	695925
Youth Justice Service	666995

CHILDREN'S CENTRES	
Accrington Road Children's Centre Accrington Road, Blackburn, BB1 2AF.	666120
Audley and Queens Park Children's Centre Pringle St., Blackburn, BB1 1SF.	507750
Darwen Children's Centre Lord Street, Darwen, BB3 0HR. Chapels, Winterton Road, Darwen, BB3 0ER.	778900 701535
Earcroft Children's Centre Monton Road, Darwen, BB3 0AF.	870900

Hancock Street Children's Centre Hancock Street, Blackburn, BB2 2LZ.	666230
Higher Croft Children's Centre Fishmoor Drive, Blackburn, BB2 3UY.	267920
John Smethurst Children's Centre St James' Road, Blackburn, BB1 8ES.	698350
Little Harwood Children's Centre Robinson Street, Blackburn, BB1 5PE.	506910
Livesey Children's and All Age Centre Andrew Close, Blackburn, BB2 4NT.	507950
Longshaw Nursery School and Children's Centre Crosby Road, Blackburn, BB2 3NF.	698832
Mill Hill Early Years Centre Mill Hill Community Centre, New Chapel Street, Blackburn, BB2 4DT.	266360
Seven Trees Children's Centre Whalley Street, Blackburn, BB1 6NZ.	264922
Shadsworth Children's Centre Shadsworth Road, Blackburn, BB1 2HR.	680733
Wensley Fold Children's Centre Carnarvon Road, Blackburn, BB2 6NL.	272940

CHILDREN'S UNITS	
Cherry Tree Lane Resource & Reception Centre, Cherry Tree Lane, Cherry Tree, Blackburn, BB2 5NX.	202405
Lytham Road ASU [Adolescent Support Unit],	55358

FOSTER CARER'S BLUE BOX CHECKLIST

128-130 Lytham Road, Blackburn, BB2 3EB.	
Apple Trees [for Children with Complex Needs] Kelsall Avenue, Blackburn, BB1 5RU.	503770

Foster Carer's Name(s):		Tick
1	Appointments Diary	
	Recording Log Book <i>(one for each child)</i>	
	Specific Incident Book	
2	Health Care Passport <i>(one per child in placement)</i>	
	Foster Carer Agreement <i>(latest version)</i>	
	Safe Care Policy (Guidance)	
	Safe Care Statement <i>(foster carers and 'babysitters' to sign)</i>	
	Family Safe Care Policy <i>(to cover current household)</i>	
	Pet Questionnaire <i>(relating to current pets, particularly dogs)</i>	
	Foster Carer Annual Reviews and Re-approval Letter	
	Health and Safety Document	
	Safe Care / Keep Safe Plan	
	Computer Assessment	
	Agreement/Risk Assessment Sharing of a Bedroom	
	Form F/Family and Friends Assessment	
	Foster Carer Fire Safety Plan	
	CRBs relating to all in the household over 16 years of age	
	3	CIOC Documents (1) Placement Plan (2) Care Plan (3) SW's Report for CIOC Review (4) CIOC Review Minutes
Legal Orders <i>(where appropriate)</i>		
Risk Assessments <i>(for each child)</i>		
Support Plan <i>(for each child where appropriate)</i>		
4	Supervision Visits <i>(Signed by foster carer and supervising social worker)</i>	
	Unannounced Visits	
5	Foster Carer's Training Schedule	
	Training Record <i>(foster carer to maintain)</i>	
	Car Mileage Record <i>(if applicable)</i>	
	Newsletters	
also	A-Z Guide for Foster Carers	
	Fostering Procedures	