



Leicester
City Council

fostering
Leicester City Council

Foster Carers Handbook



Being a foster carer will make a big difference to young people's lives as you are giving them a new fresh start, so they can go and live their lives.

You make a difference in a child's life. As a care leaver I know that as a foster carer, times can be stressful but stay strong and you become an inspiration to all.

Children in Care Council

As a foster carer you make a real difference to the lives of children and young people by providing warm and nurturing care. The Fostering Service of Leicester City Council wants to ensure that we provide the best possible service to our children and young people in foster care and to you as a foster carer. To do this we aim to provide you with high-quality support. We hope this Handbook will help you throughout your fostering career and provide clear information to support you in achieving the best possible outcomes for our children and young people. We will send you updates and your Supervising Social Worker will offer further guidance and support. We continue to look forward to working together.

Georgina Oreffo (Service Manager, Fostering and Adoption)

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LEICESTER CITY COUNCIL FOSTERING SERVICE STATEMENT OF PURPOSE

It is a requirement of the Fostering Services England Regulations 2011 and National Minimum Standards for Fostering Services that each fostering agency produce a written Statement of Purpose. This statement includes a description of its service, aims and objectives, together with how these are provided.

<https://www.leicester.gov.uk/health-and-social-care/adoption-and-fostering/fostering>

This Statement of Purpose links to the Children's Guide which is available to all children placed with foster carers and the Looked After Children's Pledge.

AIMS OF THE SERVICE

The aim of the fostering service together with its key partners is to ensure that children and young people living in foster care achieve the best outcomes. Young people should be enabled to reach their full potential through the provision of safe, stable, high quality family placements.

By implementing the Fostering Services National Minimum Standards 2011 the fostering service will provide foster placements capable of meeting the health, education and general well-being of foster children from diverse backgrounds.

OBJECTIVES OF THE SERVICE

- To provide a skilled and flexible fostering service that can meet the wide range of assessed needs of children and young people requiring foster placements.
- Leicester City Fostering Service will recruit, assess and approve sufficient foster carers who live in the Leicester area to ensure as far as possible that children can be placed in the local area to assist and maintain appropriate links with family, community, schools and friends. Following assessment, children may be placed with friends and family outside the Leicester area, if the placement is in their best interests.
- Children and young people will be matched to foster placements considered to be able to meet the assessed needs of the child, the views of the child will be taken into consideration as part of this process.
- Where possible siblings will be placed together (unless there are safeguarding reasons) and where this is not possible, determined efforts will be made to reunite them as soon as is possible and appropriate.
- Race, language, culture, religion, gender, gender orientation and ability will be considered when matching carers to the needs of children.
- The service and foster carers will, in conjunction with partners, support the implementation of the child's Placement Plan, Care Plan or young person's Pathway Plan.
- In consultation with foster carers, young people and other key individuals the service will maximise placement stability, including availability of the placement to the young person after they reach the age of 18 years where appropriate.
- Each foster carer will be allocated to a qualified supervising social worker and will receive high quality support and training to assist them to provide the best parenting for children in their care.
- The service will work in partnership and openness with foster carers and all other partners who are involved in ensuring the child or young person's welfare.

PRINCIPLES

- Children in foster care are entitled to experience family life in which they feel loved and secure in the same way as any other child.
- Children should be encouraged to be proud of their heritage and background and be encouraged to achieve their potential, celebrating their talents and achievements into adulthood.
- Foster families are recognised as often providing the basis for positive change in a child's life, leading them to grow and develop to become successful adults.
- Children are consulted, involved and listened to with appropriate consideration given to their views concerning important decisions affecting their lives.
- The specific needs of disabled children should be carefully considered when making and supporting foster placements.
- Children and young people should be supported and encouraged to maintain links and contact with their families and communities of origin and foster carers will be encouraged to support these efforts.
- Children should not be allowed to 'drift' in care and Leicester City Council has a responsibility to ensure that foster carers and other partners take responsibility for ensuring that the child is prepared for permanency as determined by the care plan, whether this be reunification with family, adoption, permanent foster care or independence.
- Children should be safeguarded in care; be protected from harm including actions by children or young people themselves.
- Foster carers themselves will have opportunities to influence developments in the fostering service.

PLEDGE TO LOOKED AFTER CHILDREN AND CARE LEAVERS

The Pledge is a list of promises made to looked after children, young people and care leavers, to make sure they are supported and enjoy a good life. The Pledge is a result of listening to children, young people and care leavers and them telling us what they need. We will support children, young people and care leavers to do their best and to make a success of their lives by:

- Being fit and healthy
- Staying safe from harm
- Having a good education and enjoying hobbies
- Helping them prepare for their future
- Listening to them

To ensure that we meet this Pledge, we are committed to meet with and discuss with children and young people how we can make things better for them as individuals and as a group. As foster carers with Leicester City Council, we expect that you will be a part of this Pledge.

AIMS OF SOCIAL CARE AND EDUCATION DEPARTMENT

We will support children and young people to be safe, learn, achieve and grow. Our mission is to improve children, young people and families' lives by working in partnership to raise aspirations, build achievement and protect the most vulnerable. We are committed to having a real impact on the lives and outcomes of our children and young people. We will consistently apply the following core expectations and standards to our work:

- Focus on the child and young person
- Safeguarding and child protection
- Timely allocation and intervention
- Quality assessments
- Use of chronologies
- Children and young people's records
- Children and young people plans
- Supervision and management oversight
- Statutory guidance
- Performance and quality assurance

CORPORATE PARENTING

Corporate Parenting refers to the partnerships between the local authority departments, services and associated agencies who are collectively responsible for meeting the needs of looked after children, young people and care leavers. Through good practice we can offer the same standards of support as any reasonable parent.

Councillors and leadership at a senior level must have a clear understanding and awareness of the issues for looked after children and care leavers so that they can ensure that their responsibilities as corporate parents are reflected in all aspects of the work of the council. The outcomes of this work are reported to and quality assured by the Corporate Parenting Forum and Children in Care Council. There is a Foster Carer representative on the Corporate Parenting Forum, who you can contact via the Fostering Teams.

"Corporate parenting cannot replace or replicate the selfless character of parental love; but it does imply a warmth and personal concern which goes beyond the traditional expectations of institutions." (The Utting report, 1991)

EQUALITY AND THE FOSTERING SERVICE

Leicester City Council has an Equal Opportunities Policy which informs practice in the areas of foster care recruitment, child placement and foster carer supervision.

The Fostering Service and you will need to understand and actively promote the following:

- Understanding diversity was an essential part of your assessment and approval process.
- All children and young people need a positive identity; therefore, sensitive and careful matching is needed to ensure you will be able to promote their culture, religion, language and help them build a positive sense of their own identity.

- Sibling groups should be kept together whenever possible as determined by the sibling attachment assessment.
- In caring for children from black and minority ethnic groups you must encourage and celebrate their identity and cultural requirements. You should provide multi-cultural toys, books, cards, and specific foods. Information can be obtained from your supervising social worker, the child and young person's social worker, from training and from research on the internet.
- You are expected to attend training on Equality and Valuing Diversity.

NATIONAL MINIMUM STANDARDS FOR FOSTERING SERVICES

These cover in detail the operation of fostering services, including the panel. They are the Standards against which the service is inspected. Where a standard places an expectation on you, there is an expectation that the fostering service will support you as far as possible to meet the standard.

The values statement below explains the important principles which underpin these standards.

- The child's welfare, safety and needs are at the centre of their care.
- Children should have an enjoyable childhood, benefiting from excellent parenting and education, enjoying a wide range of opportunities to develop their talents and skills leading to a successful adult life.
- Children are entitled to grow up in a loving environment that can meet their developmental needs.
- Every child should have his or her wishes and feelings listened to and considered.
- Each child should be valued as an individual and given personalised support in line with their individual needs and background to develop their identity, self-confidence and self-worth.
- The needs of disabled children and children with complex needs will be fully recognised and considered.
- The significance of contact for looked after children, and of maintaining relationships with birth parents and the wider family, including siblings, half-siblings and grandparents, is recognised, as is your role in this.
- Children in foster care deserve to be treated as a good parent would treat their own children and to have the opportunity for as full an experience of family life and childhood as possible, without unnecessary restrictions.
- The vital importance of the child's relationship with you should be acknowledged and you should be recognised as core members of the team working with the child.
- You have a right to full information about the child.
- It is essential that you receive relevant support services and development opportunities to provide the best care for children.
- Genuine partnership between all those involved in fostering children is essential for the NMS to deliver the best outcomes for children; this includes the Government, local government, other statutory agencies, fostering service providers and you.

<https://www.gov.uk/government/publications/fostering-services-national-minimum-standards>

SUPPORT FOR FOSTER CARERS

SUPERVISING SOCIAL WORKER

The Supervising social worker has prime responsibility within the department for you and your family. Their main tasks are to:

- Recruit Foster Carers
- Prepare and assess prospective Foster Carers with a recommendation to the Fostering Panel
- Provide or help arrange training for prospective Foster Carers
- Advise Social Workers on which foster homes are available for which kind of child, depending on age, background, numbers of children in family etc.
- Support Foster Carers on matters relating to their fostering, for example helping carers when they are preparing a child for a move and to help the carer adjust after the child leaves.
- Arrange and hold regular supervision meetings with Foster Carers
- Review Foster Carers' approval in the light of changes in their family situation and present these to the Fostering Panel; such as moving from a short-term carer to permanent carer.
- Help Foster Carers develop professionally
- Participate in planning for the child
- Ensure that carers have the required equipment (prams, beds, appropriate equipment for children with disabilities etc.) to undertake the fostering task.
- To offer support and advice during an allegation or investigation.

FOSTER TALK

As a foster carer for Leicester City Council, you have access to the support and services offered by Foster Talk. This is an independent, non-profit organisation providing professional support services to foster carers across the UK. The organisation focuses solely on supporting foster carers.

For more information about Foster Talk, please discuss with your supervising social worker or contact Foster Talk on 01527 836 910. <https://www.fostertalk.org/>

Foster Talk offers the following services:

- Foster carer legal expenses insurance
- 24-hour legal advice helpline
- Arrest and interview assistance
- Fostering advice helpline
- Accountancy and tax advice
- 24-hour counselling helpline
- Independent financial advice helpline
- Website and online forums
- Quarterly magazine
- High street discounts

- Education advisory service
- 24-hour medical and first aid helpline
- Direct support can be offered when going through an allegation

On approval the Fostering Service will pass your details to Foster Talk and you will be given a username and password to access the members only area.

CHILD OR YOUNG PERSONS SOCIAL WORKER

Each child or young person placed in foster care is the responsibility of a child care social worker. The team they work in will depend on where the child is in their journey through care and at which point they became looked after. The child's social worker's role is to:

- Assess the needs of a child.
- Develop a relationship with the child.
- Plan for the child and regularly review the child's plan at the child's statutory review; the first review should be within 20 days, the second within 3 months of the first, and thereafter every 6 months.
- Complete the placement plan and delegated authority at the placement planning meeting for the child or young person coming to live with you and review this plan.
- Work with the child, the child's family and the foster carer.
- Share information to enable you to meet the child's needs whilst in your care.
- Identify and try to obtain resources to meet the needs of the child.

VISITS

The child's social worker must visit the child regularly and ensure that the child's welfare is still being safeguarded and promoted whilst in foster care. Visits will be made as often as is necessary for the child's welfare and the support of the foster carers.

The minimum frequency at which the child's social worker must visit the child depends on the circumstances and is shown below. The child's social worker will feed back to your supervising social worker to help them to determine when visits are necessary beyond the statutory minimum; but it is important to note that the social worker must visit the child whenever reasonably requested by either the child or you.

- When child first joins the foster family - within one week
- When foster carer has only temporary approval (kinship care, Regulation 24) - weekly until child's first review, then four weekly
- With the same foster carers for less than a year - six weekly
- With the same foster carers for more than a year and this has been formally agreed where the child will remain until age 18 - three monthly (otherwise, remains six weekly)
- In exceptional circumstances where a child is with long term, matched foster carers, where the situation is very stable, and it has been agreed at the LAC review – 6 monthly.
- Whenever reasonably requested by the child or foster carer

- Where a child is on a respite placement via the Short Breaks Scheme, the social worker from the Children's Disability Team (CDT) should visit within the first seven days of placement days and then every six months.

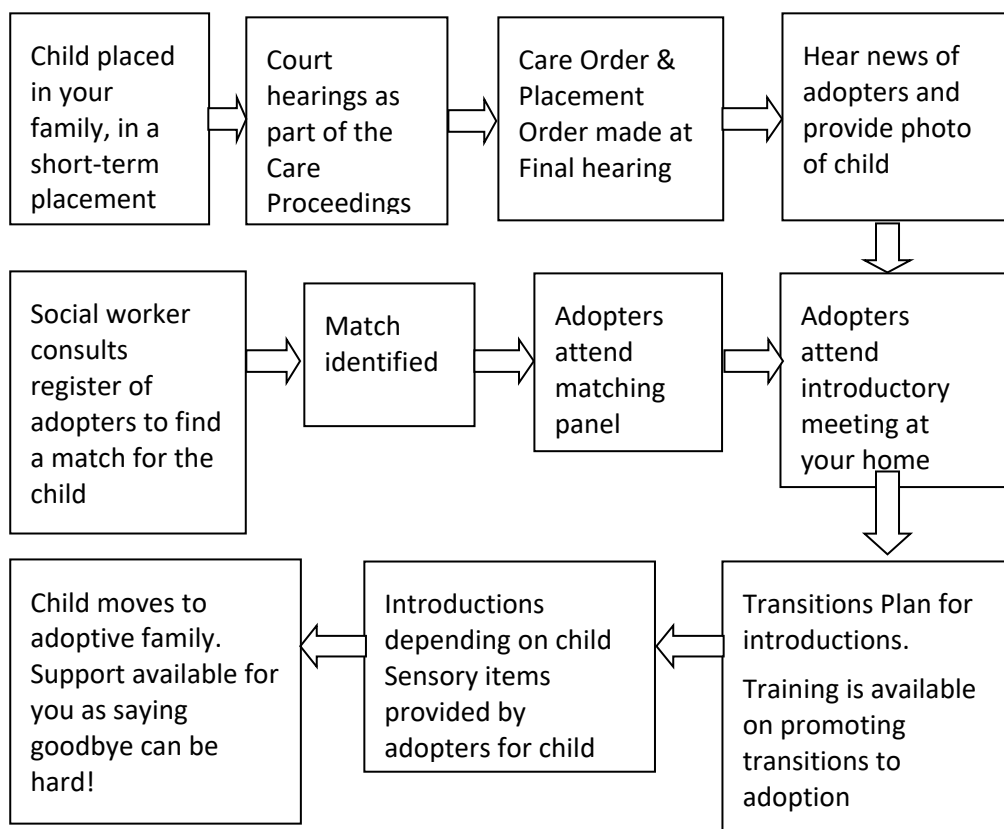
Each social worker reports to a Team Manager. Your Supervising social worker liaises with their Fostering Team Manager. You can approach the Fostering Team Manager if there are any issues you cannot resolve with your Supervising social worker. You will be given contact details of your Fostering Team Manager following your approval as a Foster Carer.

ADOPTION TEAM

The Social Workers in the Adoption Team assess and support potential adopters. They take the final adoption assessment to Adoption Panel, (which is also attended by the applicants), who recommend their approval as adopters. The recommendation includes age range, and number of children for whom the adopters will be approved.

Once approved, all the information about the adopters is retained on a register. When seeking to link a child with potential adopters, Social Workers then consult the register to try and find adopters for the child who will best meet their needs. Once adopters have adopted a child, there is a post-adoption service to offer them support.

Fostering children who are then placed for adoption



OUT OF HOURS SERVICE – DUTY AND ADVICE

The Duty and Advice Service (DAS) provides out of hours support. They will be your main point of contact if anything happens out of office hours, such as a child going missing or updating following a medical emergency. The number is:

Tel: 0116 454 1004

Remember Foster Talk provides 24-hour counselling, legal and medical advice and support.

EMERGENCY PLACEMENTS

A list is generated and used by DAS when they are finding an emergency placement for a child or young person. This is a temporary placement for a period of normally 1 to 3 days but could be longer. Sometimes the child or young person may stay with you if the placement fits with your approval and if agreed by yourself and your Supervising Social Worker. If you agree to be placed on the emergency list then you could be called at any time of the day or night and at weekends and asked if you can take a child or young person - due to the short notice we understand this may not always be possible, we will then phone an alternative foster carer.

Children come into care for many several reasons at such short notice, this is a particularly distressing time for them and we aim to place them in a safe and secure foster home as quickly as possible.

SONS AND DAUGHTERS – BIRTH CHILDREN OF FOSTER CARERS

Your own children spend a lot of time with children and young people placed in your care, sharing their toys, and most importantly you.

Sometimes fostered children talk more easily to your children than they talk to you. This can mean that your children may hear difficult or upsetting information. It is important that you talk to your own children about how to manage this and that your children are clear about what information they must share with you.

You must protect your own children, but you also have a responsibility towards your fostered child. It is important that your own children have some time and space with you, away from the fostered child.

At the same time many foster carers report that their children benefit in many ways from being part of a foster family. However, there may be times when your children need some additional support and your Supervising Social Worker, who will know your children, is available to offer this. The fostering service operates a sons and daughters group which is supportive and holds regular meetings and activities.

For more information on the sons and daughters group, please ask your Supervising Social Worker.

SUPPORT GROUPS

Support is a really important aspect of being a foster carer. We don't want you to ever feel alone or without someone to talk to. Our peer support groups are places where you can meet other foster carers in an informal way, sharing ideas and getting connected. Often, they put on events, socials and Christmas parties – not just for you, but for your whole family as well.

HOW TO BE A PENGUIN



Details of support groups and other resources for foster families can be found at: www.howtobeapenguin.co.uk.

LEICESTER FOSTER CARERS SUPPORT GROUP (SOUTH)



Leicester Foster Carers Support Group (South) meets the 2nd Wednesday of every month, from 9.30am to 12noon at Knighton Free Church, Brinsmead Road, Leicester LE2 3WB.

Open to any Leicester City Council Foster Carer, Kinship Carer or Special Guardian, the Support Group was formed by Carers, for Carers in 2015.

Most of our meetings are just for you, to relax and chat although occasionally we have guest speakers. If you would like to join us, please come along – you would be very welcome.

Contact Debbie on 07792 862257 or speak to your supervising social worker.

THE TWO NANAS KINSHIP (FAMILY AND FRIENDS) CARERS SUPPORT GROUP



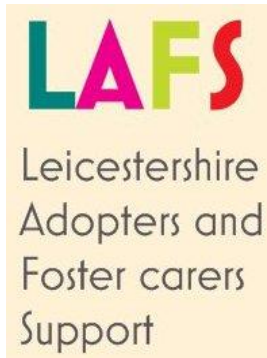
The Two Nanas Kinship (Family and friends) Carers Support Group in Braunstone Town: Our meetings are Mondays, 10-12, at Braunstone Town Children's Centre Sure Start, Kingsway North, Leicester LE3 3BD.

We set up the group as there was nothing in this area and we were sure there were lots of other people in a similar position who would benefit from getting together for a coffee and a chat. The idea is that we meet up once a month

to share the good and the challenging; have a moan or hopefully a laugh; make new friends; form a support network and share information in a relaxed and welcoming environment.

This is our group to run in a way that we feel is helpful to us all, The Two Nanas Rosemary and Fiona.

LAFS (LEICESTERSHIRE ADOPTERS AND FOSTER CARERS SUPPORT)



LAFs (Leicestershire Adopters and Foster Carers Support) is a peer support group for adopters, foster carers and special guardians. They provide:

- Events, activities and meet ups for parents / carers and for families
- Daily peer support via their closed Facebook group

Working with local providers to help improve services for families. Ask your social worker or an existing member to refer you: email lafsgroup@yahoo.com for more details.

TOGETHER

Together Freeman's Common, Leicester. Drop in for adopters/foster carers/special guardians in Leicester, Leicestershire and Rutland. Refreshments provided and toys for children. Meets once a month on a Friday – please contact How to be a Penguin for more details: enquiries@howtobeapenguin.co.uk

FOSTER CARERS SINGING GROUP "FOSTERING VOICES"

If you enjoy singing, then please consider joining Fostering Voices. It's a great way to meet other foster carers. We meet every Thursday lunchtime term time – contact info@bullfrogarts.com for more details. Everyone is welcome.

EXPERIENCED FOSTER CARERS

Additionally, one of our experienced foster carers, Amanda Macdonald, has kindly offered support to other carers who may, for example, experience distress when children they have cared for move on to a permanent home. Amanda can be contacted on 07968 401750.

STANDARD 1: CHILD'S WISHES AND FEELINGS

<p> Children's views, wishes and feelings should be listened to by all those involved with them. As a fostering service everyone should be acting on this, apart from when it is not in a child's best interests or adversely affects other members of the fostering household.

It is an important part of the foster carers' role to help children feel listened to and explain to them reasons why their wishes and views cannot always be acted upon. This can also involve helping the child speak to others about their wishes and feelings or advocating for them. With older young people this can be about helping them develop vital life skills in getting their voice heard appropriately.

For many of the children that you will look after helping them develop a positive view of themselves is one of the most important parts of your job. Helping them to understand their background, identity and needs and make their views known about these is part of your role. Foster carers need to understand how to help children and young people make basic choices in the food they eat, clothes they wear, spending of money and other aspects of their daily lives within the context of a family environment. The ways in which this is to be done will be discussed as part of the child's placement plan and should be revisited at every statutory review. It can also be discussed with the child's social worker or your supervising social worker at any time.

A CHILD'S GUIDE TO FOSTERING

Share a copy of the leaflet below with any child that is placed with you. It helps to explain what being in foster care means and what to expect. If you look after older young people, make sure you discuss the points that are raised.

LEICESTER'S PLEDGE TO CHILDREN AND YOUNG PEOPLE IN CARE

As a foster carer for Leicester you have promised, alongside the other professionals involved, to ensure for any child in your care:

- We will listen to your views when planning and providing your individual care and to develop our services and policies for all looked after children
- We will be contactable, through a variety of ways and get back to you within 24 hours
- We will be open and honest about your care and support you when changes are made to these arrangements.
- We want to know what you think about the help you get from us. We will make sure that you are able to say about what happens to you whilst you are in care with help from your Social Worker or your Independent Reviewing Officer.
- We will make sure you know what help we can give you. We will give you information and support about how to get help from an independent person (an advocate e.g. Children's Rights Officer, LAC Project Officer) and on how to make a complaint if you are not happy
- We will support the work of the Children in Care Council (CiCC) to be the voice of LAC and care leavers in Leicester by ensuring that the group is represented at relevant council meetings. Senior managers and elected members will attend CiCC meetings and other consultation events to discuss policy and service developments with you
- We will ensure that you receive a service that supports all aspects of your heritage, values diversity, promotes fairness & challenges prejudice & discrimination. We will consider any specific or additional needs that you may have. (This will include your cultural and religious needs, disabilities that you may have, your sexual orientation, gender etc.)

WHO LISTENS AND ADVOCATES FOR OUR CHILDREN AND YOUNG PEOPLE?

INDEPENDENT REVIEWING OFFICER (IRO)

All Looked After children have an allocated IRO who will be responsible for chairing the meetings where their care plans are reviewed at regular intervals. This is the person who has an overview of everything that is happening and should take an independent view.

The child should be given details of how to contact their allocated IRO at the outset of the placement or if this is the first time the child has been accommodated, within 5 working days. Children should be enabled to contact the IRO by a variety of methods including phone, email or text.

The IRO has two main functions:

- chairing a child's review
- monitoring the child's case on an ongoing basis

The IRO should consult with the child or young person about their care plan at each review and at any time there is significant change to the plan.

The IRO is responsible for identifying gaps in the assessment process or delivery of the service.

They must ensure that a child's views, wishes and feelings have been considered and that the child/young person understands the implications of any changes to their plan. If the child's wishes cannot be acted upon then the IRO and/or the child's social worker and foster carer must explain the reasons to the child.

LAC REVIEWS

It is important for the planning process that any relevant information about the child is shared at review meetings. Foster carers are expected to attend review meetings and where this is not possible ensure their views are presented in writing by their supervising social worker. LAC reviews can be held in a variety of places such as at the child's school, a Social Care office, the foster carer's home and the choice of venue should help everyone to contribute safely

Foster carers should also encourage children to complete their consultation document beforehand. If they need any additional help you can offer this to make sure that they can communicate their views.

THE CHILD'S SOCIAL WORKER

The child's social worker is expected to visit the child at the placement in the first week of placement and then at least six weekly as a minimum requirement during the first year of placement and every 3 months thereafter. The visiting should remain at 6 weekly if yours is not their permanent placement. The social worker should see the child separately from the foster family, so they may do some additional visits away from the home.

For some young people who are very settled in their placement they may not want frequent contact with their social worker and if this is the case their social worker will discuss this with them and try to accommodate their views while ensuring they still meet their responsibilities. For other children and young people visits may be more frequent because there is a lot of information to share.

FOSTER CARERS

Foster carers are often the person who knows a child best and has the closest relationship with them. As you are living with the child you can engage, listen and advocate for children both in a formal setting such as review meetings and informally by getting to know them and helping them discuss their wishes and feelings.

To be able to do this you need to spend lots of time with them and come to understand them and their cues, conversation and play. By doing this you are helping to make the child feel their wishes and feelings are important and valued and help them express their views and engage in decision making regarding their care plan. Sometimes children may wish to seek support from other sources such as advocates, and you may be required to facilitate this.

Foster carers must keep in mind the child's family too. You are often the people who have communication with the child's birth family through contact arrangements so may know of information that indicates the family's views, and this must be recorded and passed onto the social worker.

SUPERVISING SOCIAL WORKER

Supervising social workers will arrange to talk with looked after children while they are in placement when they make their visits. Children are not expected to talk to them if they don't wish to but you should encourage them as it helps your supervising social worker to know everyone in the household. They may do this very informally during visits and discuss their views with you separately about how best to support the child in placement. As part of your annual review and unannounced visits they will speak to any children you are looking after, on their own, and ask for their views about how things are going. They will share feedback with you as appropriate.

INDEPENDENT VISITOR

Where a child in foster care does not have contact with their family or it is infrequent they are entitled to receive visits from an independent visitor. Their role is not specifically to advocate but to give the child an opportunity to be listened to by an adult who is not connected to their placement. If you feel a child placed in your care would benefit from this service, please speak to the child's social worker.

Information about Independent Visitors can also be found here: www.leicester.gov.uk/media/180027/fostering-independent-visitors.pdf

CHILDREN'S RIGHTS AND PARTICIPATION AND ENGAGEMENT SERVICE

The Children's Rights and Participation Officers aim to empower children and young people's involvement in decisions that affect their lives, to ensure that when decisions are made they are involved, consulted and listened to. They provide the following:

- Advocacy to Leicester's children in care and care leavers
- Advocacy visits to all children's homes in Leicester
- Facilitation of Leicester's Children in Care Council (CiCC)

There are several ways in which your foster child or young person can contact the Children & Young People's Rights and Participation Service if they need support.

- Call on 0116 454 2425 or 07976348391
- Text on 07976348391
- E-mail on childrensrights@leicester.gov.uk
- Or write to Lesley Higgins, Leicester City Council, Children & Young People's Rights/Participation Service c/o 91 Charles Street Leicester LE1 1HL.

TOP TIPS FOR LISTENING TO CHILDREN AND YOUNG PEOPLE

A good communicator should not lie or build up false hopes. They should be trustworthy, reliable and honest and most especially, a good listener. A good listener will usually be listened to because they will have taken care to listen and will have thought about what they want to say.

Some simple listening rules:

- Make time to listen. Children have important things to say at the most inconvenient time of day
- Listen to what is being said. Give the child your entire attention
- Don't anticipate what will be said next. Wait and listen, that way you'll be sure
- Keep your thoughts to yourself as to what is being said. Don't let your mind jump away from the topic
- Pay attention to both what is being said and how it is being said
- Asking questions can certainly help but they require careful handling and good timing
- Respect confidentiality and privacy unless you feel there is a compelling reason to disclose the information such as, the child is at risk of harm, when the Child's Social Worker and your Supervising Social Worker should be updated.
- Show you are listening by eye contact, nodding or use of body language

There is a lot of helpful information on "active listening" and the difference between empathy and sympathy – for example the following video may be helpful: <https://www.youtube.com/watch?v=1Evwgu369Jw>

Childline has launched a website aimed at children under the age of 12. This provides age appropriate content on topics including: bullying, family, friends, feelings, school, abuse and staying safe. It also includes games and therapeutic tools for young visitors to play and express how they are feeling. <https://www.childline.org.uk/kids>

RECORDING A CHILD'S VIEWS, WISHES AND FEELINGS

It is important that children's views, wishes and feelings should be gathered as part of the formal and informal monitoring of placements.

When a child or young person raises an issue, the foster carer must record this in their daily recording. In addition, you should discuss the issue during support or supervision visits with your supervising social worker.

IF THE CHILD WANTS TO MAKE A COMPLAINT

Whenever a child wants to make a complaint or express a concern about the care or service that is provided to them they should be reassured that no one will be cross with them and they have nothing to fear. Their complaints should be passed on to their social worker or your supervising social worker. Children should have feedback after any complaint or concern is raised. This could be given by their social worker, you or the supervising social worker or any other person that it is felt appropriate to do so (it is preferable that it is a person that the child knows or who they have made the complaint to). If you believe that the child has not had information fed back to them it is your responsibility to communicate this to the child's social worker and or their supervising social worker.

This link will take you to Leicester City Council's 'Comments, Compliments and Complaints' leaflet
<https://www.leicester.gov.uk/media/180030/comments-compliments-and-complaints.pdf>

KEY POINTS

- How will I make sure any child placed with me gets an explanation about what being in foster care means for them that they understand?
- How am I going to make sure that I carry out the commitments in the corporate parenting pledge that apply to foster carers?
- Listening is as much an art as speaking. Both require patience. Both require attention.
- How am I going to help any child in my care take decisions for themselves and make their views and feelings known?
- Good communication with everyone involved with the child is really important.
- Good recording is really important to make sure everyone knows a child's wishes and views.

STANDARD 2: PROMOTING A POSITIVE IDENTITY, POTENTIAL AND VALUING DIVERSITY THROUGH

When a child is placed with you they should have a placement plan and a Care Plan which is updated over time; they set out what their individual care needs are. These are some areas where you will have to give thought to how you might meet the child's individual needs: -

LIFE STORY WORK

Life story work helps children separated from their birth families make sense of their past experiences from birth. Some children may be too young to remember or understand what has happened in their lives. Children in care often experience many changes of social workers and foster carers and, as a result, information about their past and heritage may be missing, lost or forgotten.

A life story 'book' is usually prepared for or with a child by a social worker. The book includes the recording of significant information and events for a child to refer to when they are older or as they grow up, such as a description of their birth family, where they were born, significant people in their lives, and their care history. Foster carers should contribute to life story books, and a memory box, about the time a child has spent living with them.

Life story work can take the form of a book, scrapbook, photo album, interactive CD or collection of personal items, such as a hospital bracelet, first teddy bear, or drawings that date back to the child's time with their birth or foster family.

It is important for children to have a record of significant people and events in their life. Every child needs to have a sense of identity and of their origins, so they can understand the person they are. The life story book belongs to the child but is usually given to the adoptive parents or permanent foster carers, so they can share the information sensitively with the child, when age appropriate, as some information may be painful or difficult to understand. Some children may choose to refer to their life story book regularly; others less often, or hardly ever.

The training course in this area will really help you think about how to do this. Your supervising social worker will talk to you about this and will advise you on how you can put together the information you have.

Some suggestions for what to include in a life story book or memory box are as follows:

- Pictures of all the fostering household including pictures of the home.
- Records of achievements/copies of certificates and awards.
- Development milestones (when achieved).
- Favourite birthday and Christmas gifts.
- Favourite activities.
- Family holidays and photos of the foster child with the fostering family.
- Names of favourite friends (photos if possible).
- Information about significant illnesses or hospitalisation.
- Details of pets in the family (plus photos).
- Details of special activities or day trips.
- School details, favourite teacher, subjects, school reports, school plays.

- Special activities such as scouting, clubs, camping experiences.
- Religious celebrations and festivals.
- Family special occasions.
- Ways the child liked to show affection and things that made them laugh.
- Information about reactions and frequency of visits with birth relatives.
- Any cards/gifts/letters/photos and clothing provided by members of the birth family.
- Letters from foster carers/family to the child.

The links below will provide useful information about life story work.

BBC Site

http://www.bbc.co.uk/health/emotional_health/mental_health

This has detailed information about emotional health and mental health.

Royal College of Psychiatrists

www.rcpsych.ac.uk

Talks about mental health problems in everyday language. It contains information about the effects of drug use and addiction.

Winston's Wish

www.winstonswish.org.uk

This is a charity for bereaved children. Information and downloads about communicating with children on loss and talking about death. Looks at bereavement through manslaughter/murder/suicide and offers advice on grief, funerals and dealing with serious illness.

BAAF

www.baaf.org.uk

This is the site of the British Association of Adoption and Fostering with lists of their publications, seminars, training events and general information about adoption.

National Society for Prevention of Cruelty to Children

www.nspcc.org.uk

This has an excellent help and advice section on parenting tips and sign posts to other resources. Good Fact sheets with questions and answers on abuse and neglect.

Kidscape

www.kidscape.org.uk

A site that seeks to prevent bullying and protect children. It provides information about bullying in all its forms and a section specifically for parents on what to do about bullying. There is information on cyber bullying and on-line safety.

Day of Birth

www.dayofbirth.co.uk

Good for simple facts for children on their date of birth e.g. how many hours/days/seconds old they are, birth stones, what animal in the Chinese year they are etc

Year of Birth

www.infoplease.com/year

Information about the year that a child or adult is born in. This site has lots of information on films, music, politics, sporting events etc in the year of birth of your child.

Meaning of a Name

www.behindthename.com

Information about the meaning of names from all over the world.

Social Care On-line

www.scie-socialcareonline.org.uk

This website is run by the Social Care Institute of Excellence. Research and articles available on wide range of societal topics often directly related to the backgrounds of children who have been in care and adopted children.

TRANS-CULTURAL AND TRANS-RELIGIOUS PLACEMENTS

Leicester is a diverse city and trans-cultural and trans-religious placements are a reality. It is important to acknowledge that these placements require special thought and consideration.

Foster carers should help children settle into their homes. Sometimes when you are helping the child fit into their family and community you do not wish to dwell on the differences between your family and the foster child. Be aware if this is a cross cultural and religious placement, this can add to a child's confusion as it overlooks their background.

The child or young person may want to achieve balance in their disrupted life and they may for example already have a negative image of their race, culture or religion. It is important that as a foster carer you address this sensitively to help them have a positive identity and sense of self.

A child's cultural background is fundamental to their identity. This needs to be recognised and encouraged and you can help in this. You will need to be committed to the notion that this is a special task requiring careful consideration. This may involve special diets, religious observance and family custom.

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

- Find out about special dietary rules.
- Find out about essential cultural customs.
- Ensure you can meet any physical needs like hair and skin care.
- Make sure you have a stock of appropriate toys, books, etc.
- Find out about the rules of religious observance.
- Involve yourselves and the child with other families which reflect the child's heritage.
- Encourage the child to keep contact with members of their original community and to introduce you to them - where this is appropriate. Attend social events.
- Learn about the historical foundations of the child's culture and share these with the child.
- Be aware of racism in the language you use and examine your attitudes to it. Help the child find ways of coping with it.
- Encourage the reading of appropriate literature and the watching of television programmes directed towards ethnic minorities.
- Encourage mother tongue speaking and learning, where possible.

Remember you must respect parents' wishes and encourage all children to value their background and care for the child in accordance with the parent's views. Birth parents may be greatly distressed if their child breaks food laws or the observances of religion. Consider your own religious and cultural practices and what is appropriate, for example, getting parents' permission to take a child to a particular place of worship. Ask before you act.

SEXUALITY

Developing a sexual identity is an important part of growing up. This can be a tough time if young people are faced with confusing and negative messages regarding sex and sexuality. Carers need to have a positive approach to providing the information that young people need. This will help keep them safe, emotionally and physically.

Some young people recognise that they are gay, lesbian, gender fluid, non-binary or transgender and may need your help to put them in touch with groups of young people and counsellors who can help and support them. All young people need to feel comfortable with their sexual identity and it is your responsibility as their carer to help them achieve this.

Some people think sex education encourages sexual activity and experimentation, but in fact research has shown the opposite. Good sex education can raise the age of first sexual activity, reduce the rate of teenage pregnancies and abortion and lower the rate of sexually transmitted infections.

Children need to be aware of the risks and dangers of sex outside of a positive and trusting relationship. Showing children that it's all right to talk about sex gives them a positive message. If you want children to come to you for support when they are teenagers, then they need to grow up being comfortable talking to you about sex and about their feelings.

<https://leicesterlgbtcentre.org>

it is helpful to distinguish between normal sexual activity & experimentation and sexual behaviour that might cause some concern. CAMHS has highlighted this tool as being useful: www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool

CARING FOR CHILDREN WITH DISABILITIES

Children with disabilities are children first. Every child has social, physical, intellectual, cultural, emotional and spiritual needs. Children in care are more likely than the general cohort to have some level of difficulty and so you are likely to come across hidden disabilities, including a range of learning difficulties; conditions such as Foetal Alcohol Spectrum Disorder (FASD), global developmental delay, Autism Spectrum Disorder (ASD), Reactive Attachment Disorder (RAD) and Attention Deficit Hyperactivity Disorder (ADHD).

- Value children for who they are as well as for the abilities and skills they have
- Beware of negative language and the dangers of stereotyping and labels. Labels tend to make us forget that the child is an individual with individual feelings, abilities and needs
- Ask your supervising social worker for information about training opportunities in this area
- Children with disabilities have a range of needs. You will work closely with many professionals who can give you advice such as psychologists, CFST, CAMHS Young Persons Team, LAC Nurses.
- Every child can communicate; you need to get to know your child, and be creative and perceptive
- Think about how you can help your child and challenge discrimination where you find it. There is training in anti-discriminatory practice available
- Be sensitive about the child's feelings around how their personal care needs are met
- Remember you will be the first person to notice that the child or young person's needs are changing. If the services provided to this child no longer meet their needs, ensure you raise this with professionals working with the child.

SUPPORT FOR INTERESTS

All children need to have their own interests to develop a sense of identity. It is important that foster carers help children to develop interests and hobbies. Where a child has a talent or interest every effort should be made to support and nurture this.

Talk to your supervising social worker about the child or young person's developing interests. They may be able to support this from the Leisure Fund and help with additional costs like equipment that may be involved. As children get older and start to make plans for the future they may want to think about learning to drive, apprenticeships, going to University. Make sure that their interests and plans are recorded in their Pathway Plan (which replaces Part 2 of the young person's Care Plan after age 15) and thought is given to how this will be achieved.

EXPERIENCING INDEPENDENCE

All children need to be encouraged to develop age appropriate independence skills and make relevant decisions for themselves. They all need support and guidance from you to achieve this. As well as choosing the food they eat, the things they do and the clothes they wear, there may be other decisions they want to make.

Providing them with pocket money and as they get older taking responsibility for buying some of their own clothes, toiletries and items for school is important. Having their own savings account can encourage children to develop good habits and skills in money management that they will need later in life. Sometimes though they want to assert their independence in other ways like piercings or tattoos. Remember there are both legal guidance and your delegated authority agreement to consider in making such decisions. The links below provide further information, but you can also discuss these matters with your supervising social worker for advice and guidance.

<http://www.thesite.org/homelawandmoney/law/yourrights/whatagecani>

<http://www.lawstuff.org.uk/the-facts/at-what-age-can-you>

PRIVACY STATEMENT

As young people grow up, they may have an increased wish for privacy and confidentiality. This can be difficult to cope with, but it is a natural part of growing up and should be respected unless there are specific reasons why this would be unsafe.

Some general guidance in respect of this:

- Letters addressed to children/young people should not be opened or read without their permission
- The landline telephone should be put somewhere so that confidential calls can be taken (unless this is not permitted for specific reasons)
- Friends should be able to visit the carers' home and privacy given to them in line with your safer caring policy
- Children and young people must have somewhere to store their personal belongings safely and securely
- Young people need to have their own space, and to know under what circumstances it will be entered such as if the room needs to be cleaned, if the person is felt to be at risk
- Carers will also have their own personal belongings - respecting privacy should be a two-way process. Privacy and confidentiality can be a good area for discussion
- Some secrets cannot be kept - if you are worried that a child has suffered or is likely to suffer "significant harm" you may have to take the matter further, but the child needs to know what you intend doing and why, and to be kept informed

There will be some circumstances in which a child's right to privacy will need to be restricted, for example internet usage may need to be monitored. Helpful information on e-safety includes:

<http://www.lcitylscb.org/>

<https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/share-aware/>

www.youtube.com/ceop

<https://www.thinkuknow.co.uk/>

THINGS TO CONSIDER WHEN A CHILD JOINS YOUR FAMILY

Names are important because they are part of our sense of identity. Remember to use the name the child identifies with. What the child or young person calls you must be discussed early in the placement. Foster carers should not encourage children to call them mum and dad, however in some circumstances the child may wish to do this. Each child's situation is different so discuss it with the social worker first.

A child may not have many belongings, but they may treasure them. You must make sure they are kept safe - they are a link to the child's past. Their clothes and toys may not be your choice or standard, but they are part of the child's identity.

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

- What was their lunch box like? Would they like a similar one or a different one?
- Did mum or their previous carer walk them to school or did they go on their own?
- Jobs around the house? - Are they used to helping? Do they like to help?
- Pocket money - did they get any?
- Pets - both the carers' and the child's. Did they have a pet? Do they like pets?
- Play - were they used to noisy play? Did they play at friends' homes?
- Comforter - has the child one? What is it called? Smells are particularly important to children and they usually hate their comforters or soft toys to be washed. Older children may have a comforter, but may be embarrassed about anyone knowing
- Clothes - if child is old enough, let them help you choose what they will wear and to select new clothes. Don't throw away children's clothes that they bring with them. Use them if possible in the early days or if the child wants to wear them
- Hair - don't cut the child's hair or change their appearance without discussing this with the parents and getting their consent. For some families, such as Sikhs, there are religious prohibitions on cutting hair. This is usually covered by the delegated authority document
- A child may be uncomfortable bathing/undressing in front of a stranger - be sensitive and find out what the child is used to
- School - enable them to go to the same school if possible, and discuss any difficulties in doing this with the social worker, preferably before placement

Key things to think about:

- What are the individual needs of the child or young person I am looking after and what am I doing to promote them?
- Have I thought about the child's racial, cultural and religious needs and what they and their birth family want for them?
- Is the young person being encouraged and supported to make decisions that help them become independent?

STANDARD 3: PROMOTING RELATIONSHIPS AND POSITIVE BEHAVIOUR

STRATEGIES FOR MANAGING DIFFICULT BEHAVIOUR

Children and young people with trauma are very vulnerable when they are disciplined, so you want to discipline very carefully. Try to be as gentle as you can while still holding reasonable and safe guidelines.

1. **Expectations:** We tend to parent with the expectations that we were raised with, but this doesn't consider the trauma your child has suffered. Think about your non-negotiables, those you'd really like, and those that would be nice someday. Such as, a non-negotiable could be no violence against anyone in the family, you would really like to see your child work on being able to calm down when they are feeling dysregulated, and table manners could be nice someday.
2. **Your own emotions:** Be in control of your own emotions, especially anger. If you feel angry, give yourself a time-out, saying, "I'm feeling angry right now and need to sit in the other room for ten minutes and be quiet, so I can be calmer." This is good emotional modelling. Calm and consistent presence will eventually make them feel safe, but testing is part of that. It is very normal and natural to feel angry in response to strong anger from your child, but they will not be able to calm down if you can't do it first. If you can contain and to calm that anger, then your child can start mirroring your calmness.
3. **Emotions first:** You always want to address the emotions first before problem solving/advice/consequences. Kids with trauma can have a challenging time identifying emotions and dealing with emotional dysregulation. If a child can't identify their emotions, take a guess: "I wonder if you might be feeling..." Any consequences should be natural, non-punitive, and restorative. Do not discourage expressing what we would see as negative emotions. You want the child to express what they're feeling verbally instead of physically. It's best to say that emotions aren't bad, but what you do with them can be. Then you can coach child on how to handle strong emotions with different tools (visualization, sensory exercises, breathing exercises, etc.).
4. **Avoid power struggles:** Children and young people with trauma backgrounds are driven to get into power struggles because they are very desperate to feel some sense of power amid a lot of feelings of powerlessness. Children that feel abandoned, abused, or that the world is not safe feel like they must be in control to keep themselves safe (this is especially true with pre-verbal trauma and separation). To avoid power struggles, first give them as much power as you can (choices, responsibilities, respecting their opinions). Second, recognise power struggles as the child giving you rudimentary respect (they wouldn't be looking to struggle with you if they didn't recognize your power). Do not stay and argue, do not get flustered, and do not feel like you need to prove that you have the power.
5. **Time ins** are good for teaching self-control when children and young people are out of control. Time ins consist of removing the child from the stimulating situation, having the child sit with you until they are calm (not usually cuddling or entertaining, you should aim to be present but boring). You can help the child regulate their breathing or encourage the use of a soothing or calming tool or behaviour. Enforcing separation for discipline (like time outs or going to your room) will reinforce to the child that they are bad, and it will not help them calm down. Time ins should not be viewed as punishments but rather time set aside to calm down. You can model this yourself.
6. **Know your child:** Always watch your child or young person closely and how they react. You may not be able to predict what is going to affect what. If they have a bad reaction to something, don't use that again; be sensitive. Some things can be triggering for some kids and reassuring for others. Try and figure out their triggers but be aware that you may not ever know why some things are triggers. Also, your child needs to know that you hear them. Especially when upset, a child will feel reassured if you can repeat back to them what they are saying, even if it feels silly. When they are emotionally regulated you can discuss what they said.
7. **Give choices:** If your child is oppositional, do not give them a discipline they have to cooperate with. i.e. if you say you must sit next to me on the chair, this is a set up for opposition. Be more creative. Say, "You can choose to sit next

to me on the chair to calm down or you can choose another way to calm down. What would you like to do?" Do not decide on consequences, if any, until they are calmed down. If your child is dysregulated, getting them regulated is the priority. Give choices as much as possible. For children that feel like their life is out of control, give them as much control as you can. The trick to giving choices is to give two choices that are okay with you.

8. Effective Consequences: Consequences, if given, should be as logical and natural as possible, and short-term. If an older child is irresponsible with their electronics, then they should lose them for a day. Two weeks is difficult to comprehend and will leave the child feeling defeated. For a young child, the toy can go into time out for ten minutes or so. Or, for slightly older children, they can do something to make up for who they hurt.

9. If-then: For instance, you say, "You seem really angry and are yelling at me. I can tell you feel strongly about this and I would love to talk to you about it. Let me know when you're ready to talk to me in a calm voice and I would love to talk with you." Only use it when the child is the one who wants to get somewhere or so something.

There are many different strategies for managing difficult behaviour – e.g. PACE, therapeutic parenting etc. These are helpful models to help with parenting which can be physically and emotionally challenging when caring for a child with trauma. Other foster carers have found Sarah Naish's book the A-Z of Therapeutic Parenting to be 'brilliant!'

PARENTING WITH PACE

<http://nibblesandbubbles.co.uk/pace-yourself/>

All children need love, but for troubled children, a loving home is not always enough. Children who have experienced trauma need to be parented in a unique way that helps them feel safe and secure, builds attachments and allows them to heal. Parenting with PACE: Playfulness, Acceptance, Curiosity and Empathy are four valuable elements of parenting that, combined with love, can help children to feel confident and secure.

PACE focuses on the whole child, not simply the behaviour. It helps children be more secure with their carers and reflect upon themselves, their thoughts, feelings and behaviour, building the skills that are so necessary for maintaining a successful and satisfying life. The child discovers that they are doing the best that they can and are not bad or lazy or selfish. Problems diminish as the need for them reduces.

Through PACE and feeling safer, children discover that they can now do better. They learn to rely on adults, particularly their carers, and trust them to truly know them. They learn that their carers can look after them in a way that they could never do on their own.

When children experience the adults doing the best they can to understand them and trying to work out together more effective ways for the child to understand, make sense of and manage their emotions, thoughts and behaviour they start to believe that the adults really will keep on trying until things get better for all of them.

For carers, using PACE when possible, can reduce the level of conflict, defensiveness and withdrawal that tends to be ever present in the lives of troubled children. Using PACE enables the carer to see the strengths and positive features that lie underneath more negative and challenging behaviour.

PLAYFULNESS

This is about creating an atmosphere of lightness and interest when you communicate. It means learning how to use a light tone with your voice, like you might use when storytelling, rather than an irritated or lecturing tone. It's about having fun and expressing a sense of joy. It is like parent-infant interactions when both parent and infant are delighting in being with each other and getting to know each other. Both are feeling safe and relaxed. Neither feels

judged nor criticised. Playful moments reassure both that their conflicts and separations are temporary and will never harm the strength of their relationship.

Having a playful stance isn't about being funny all the time or making jokes when a child is sad. It's about helping children be more open to and experience what is positive in their life, one step at a time. Sometimes a troubled child has given up on the idea of having good times and doesn't want to experience and share fun or enjoyment. Some children don't like affection or reject hugs. A playful stance can allow closeness but without the scary parts.

When children find it hard to regulate their feelings, anger can become rage, fear, terror, and sadness, despair. If this is the case, then children may also find it hard to regulate feelings of excitement, joy and love. Feeling these emotions can sometimes turn to anxiety. Playfulness allows children to cope with positive feelings. It also gives hope. If you can help the child discover their own emerging sense of humour, this can help them wonder a little more about their life and how come they behave in the ways that they do. When children laugh and giggle, they become less defensive or withdrawn and more reflective.

A playful stance adds elements of fun and enjoyment in day-to-day life and can also diffuse a difficult or tense situation. The child is less likely to respond with anger and defensiveness when the parent has a touch of playfulness in his or her discipline. While such a response would not be appropriate at the time of major misbehaviour, when applied to minor behaviours, playfulness can help keep it all in perspective.

ACCEPTANCE

Unconditional acceptance is at the core of the child's sense of safety. Acceptance is about actively communicating to the child that you accept the wishes, feelings, thoughts, urges, motives and perceptions that are underneath the outward behaviour. It is about accepting, without judgment or evaluation, their inner life. The child's inner life simply is; it is not right or wrong. Accepting the child's intentions does not imply accepting behavior, which may be hurtful or harmful to another person or to self. The parent may be very firm in limiting behavior while at the same time accepting the motives for the behaviour.

One hopes that the child learns that while behavior may be criticised and limited, this is not the same as criticising the child's self. The child then becomes more confident that conflict and discipline involves behavior, not the relationship with parents nor their self-worth. Curiosity is the foundation of acceptance of whatever underlies the behaviour. Making sense of how the child has learnt to behave in certain ways can help with acceptance.

CURIOSITY

Curiosity, without judgment, is how we help children become aware of their inner life, reflect upon the reasons for their behaviour, and then communicate it to others. Curiosity is wondering about the meaning behind the behaviour. Curiosity lets the child know that the adults understand.

Children often know that their behavior was not appropriate. They often do not know why they did it or are reluctant to tell adults why. With curiosity the adults are conveying their intention to simply understand why and to help the child with understanding. The adult's intentions are to truly understand and help the child, not to lecture or convey that the child's inner life is wrong in some way.

Curiosity involves a quiet, accepting tone that conveys a simple desire to understand the child: "What do you think was going on? What do you think that was about?" or "I wonder what...?" You say this without anticipating an answer or response from a child. This is different from asking the child, "Why did you do that?" with the expectation of a reply. It is not interpretation or fact gathering. It's just about getting to know the child and letting them know.

Curiosity must be communicated without annoyance about the behaviour. Being curious can, for example, include an attitude of being sad rather than angry when the child makes a mistake. A light curious tone and stance can get

through to a child in a way that anger cannot. You might make guesses about what a child may be thinking and feeling, saying this aloud, avoiding shameleading to less of the behaviour.

EMPATHY

Empathy lets the child feel the adult's compassion for them. Being empathic means the adult actively showing the child that the child's inner life is important to the adult and he or she wants to be with the child in their tough times. With empathy, when the child is sad or in distress the adult is feeling the sadness and distress with them and lets the child know that. The adult is demonstrating that he or she knows how difficult an experience is for the child. The adult is telling the child that she will not have to deal with the distress alone.

The adult will stay with the child emotionally, providing comfort and support, and will not abandon them when they need the adult the most. The adult is also communicating strength, love and commitment, with confidence that sharing the child's distress will not be too much. Together they will get through it.

<https://www.youtube.com/watch?v=FOCTxcaNHeg>

The repair of early trauma: A bottom up approach.

KEY POINTS TO BEAR IN MIND ABOUT PRESENTING BEHAVIOURS

- Behaviour you do not understand may be a result of the child needing to survive a perceived threat
- Challenging behaviours will not be personal to you, though it may feel that way. They may be a response to past experiences and a way of expressing hurt and pain
- All children and young people require consistent approaches and boundaries that are appropriate to their emotional age.
- Children will respond to change over time if they feel valued and secure

If your foster child is new to your home, they will not know or understand your rules unless you explain them. For children who struggle with cause and effect thinking and lack empathy, they may still not understand or retain the rules. It is important to model and explain how everyone respects each other and to ensure safe care and privacy are in place.

A UNITED APPROACH

Children you foster can meet many people – parents, social workers, child-minders, playgroup staff, school staff, neighbours and friends who baby-sit, grandparents and other members of the extended family. An important strategy is that everyone who is working with a young person's behaviour is united in their approach, but this is not always easy. Foster carers report that wider family members and others often don't understand why we might parent differently; training may be one solution or ask your SSW or the child's SW for information to pass on. The Virtual School Team have been offering training schools in attachment and trauma, and the Child and Family Support Team can help with resources.

RECOGNISE GOOD BEHAVIOUR – GIVE PRAISE

It is easy to fall into the habit of noticing only bad behaviour, but you should give more attention to desirable behaviour through praise. Praise tells children that the adults looking after them are pleased with what they have done, and it gives them attention for behaving well instead of badly.

Some people may find this difficult. It may not have been what they were used to as children and it can feel false to begin with. However, it is an effective method of managing behaviour.

Give praise immediately after the behaviour you want to encourage. Be specific. Don't just say – "you have been good" - or "you could have been better". Say "it was good when you picked your books up and put them back on the shelf" - or "you were much quieter when I was talking on the telephone, that is good".

REWARDS AND INCENTIVES

Reward good behaviour. Attention is a powerful reward for almost all of us (and conversely behaviour that is ignored tends to reduce). Rewards can be used while new behaviour is being learned, but don't use a bigger reward than is necessary.

Some rewards can be tied to the behaviour before it has happened as an incentive, for example, when you have put all toys in the toy box we will have a story" or "if you come in on time during the week you can stay out till... on Saturday" or "When we have finished the shopping in the supermarket if you have been good we will walk home through the park and you can have some time on the swings". This method of incentives can help prevent difficult behaviour.

Reward charts can be effective for some children as an acknowledgement and offer a fitting reward for the hard work a child has put in. They must be geared to a child's age and level of understanding. A chart that must be filled over a whole month before a big reward is given will be of no use to a younger child. Little and often may be better. Older children and teenagers can have similar schemes but set up and presented in a more mature way. For example, rewards for helping with household tasks or earning points toward an end goal. If you have made a conditional statement, you must stick by it. If the child misbehaves in the supermarket, then do not give in and go to the swings on the way home anyway. This would show that good and bad behaviour get the same rewards.

However, rewards don't always work. Some children will "self-sabotage". Even though you may say they deserve a reward for something, they might not feel they deserve a reward (it may be contrary to their negative inner model) and so may break the reward, ruin the trip out etc. Get to know the child and work out what works for them, find out what motivates them and what feeds their "love language".

ACTIVE LISTENING

Active listening is probably one of the most important tools in a foster carers' repertoire of skills. It can be easy to block conversations because we are too busy, feeling impatient, or because a child has touched a raw nerve. For example, a young person could say – "I think dope is safer than booze, so I might try cannabis. After all you drink wine and other booze, don't you?"

The way to block further discussion would be to reply – "Don't be silly, all drugs are dangerous and against the law. Don't you ever let me catch you taking drugs."

The active listening reply might be – "That's an interesting point of view and one that I know lots of people hold. But have you thought of all the consequences? What do you think they are?" This shows that you are giving the young person's point of view some importance. You are willing to discuss the subject with him or her and you are interested in taking the subject further. It also gives you some time to think out your own point of view.

Active listening is also on the lookout for emotions and feelings behind the words and uses statements such as "I wonder if..." to explore what the person might be thinking.

RESTRAINING YOUNG PEOPLE

Foster carers approved by Leicester City Council will not exercise physical restraint unless there are good grounds for believing that immediate action is necessary to prevent a child or young person causing significant injury to themselves or to another person.

Physical restraint includes any action intended to restrict the physical movement of a child or young person other than normal care. For example:

- Putting a child into a car seat during a car journey is normal care: putting a child into a car seat in the home because they are having a tantrum is an inappropriate use of restraint.
- Putting a child into a high chair during a meal is normal care: putting a child into a high chair for an extended period to stop them moving around is an inappropriate use of restraint.
- Telling a child who is misbehaving to leave an area is normal discipline: locking a child in a bedroom is an inappropriate use of restraint.
- Locking outer doors is normal domestic security: locking a child out in the garden as a punishment is an inappropriate use of restraint'

Leicester City Council has an expectation that foster carers will reduce the risk of restraint by supporting positive behaviour and de-escalating disputes. This will involve techniques such as:

- Maintaining a non-confrontational atmosphere in the foster home;
- Listening to children and young people and taking their problems seriously;
- Clear communication, particularly when unwelcome messages are concerned;
- Rewards for good behaviour; and
- Negotiation and compromise.

UNACCEPTABLE FORMS OF PUNISHMENT

The law states that looked after children should not be subjected to corporal punishment. Many of the children you will care may have suffered sexual, physical and emotional abuse. It is important that you teach children that people respond positively through love and care rather than negatively through anger and violence. Corporal punishment should not be used on any child placed with a foster carer. No child placed in foster care should be subject to any measure of control, restraint, or discipline which is excessive or unreasonable.

Do not use any form of touch as discipline. It is not helpful and can be harmful for children with trauma and/or attachment challenges. You want your touch to be comforting, not triggering. Discipline should not be mean, overpowering, punitive, shaming, or triggering.

The following forms of punishment are unacceptable:

- Any punishment involving the consumption or deprivation of food or drink
- Restricting or threatening to restrict contact with the child's parents, relatives or friends
- Restricting a child's access to any telephone help line providing counselling
- Making a child wear distinctive or inappropriate clothing
- Withholding of medication, medical or dental treatment
- The intentional deprivation of sleep

- The imposition of any financial penalty other than a requirement to pay a reasonable sum (by instalments if necessary) by way of reparation
- Any intimate or physical examination of the child
- Withholding of any aids or equipment needed by a disabled child
- Threatening to end the placement because of the child's behaviour

If you are struggling to manage the behaviour of a child in your care, please discuss with your supervising social worker and the child's social worker.

KEY POINTS

- Parent with PACE (playfulness, acceptance, curiosity and empathy)
- Be consistent
- Respect privacy
- Be open and honest with the child
- Keep any promises made to children
- Ensure the child understands the consequences of misbehaviour
- Accept that you can be wrong and be prepared to admit it to the child
- Reward good behaviour, rather than focus on the bad
- Disagreements, how to manage a child's behaviour should not be discussed in front of the child
- Ensure that any sanctions are relevant and proportionate to the child's behaviour
- Be aware that your own personal mood can affect the atmosphere, be tolerant
- Where necessary seek advice or help before the situation escalates
- Do not make a threat to a child that you are not prepared, allowed or capable of carrying out
- Avoid acting in temper
- Pocket money cannot be withheld as a form of punishment, although some part of it may be used in reparation. (Please discuss with your supervising worker who can advise)

BULLYING

The Fostering Service is committed to providing a caring and safe environment for all children and bullying is unacceptable. Children must feel confident that any incident will be managed effectively.

Bullying is unwanted, aggressive behaviour that involves a real or perceived power imbalance. The behaviour is repeated, or has the potential to be repeated, over time. There are potential long-term implications of bullying both for the child who carries out or is the victim of bullying.

ONLINE BULLYING

Like bullying in the playground, street or home, online bullying can cause children misery. Your child may not always tell you when this is happening to them. They should be made aware that it's wrong to text, write or post anything that deliberately offends, hurts or otherwise harms anyone else in any way, including someone they don't like – or don't know. Make them aware of how they would feel if they were on the other end of such behaviour.

There is a lot of useful information online by accessing the following links

<http://www.ceop.police.uk/>

www.getsafeonline.org

It is important that as a carer you are as computer literate as possible and can monitor the usage of a child in your care. Parental control should be used wherever possible.

A child's behaviour may indicate that he or she is being bullied. Carers should be aware of these possible signs and should investigate if a child:

- Is frightened of the journey to or from school/activities
- Insists on being driven to school/activities
- Changes their usual routine
- Is unwilling to go to school or join in activities
- Begins truanting/running away
- Becomes withdrawn, anxious, or lacking in confidence
- Attempts or threatens suicide
- Cries themselves to sleep at night or has nightmares
- Feels poorly in the morning, or certain days or times
- Begins to do poorly in school work/activities
- Comes home with clothes/books torn or damaged
- Has possessions go missing/regularly loses items
- Asks for money or starts stealing money (to pay bully)
- Changes their eating or sleeping patterns
- Becomes aggressive, disruptive or unreasonable
- Is bullying other children
- Is frightened to say what's wrong
- Increases or reduces use of their mobile telephone, internet and access to social networking sites

All children must be encouraged to share worries about bullying. All foster carers can do this by:

- Discussing with children what constitutes bullying and how adults can support children in the management of bullying
- Being aware of the signs and types of bullying
- Treating all incidents seriously and investigating in an appropriate and sensitive manner
- Listening to what they say. Giving the child time and opportunity to discuss this fully and providing reassurance and support
- Recording any conversation and informing your supervising social worker

To support a child who is/may be bullying:

- It is important that the bully is treated with understanding. Although their behaviour is unacceptable their motives for bullying must be examined. To respond in an angry way may reinforce the reasons why the child bullied and close down any possibilities for communication
- Talk to the child and try to gain an understanding of behaviour and reasons why they have chosen to behave in the way that they have. Examine the feelings and the child or young person's understanding of the consequences
- Record any conversation and inform your supervising social worker

KEY POINTS TO THINK ABOUT:

- Role modelling of positive relationships includes respectful behaviour towards children. How will I ensure this?
- Do I pay attention to and praise children in my care for the positive behaviour?
- How can I use supervision and support visits to understand my foster child's behaviour better?
- What sanctions am I going to use and when will they be necessary?
- Do I understand about bullying including on line and know what I should do as a foster carer to address any concerns?

STANDARD 4: SAFEGUARDING CHILDREN

Working Together 2013, defines the safeguarding and promoting of the welfare of children as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable children in need to have the best life chances

Child Protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

This is a multi-agency responsibility and can involve many different professionals. As a foster carer you will have a significant role in this. It is important that children in your care feel safe, understand how to protect themselves and are protected from significant harm.

This standard sets out a framework to help you safeguard the children you care for.

Children are looked after by foster carers for a variety of reasons. Some children may have suffered physical, emotional, psychological or sexual abuse or neglect. All these forms of abuse are damaging to children and may cause them significant harm.

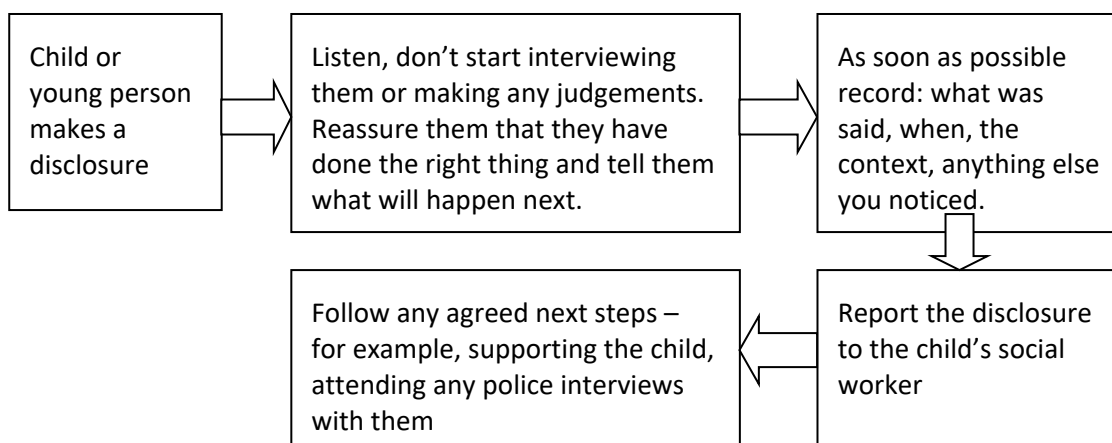
As part of your preparation to become foster parents you will have been offered training and support to help you develop the skills you need to care for these children. You should update your safeguarding training every three years.

Foster carers do not hold the responsibility for assessing and responding to allegations of child abuse. However, you are an important member of the team of professionals who need to work together to ensure that looked after children who have suffered abuse are reassured, protected and nurtured.

As foster carers you need to know whether it is believed that the child has been abused or neglected and what the effects of the abuse have been on the child. You should be offered advice about what implications the abuse may have for the care of the child and how you can provide this. For some abused children even the most sensitive attempts at close contact or physical care can cause them anxiety or distress.

They should also be helped to understand that they are not responsible for any abuse they have suffered. Above all children who have been abused need reassurance, to be cared for and to feel safe. If you have any questions about your role in caring for a child who has been, or may have been abused, then speak to the child's social worker or your supervising social worker.

DISCLOSURES – DEFINITION AND PROCEDURE



SAFE CARE GUIDELINES

A vital element in assisting you to safeguard the children in your care is your document called Safer Caring. Your supervising social worker is responsible for ensuring the safer caring document will meet the needs of the specific child in your care and for recommending any changes necessary to take account of this child's needs and circumstances. Your safer caring document should be reviewed each time a placement is made and updated if appropriate.

If there are issues relating to the child's ability to keep themselves safe their social worker must complete a risk assessment and draw up an action plan which must be shared with you. It should be a working document which is updated by discussion and agreement as the circumstances in your home alter or the needs of the child or children you are caring for change.

STRATEGY DISCUSSION/MEETING

If there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm the children's services manager with responsibility for the case will arrange a strategy discussion.

This discussion may take the form of a meeting or a telephone discussion. These strategy discussions should always involve the police and other agencies as necessary.

A strategy discussion involves the sharing of information to decide whether a section 47 enquiry should be started or continue if they have already begun and consider how it should be undertaken and by whom.

SECTION 47 ENQUIRIES

Section 47 enquiries are sometimes referred to as child protection investigations. These are the enquiries made where children's services consider that a child is or may be at risk of significant harm and where action might be necessary to protect the child.

If the enquiry concludes that the child is at ongoing risk a child protection conference will be arranged.

CHILD PROTECTION CONFERENCES

A child protection conference takes place when staff from professional and voluntary agencies who are involved with a child, come together to discuss concerns about the child's welfare.

Child protection conferences are confidential to those invited to attend and the information shared in them should not be discussed with anyone who is not involved in safeguarding the child's welfare.

INITIAL CHILD PROTECTION CONFERENCE

If a child protection conference believes that a child is at continuing risk of harm the meeting will decide that a child protection plan is needed.

Foster carers should be aware that a foster child who is living with them may still have a child protection plan. The child's social worker will be able to clarify if this is the case and whether, as their carer, there are any actions that form part of the child protection plan that you will be asked to carry out.

FOSTER CARERS ROLE IN CHILD PROTECTION CONFERENCES

If a child placed with you has a child protection plan, then you will usually have a very important contribution to make to the child protection conference. It will always help you to contribute to the discussion if you have earlier recorded any important observations or information.

If you do not attend, then it is important that your observations and information is available to the meeting and you should do all you can to provide a written report to your supervising social worker or the child's social worker who will present the report to the conference on your behalf.

CHILD AND YOUNG PERSON INVOLVEMENT

Depending on their age and level of understanding it is possible that the child or young person may be invited to attend for some or all a child protection conference.

There are explanatory leaflets available for children setting out what happens at child protection conferences.

If they attend a child may ask for you to help them make their contribution to the conference; this could be in writing or by encouraging them to put their wishes and feelings into words.

You may also need to talk to the child afterwards about the meeting. You should always check with the social worker about what is appropriate to share.

CORE GROUP MEETINGS

Core group meetings take place when a child has a child protection plan. They are intended to provide an opportunity for professionals, parents and foster carers to make the practical arrangements for the implementation of the child protection plan. They take place between the child protection conferences.

CONFIDENTIALITY

Confidentiality is fundamental to good safeguarding practice and the foster carers' task.

When a child is placed with you, the child's social worker should share information about the child's background to enable you to care for the child. This information may include details of the child and his/her family, and the circumstances which led to them coming to your home. Much of the information will be personal and all of it is told to you in confidence.

You may need to share information with your children and other family members who are likely to have regular contact with the child, and with schools, health professionals, etc. However, this should be on a need to know basis. Use your discretion, take advice and get support from the child's social worker and, or your supervising social worker. It is important to emphasise to your children and family members the need for confidentiality.

Friends, neighbours and family members who are not regular visitors to your home do not need to know the detailed personal information about a child living with you. A firm but polite refusal to talk about the children in your care will usually stop questions.

All foster carers are governed by the same principles of confidentiality. It is possible that another foster carer may have experienced the same issues as yourself: you may ask for advice from them, face to face, at support groups or in the on-line forums. This would not be breaking confidentiality, but you must not discuss specific details of a child's case or their background.

Foster children may need a confidant like other children. However, if the information they share with you is likely to have an impact on their welfare, you should encourage the child to share this information with their social worker. If a child will not do this, it is essential that you tell the child you will have to let their social worker know. Some secrets cannot be kept. For example, if a child disclosed that they have been abused you must inform the child's social worker.

Make sure that you get support for yourself, as hearing disclosures of abuse is traumatic and stressful.

ALLEGATIONS MADE AGAINST FOSTER CARERS

Foster care can be truly rewarding with lots of benefits. It's also a huge commitment and one that is not without problems. Because of the nature of fostering, the procedure for safeguarding children is, naturally, a priority. This can put foster carers at risk of facing allegations at some time during their fostering career. Training is available for you to understand the process.

Dealing with an allegation

Becoming the subject of an allegation is always stressful for Foster Carers and for their family. The task for everyone involved is to ensure that children are effectively safeguarded and that their welfare is promoted, whilst at the same time treating Foster Carers who are accused, fairly and honestly.

What happens when an allegation is made?

When an allegation is made about a Foster Carer, the Carer is likely to feel stressed and may also feel aggrieved. The Fostering Service must refer the matter to the Local Authority's Designated Officer (LADO) whose role it is to offer advice in these circumstances and monitor what happens.

The Local Authority's Designated Officer will discuss the concerns with the Fostering Service and the Child's Social Work team. If the concerns are of a serious nature, they will make a referral to the police

What form does the enquiry take?

There are 3 related but separate sets of enquiries which need to take place. Each differs in terms of focus and can have different outcomes. The 3 types of enquiries are:

- Child protection enquiries, relating to the safety and welfare of any children who are or who may have been involved
- A police investigation into a possible offence
- Fostering review procedures; where it appears to be appropriate a review will always be carried out when the above enquiries are complete.

The Fostering Service will aim to inform you about the existence of the allegation as soon as they receive it. However, they may not be able to do this until after they have consulted with other agencies. In most circumstances, you could expect to be informed of the substance of the allegation as soon as possible.

What happens if everyone thinks the allegation is serious?

Children's Services and the Police will hold a Strategy Meeting to agree what type of enquiries will need to take place and what is required to safeguard any children involved. You will not be part of the Strategy Meeting, although your Supervising Social Worker will be involved.

If the Police are not involved, then the Child's Social Work team will be the investigating team.

How will I know what has been decided?

The Fostering Service will keep you informed of what type of enquiries will be carried out and the expected timescales. You can expect to be treated fairly, be informed verbally and in writing about the nature of the concerns and be informed of all decisions as soon as possible. It is usual practice for the professionals involved to meet every 4 weeks to review the progress of any prolonged investigation. Lesser concerns should be dealt with, within 14 days.

Where can I get independent support from?

Independent support can be a significant help and benefit to you. You should seek help by contacting any of the following:

- FosterTalk offers locally based, independent Advisors to provide face to face support, advice, advocacy and or mediation for foster families during challenging times such as allegations and complaints. This is available through the Foster Carers Independent Support Service (FISS) which is commissioned by the fostering service, via your SSW, on your behalf. See more at <https://www.fostertalk.org>
- Your Supervising Social Worker
- General Practitioner

Will I be suspended from fostering while enquiries are ongoing?

Generally, this will not happen automatically, or without careful thought. The Strategy Meeting will need to consider if there is reason to suspect that a child is at risk of significant harm, or if the allegation warrants a police investigation or if the concerns are so serious that it might be grounds for de-registration as a foster carer. Your fostering payments may be affected depending on your circumstances.

Will details of the investigation be kept on my fostering records or shared with anyone else?

It is important that the Fostering Service keeps a summary of any allegations made, details of how the allegation was followed up and resolved, and details of any action taken, and decisions reached, on a person's confidential file.

The purpose of the record is to enable accurate information to be available to the fostering service, for inspection by Ofsted or given in response to any future request for a reference. It will also provide clarification in cases where a future Criminal Records Bureau Disclosure reveals information from the police that an allegation was made but did not result in a prosecution or a conviction.

The Local Safeguarding Children Board will also keep a record of any allegation of abuse against persons working with children for monitoring purposes. They will hold personal information including the nature of the allegation and the outcome. This information will be stored securely in line with the Data Protection Act requirements.

Good Practice in dealing with allegations

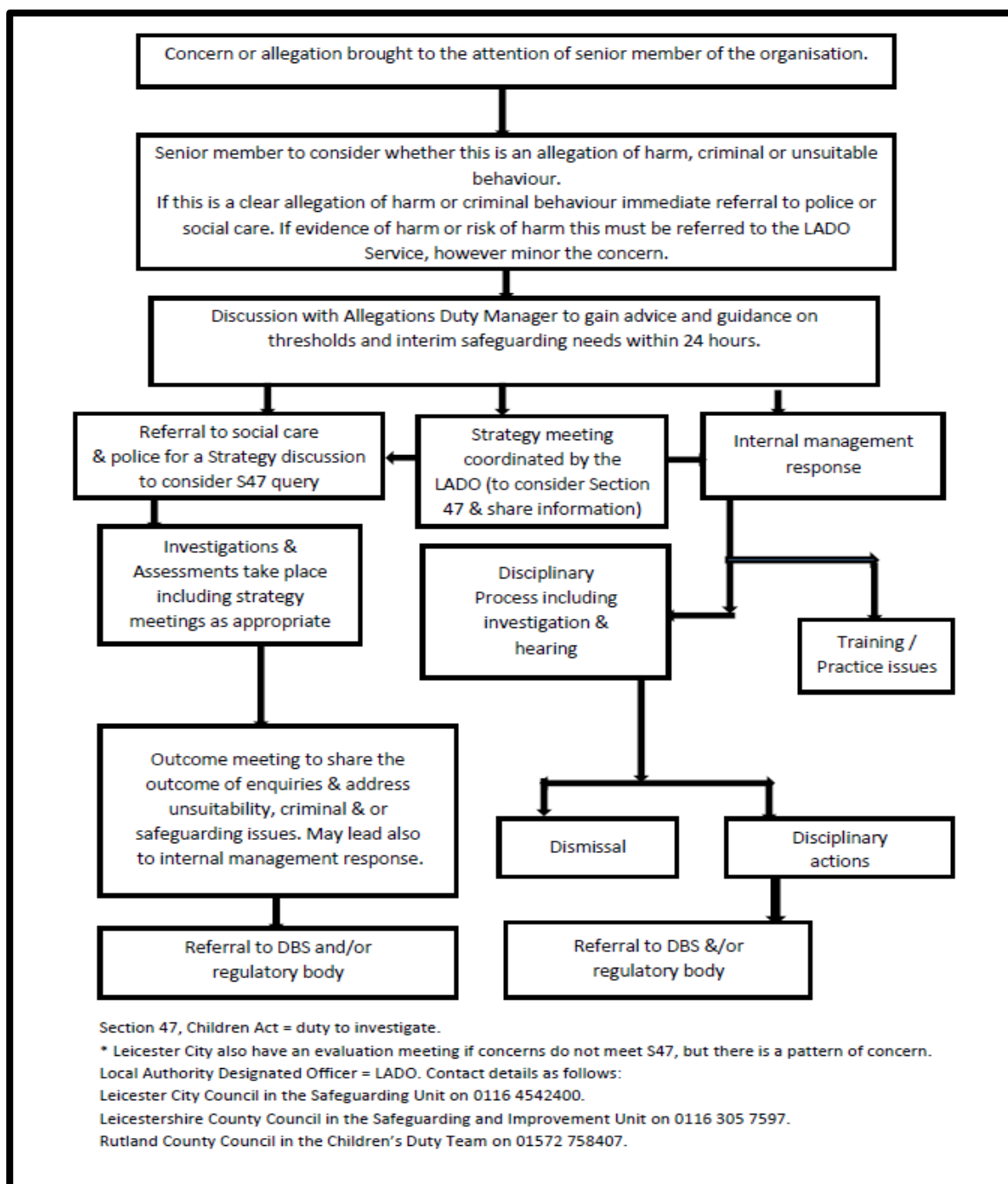
Being under investigation is always stressful, but the fostering service can help by:

- Minimising delay
- Providing you with written information
- Being open and honest
- Ensuring access to independent support

If you are unhappy about the way you have been treated by the Fostering Service, you are able to complain. If you are unhappy about the way the investigation was conducted, you should contact the Local Authority's Complaints Officer.

What can you do to reduce risks?

1. Follow your safer caring policy.
2. Make use of all information provided to you in respect of the child.
3. Keep a daily log of significant events.
4. Make use of your support network and training opportunities.
5. Discuss with your supervising social worker and the child's social worker behaviour you are particularly concerned about.



KEY POINTS

- Creating a safe environment in my home
- Have I updated my safer caring policy recently with my supervising social worker and does it reflect the issues in my home currently?
- Safer caring is part of ensuring allegations are not made inappropriately
- I should only share confidential information on a need-to-know basis
- What is my role if the child I care for has a child protection plan?

STANDARD 5: CHILDREN MISSING FROM CARE

WHAT DOES MISSING MEAN?

A missing child is a child whose whereabouts are unknown. There are many situations in which a child may go missing and each circumstance changes the degree of risk and concern for the child's welfare. A child may go missing alone, with other members of his/her family, with other young people, or with one or more adults outside of their family.

The statutory guidance on children who run away or go missing from home or care (Department for Education Jan 2014) uses the following definitions:

"Missing child" is a child reported as missing to police by their family or carers.

"Missing from care" means a looked after child who is not at their placement or the place they are expected to be (e.g. school) and their whereabouts is not known.

"Away from placement without authorisation" means a looked after child whose whereabouts are known but who is not at their placement or the place they are expected to be, and the carer has concerns or the incident has been notified to the Local Authority or the police.

Young people may go missing from placement for a variety of reasons. They include:

- Not wanting to be in care
- Arguments with carers
- Conflict with peers, bullying and abuse
- Wanting to spend time with friends
- Problems in contact arrangements with relatives
- Wanting to spend time with family members when not allowed in the young person's Care Plan
- Grooming by adults for sexual exploitation or child trafficking
- Peer group pressure
- Generally being unhappy with their circumstances.
- Lack of cause and effect thinking
- Normal growing up and wanting to push boundaries (e.g. it is known that teenagers are more likely to engage in risky behaviour)

PREVENTION AND ACTION PLANS

When there is a concern that a child is likely to go missing or they have a history of going missing, the Social Worker should ensure a prevention and action plan is in place. This should be shared with you and any relevant agencies by the child's social worker. This plan should be reviewed after every incident of the child going missing, with foster carers contributing information.

What to do if a child/young person is missing or absent:

Missing – whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be subject of crime or at risk of harm to themselves or another.

Absent – not at a place where they are expected or required to be.

WELCOMING THE YOUNG PERSON HOME

Information about the young person's return should be recorded in full. Seek medical attention if necessary. The carer should also be alert to the possibility that there may be unknown factors affecting the young person's state of mind.

When a child is found they must be offered an independent return interview. Independent return interviews provide an opportunity to uncover information that can help protect children from the risk of going missing again, from risks they may have been exposed to while missing or from risk factors in their home.

The interview should be carried out within 72 hours of the child returning to their home or care setting. This should be an in-depth interview and is normally best carried out by an independent person (i.e. someone not involved in caring for the child) who is trained to carry out these interviews and is able to follow up any actions that emerge. Children sometimes need to build up trust with a person before they will discuss in depth the reasons why they ran away.

- The message we give when a young person returns home is crucial in helping them build a sense of worth and belonging. It is very important to make the young person feel welcome on their return home.
- Let them know that you have missed them, have been worried about them and are glad they are now safely at home, showing genuine concern for their safety.
- If they want some space or sleep respect this wish and offer food and drink. These are very basic but powerful messages that you care and a positive way of welcoming the young person back home.
- It is not the best time to ask questions about their whereabouts and actions whilst missing, this can be done later.
- Running away should not be viewed as behaviour that needs to be punished.
- It is important to recognise that both you and the young person will have a range of mixed emotions, including uncertainty, anxiety and some level of apprehension. The young person will be watchful in respect of your response to them, so it is essential to do your best to reassure and welcome them.
- Try to keep an open mind. At this stage you are unlikely to know what led to the 'missing' period or what experiences the young person has had during the time they have been missing. Remain curious and remind the young person that you are there to listen.
- It will be important to make sure there is no immediate health or medical needs for the young person. Any urgent health or medical needs must receive immediate action.
- Overall, try to remember that the young person's behaviour is a reflection on what is happening in their life, how they are making sense of it as a whole. It is not a personal reaction to you. It is a way of them communicating something to us in the only way they feel they can.

KEY POINTS

- Any time a child or young person is away from placement without authorisation and their whereabouts are unknown they should be considered missing
- Do I have all relevant contact details to hand e.g. child's mobile number, my local police, EDT, the child's social worker and the fostering service?
- Do I have an up to date photo of every child and young person I care for?
- If there is a prevention and action plan in place, what am I responsible for?
- On their return to placement young people need reassurance that they are cared for.

STANDARD 6: PROMOTING GOOD HEALTH AND WELLBEING

Foster carers have a duty to act like all good parents in relation to children's health. It is essential to pay attention to the health needs of children you look after, to promote healthy lifestyles, and to be guided by appropriate medical staff. You should be provided with a child's basic medical history when they are placed with you.

Looked after children have often experienced poor parenting, abuse, poverty and chaotic life styles that have prevented their health needs being met and cause developmental delay. Good health care including check-ups can assist identifying previously unrecognised but treatable disorders. Emotional and behavioural problems may also require support from specialist services.

Foster carers have a responsibility to ensure that all statutory appointments, dental checks or the Initial and Review health assessments, are kept. Immunisations should be up to date and you will need to complete a Strengths and Difficulties Questionnaire (SDQ), when posted out to you. The SDQ needs to be completed in time for the RHA and dated signed and scored.

FOSTER CARERS RESPONSIBILITIES:

- Foster carers provide an environment that actively encourages a healthy life style, giving attention to diet, adequate rest, personal hygiene and health promotion
- From the point of placement carers ensure that the child or young person attends all health and clinic appointments as necessary. This must include registration of the child with a G.P, dentist and optician (Your child needs to be registered as a permanent patient with the GP to ensure they have the full medical record) Every child's health needs should be outlined in their placement plans and foster carers should be clear about what responsibilities and decisions are delegated to them and where consent for medical treatment needs to be obtained
- Foster carers must ensure children understand and are involved as appropriate in decisions about their health
- Foster carers must enable children and young people to access all health-related services, and where necessary advocate on their behalf. Foster carers must accompany children to appointments or encourage young people to attend

HEALTHY LIFESTYLES

It is important that foster carers promote healthy lifestyles and provide a balanced and nutritious diet and plenty of exercise. Foster carers should role model healthy lifestyles. Change 4 Life, 1000 Tweaks to Feeling Great and Health for Kids/Teens offer lots of tips about healthy lifestyles and children.

www.nhs.uk/change4life www.healthforkids.co.uk www.healthforteens.co.uk

1000 TWEAKS TO FEELING GREAT



1000 Tweaks to Feeling Great encourages everyone in Leicester to make small changes for a big difference to help children to live with a healthy weight. Help to create an environment where children and young people are supported to be fit, strong and active by: celebrating and enjoying good food, being confident and having positive body image and having the opportunity to make healthy choices.

Everyone can make a tweak to support a healthier lifestyle. A tweak could be walking rather than taking the car or swapping a packaged snack for a piece of fruit. Find out more about different tweaks, and free resources that are available such as pledge cards at www.leicester.gov.uk/1000tweaks.

HEALTH PLANS AND MEDICALS

A child will need a health assessment as soon as possible after coming into the care of the Local Authority. This will be arranged by their social worker and the foster carer will be expected to accompany the child. There may need to be a physical examination, where the child will be weighted and measured.

Children aged 0-5 will have health reviews every six months. Children aged over five will have a health review at least once a year.

All Looked After Children aged 5-18 will have a RHA completed every 12 months and returned to the respective local authority and GP starting from the date of the IHA. A copy of the Health Care Plan will be sent to the carer and will form the basis of the work the public health nurse/LAC nurse completes with the child/young person and the carer. Public Health Nurses LAC should support carers through working alongside the foster carer, kinship carer, residential home worker, social worker and 16+ workers to meet the health outcomes for the child. This includes health training for carers as agreed with the local authority. The 5-18 LAC nursing team can be contacted on 0116 2951370.

Foster carers need to know the health plan needs for the children they care for. This is sent from the LAC nursing team and is part of the child's care plan. If you do not receive a copy, make sure you have an up to date copy of this from the child's social worker.

Children should have a Red Book that shows their medical history; if you do not receive this ask your Social Worker. In any case, make sure you have the following information:

- Medicines being taken, why and dosage
- Known illnesses and allergies
- Date of dental appointments, orthodontist appointments, and venue of dentist, and or orthodontist.
- Date of optical check and venue of opticians
- Any immunisations given and the date it was given
- Any visits to the GP
- Keep any letters for hospital or other appointments together in a file – take this with you to appointments and pass on if the child moves.

MEDICAL CONSENT AND HISTORY

The delegated authority document states the extent to which you can consent to medical examination or medical treatment for the child.

It is your responsibility to take children to medicals, dental and opticians' appointments. Depending on their age and level of understanding, some may refuse consent to medical examination or treatment. It is the responsibility of the doctor to decide whether they have the capacity to make this decision. Other children may be triggered or feel very anxious and vulnerable and refuse examinations or treatment. Support and a gradual building of trust will be needed, no child or young person should be coerced.

From a dental perspective, children should be taken for dental appointments every 6 months from as soon as teeth erupt, before their first birthday. Some children will not have the understanding or capacity to open their mouths and have a full clinical examination, but all dental practices have received a letter from the chief dental officer explaining that as long as an exam is attempted, preventative advice given, the earlier a child goes the quicker they will become acclimatised and will become part of their normal routine. If a child refuses treatment if necessary or has additional needs which make it impossible to carry out in general practice, their usual dentist must attempt a check and diagnosis and subsequently refer to community dental services where they have facilities such as conscious sedation.

As it is a statutory responsibility to ensure the health needs are met for looked after children, advice can be accessed via the LAC nurse to explain what will happen during a health assessment. This may help relieve any anxieties a young person may have about attending.

CIRCUMCISIONS

In the case of circumcision if the boy is accommodated under section 20 of the Children Act 1989, the parents hold parental responsibility and they should make the arrangements and are responsible for meeting any costs.

If the boy is the subject of a care order, the Directorate holds parental responsibility jointly with the parents. The Directorate may overrule decisions of the parents if it is satisfied that this is necessary to safeguard or promote the boy's welfare. The parents remain responsible for making the arrangements and for meeting the cost of the procedure.

Circumcisions may be carried out by a nominated GP: this is a quick and straightforward process suitable only for boys under 12 weeks. Circumcision may also be arranged by day surgery in hospital. This is the recommended process for boys aged more than 12 weeks.

STORING AND GIVING MEDICATION

All medication prescribed by a doctor or given over the counter by a pharmacist can be harmful to children and young people if used inappropriately. It is the responsibility of the foster carer to ensure that all medication is stored safely and only administered to the person for whom it was intended.

When a young person is of an age and level of understanding to administer their own medication safely, they should be supported to do so.

Foster carers should record what has been given (name of drug and dose), who gave it, at what time and why. All medication should be shown on the same record, so carers can see what medication has been given and when.

It is important that any medication administered to a child is prescribed. This does not mean the GP has written a prescription.

This may mean that the health visitor or the pharmacist has recommended it having discussed a child's symptoms with you, e.g. hay fever medication.

The following will need to be considered:

- Medicines must be kept with the packaging they are supplied with. Always follow the instructions, regarding dose, etc. shown on the packaging
- Aspirin or products containing aspirin should not be given
- Refer to the young person's medical information to check whether any other factors need to be considered and if/when medication was last given
- Consider other risk factors such as pregnancy, the use of other prescribed drugs, recent drug abuse (including glue/alcohol), the young person's ability to communicate and any known allergies

MINOR ACCIDENTS, INJURIES AND ILLNESSES

ACCIDENTS

It is a good idea to have a basic first aid book and kit in the house.

Minor accidents and injuries must be reported to the social worker for the child and the supervising social worker immediately. The foster carer will need to record the accident.

ILLNESSES

Foster carers should respond in the same way that a reasonable parent would to any minor ailments, such as coughs, colds, sore throats, influenza. If giving off the shelf medication, discuss with the pharmacist.

NHS direct offers a website and 24-hour help line to advise on symptoms if you are concerned.

www.nhsdirect.nhs.uk

The NHS website (www.nhs.uk) contains information to help you manage you and your children and young people's health and care online.

Telephone NHS Choices on 111. Record the advice in your daily records.

Young people should be given prescribed medicines as instructed by the GP and listed on the medication packaging.

You are expected to attend basic first aid training, and this should be updated by attending a refresher course every three years.

SERIOUS ILLNESS

Serious illness or the necessity for urgent medical treatment must be notified to the child's social worker or Emergency Duty Team at the earliest possible opportunity. The social worker will inform the parents.

HOSPITALISATION

If a child in your care needs to go to hospital you should inform your supervising social worker and the child's social worker. Your placement plan and delegation of authority will make clear who is able to give consent to treatment including anaesthetics; this is usually a senior manager. Out of hours the Emergency Duty Team will need to be contacted if outside of office hours.

Going into hospital is frightening for children and added to that they are going to experience a further separation from people they know. Stay with them in hospital if you can without neglecting your own family or other children in placement. We may be able to help if this means additional costs.

DEATH OF A FOSTER CHILD

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

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

- Contact the relevant emergency services – doctor, ambulance and police. Dependent upon the action they take, ensure that you know where the child is being taken
- Immediately notify the child's social worker by speaking to them personally. If they are not available speak to their manager or a duty officer. Do not leave a message – insist on speaking to someone as a matter of urgency. If the death occurs out of normal working hours you should immediately notify the Emergency Duty Team
- The social worker will take responsibility for informing the child's parents and anyone with parental responsibility. They will also notify senior management
- Notify your supervising social worker, or their Manager, or another Manager in the Fostering Service.
- The independent reviewing officer service will call a critical incident meeting which will inform further actions
- In the event of a sudden death there is likely to be an inquest, which you may be required to attend
- The social worker will discuss with the parents the arrangements they wish to make about the funeral. Following the death of a child any legal order on that child is no longer in place and the responsibility returns to the parents. This is a distressing time and sometimes parents and carers can disagree about funeral arrangements. It is the parents' right to make decisions on these matters
- Depending upon the parents' wishes, you may be involved in the arrangements for the funeral
- The Department will make a worker available to offer you and your family support and keep you informed of the procedures and the arrangements. This will usually be your supervising social worker

GROWTH AND DEVELOPMENT

It is very important to keep a close watch on the growth rate of children. Most children grow at a regular rate. This may not happen if the child has been ill or inadequately fed. Some children may also put on too much weight or lose weight if they are given an unsuitable diet. This will affect their self-esteem and health in adulthood.

A record of a child's weight and height may be kept by the health visitor, family doctor or school nurse. It is a good idea for carers to measure the children too. In general, it is recommended that this takes place around every 6 months as too often gives too much emphasis on weight which could lead to problems.

DEVELOPMENT STAGES

Health and development checks are usually done by the family doctor and the health visitor. Young children should be seen at 6-8 weeks; 6-9 months; 18-24 months and then at 36-48 months. The Red Book includes the times of developmental reviews.

Sometimes these regular developmental reviews are included when the child has a statutory Review Health Assessment. Foster carers should check that this is the case. Parents need to be consulted about these reviews and may wish to be present. It is very important that if suitable, parents attend the initial review so that past medical history can be obtained.

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

Babies develop according to a recognised pattern. 'Milestones' are the ages at which a child first smiles, sits, crawls, walks, etc. You should keep a record of when Milestones are reached. This information may be very helpful when assessing a child's development (and useful information for parents or adopters). It is also of interest to the child as they grow up and may be included in the life storybook.

More information can be found at <https://www.nhs.uk/conditions/pregnancy-and-baby/your-baby-after-birth/>

SPEECH AND LANGUAGE

Language and talking:

- Should be fun
- Should be natural
- Should take place all the time

Do not try to change what children have learned already – they will learn by example. If a carer is worried that a child's speech and language is not as it should be they should contact the child's health visitor. What is important is that a child's language and vocabulary has had a chance to develop.

Ways to encourage speech and language development:

- Looking at and reading books
- Talking about events and everyday activities
- Singing to and with the child

- Experiences such as visits, cooking, playgroups/toddlers' groups/school/clubs
- Mixing as much as possible with other children

As a rough guide:

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

Things to think about:

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

We also know that some children will have communication problems that have not yet been identified which are likely to impact on behaviour. If you think there is a problem, raise it with the Social Worker and health professional; ask for help sooner rather than later.

STUTTERS AND STAMMERING

One in twenty children will experience stuttering or stammering. To help them come through this without developing a permanent stammer, do not react or tell them to slow down. Ignore it.

These periods of stammering sometimes start because of major life changes such as starting school or going 'into care'. Most will stop within three months, but if not – seek advice.

IMMUNISATIONS

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

DENTAL CARE

Tooth decay is avoidable by following the top tips below. Dental care should begin as soon as teeth appear.

The age at which a baby can have their first tooth coming through can vary from birth to 18 months. In most babies they begin to appear from about the age of six months and usually all the baby teeth are through by about the age of 2 years. There are 20 baby teeth altogether. The lower middle teeth usually come first. Teething does not cause illness, although it may cause discomfort.

Dental care top tips:

- Brush teeth twice a day (last thing before bed and at 1 other time) for 2 minutes using a fluoride toothpaste
- Use the correct amount of toothpaste. Smear size (about a grain of rice) for ages 0-3, pea size for ages 3 and older (whether you're 4 or 40, a pea sized amount is enough)
- Spit and don't rinse
- Limit sugary snacks and drinks to mealtimes. If a child is thirsty between meals give water
- Once teeth have come through don't allow the child to go to sleep with a bottle. Last feed can be given, and teeth brushed so the child's teeth are protected overnight
- Give only milk or water in the bottle during the day
- Start the transition to free flow cups from 6 months old
- If a dummy is used never put a sweetener such as sugar, honey or jam on it
- If it is necessary for the child to take medicines, ask your doctor or chemist for a 'sugar free' one. If not available, a child's mouth should be rinsed with water after taking the medicine.

Most children need help to brush their teeth properly until they are about 7 years old. Some children may never have been shown how to brush their teeth and will need guidance; disclosing tablets can be used to gauge whether you think the child is doing an efficient enough job to brush independently.

Fluoride makes teeth strong. Use fluoride toothpaste. Ask your dentist or health visitor about fluoride supplements.

Introduce the child to a dentist early on, as soon as teeth come through and at least by their first birthday. It is expected that children in your care will have dental checks every six months and that you will keep a record of all visits and any treatment given. To find a dentist visit www.nhs.uk/dentist

For additional information and resources visit www.leicester.gov.uk/healthyteethhappysmiles

At the age where braces would likely be provided most children will be at an age where they can start to make their own decisions about their health care needs. The dentist will most likely make a decision on whether they think the child is Gillick competent.

EYE CARE

Regular eye tests are essential. When children first come into care you should arrange a check up with an optician – unless you know when their next one is due. You should keep a record of all visits in your recording file. This should be recorded in the child's red book.

'Lazy eye' and squint are common conditions. A child can become blind in a 'lazy' or squinting eye if it is not treated early. Treatment varies, but may include eye exercises, patching the good eye to make the lazy one work, a simple operation or wearing glasses before the age of seven years.

Getting children to wear eye patches / glasses etc can be really hard work, especially if the child has an underlying additional need. Glasses can be easily lost, accidentally or deliberately broken, and children can refuse to wear them. We need you to be persistent and we will reimburse costs where the child has lost or damaged glasses.

HEARING

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

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

- Turns up the volume on the television
- Shouts rather than speaks
- Does not come when called if not facing you
- Does not form words correctly
- Behaves very boisterously/disruptively

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

Research has shown that having a personal stereo/mp 3 player/mobile phone in the ear for extensive periods may cause hearing loss, which cannot be put right later (younger children are more vulnerable to this). Loud music can also affect hearing. It is essential that children do not listen to personal stereos for extended periods especially at high volume.

If you have concerns about hearing, speak to a health professional.

FOOT CARE

Shoes and slippers are not needed until a baby starts to walk. It is important to make sure that there is always plenty of room for the child's toes in the shoes and/or socks otherwise the toes may be bent and permanently damaged.

'Baby grows' are very useful items of clothing but can be harmful to a child's feet if they are too small. Children's shoes should be checked for size every 3-6 months. An approved specialist in a shoe shop should measure their feet.

SLEEP

Sleep difficulties seem to be a common area of concern. These could include:

- Being afraid of the dark / being told that things "get you at night"
- Nightmares /night terrors
- Sleepwalking
- Getting to sleep in the first place
- Being anxious during the night – waking up a lot
- Wetting the bed

There are many external and internal factors which influence sleep, so get advice from your Health Visitor or the LAC Nurse.

<https://www.nhs.uk/live-well/sleep-and-tiredness/healthy-sleep-tips-for-children/>

<https://www.nhs.uk/conditions/pregnancy-and-baby/getting-baby-to-sleep>

PUBERTY

GIRLS

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

- Sanitary towels and tampons – they should always have a packet stored in their bedroom, so they are ready for the start of their periods
- Period pains
- Mood swings
- Vaginal discharge that starts sometime before their periods begin
- The many bodily changes that will be occurring at that time

Part of your role is to help them to cope with the changes in this new phase in their life. As a girl develops it is important that she has appropriate fitted underwear as her body changes.

BOYS

Many boys begin puberty between 9-14 years of age. There are plenty of signs that puberty has started. All boys are different, common signs are getting taller, more muscular, spots and sweating, unexpected erections, wet dreams, hair growth, deeper voice and mood swings.

You can get advice and information from your GP's Practice Nurse or the LAC or School Nurse or NHS direct website.

INFECTION CONTROL

Control of infection depends on standard precautions being taken consistently. Rather than identifying "high risk" groups the emphasis should be on applying the same infection control procedures for everyone particularly regarding all blood and body fluids that could be potentially infectious.

The body fluids requiring particular care are:

- Blood and blood products
- Urine
- Faeces
- Vaginal secretions
- Vomit
- Amniotic fluid
- Semen
- Breast milk

You should follow standard precautions when there is a spillage of body fluids to protect both yourself and the child.

Standard Precautions

- Washing of the skin with soap and water following any contact with blood or body fluids
- Appropriate care of cuts and abrasions by covering them with waterproof dressings
- Don't share items which might be contaminated with blood such as razors, toothbrushes
- Prompt clearing up of spillages of blood or other body fluids with freshly diluted bleach and disposable tissues
- Careful disposal of nappies or any disposable items soiled with blood or body fluids
- Washing of soiled clothing in hot water and detergent on a hot wash cycle
- Cleaning of dishes and cutlery in the usual way with hot water and detergent

COMPLEX MEDICAL CONDITIONS

Sometimes foster children will have complex medical conditions. If we are aware of these conditions this should be discussed with you at the point of placement including any special care requirements. These needs may change over time and you should have any medical advice as needed. All carers should have completed a first aid course which should be updated every 3 years, additional training will be offered in line with the needs of the child.

Your supervising social worker and the child's social worker, and the LAC Doctor and Nurse will also be a source of advice and information.

DRUGS AND ALCOHOL

Looked after children may be particularly vulnerable to developing problematic use of drugs and alcohol. These could be:

- Street drugs such as cannabis, ecstasy, amphetamines, alcohol, cocaine, heroin
- Domestic products such as aerosols, glues, nail varnish, paint
- Prescription medications, painkillers, cough medicine etc
- Performance enhancing drugs such as steroids.

The use of legal highs can also be problematic. This is a fast-changing area and carers should refer to the 'talk to frank' website for up to date information www.talktofrank.com/

Some young people may use 'street' language and terminology when discussing buying, handling and taking substances. It is important that foster carers are alert to this style of communication and ask young people to explain what they mean. This is important as terminology changes quickly and terms can mean different things to different people. It may also enable foster carers to gauge the level and accuracy of information that a young person has.

Things to consider when talking to young people about drugs and alcohol:

- Young people need to know how they can make healthy, informed choices by increasing their knowledge of substance use and developing skills to resist harmful substances available. These are skills which young people will be able to use in other areas of their lives
- Any information should be clear, accurate and balanced. If a young person asks a question which foster carers do not know how to answer they should not feel pressured into answering. They should let the young person know that they will find out the information and get back to them

- Foster carers should be aware of their own attitudes and values and how these may be conveyed both by what information is given and the way in which they present it
- Information provided to young people should be in a format that is accessible to them and which reflects their age, level of understanding, culture, religion and other relevant factors
- Young people need to know about the side effects that substances can have, and the possible effects of mixing substances and the long-term health implications associated with the substance that they are using. They need to be aware of the risks associated with routes of administration (such as the risk of contracting blood borne infections from sharing injecting equipment)
- Young people need to be aware that their ability to make sound decisions may be impaired whilst under the influence of drugs or alcohol. This may lead them into activities that may put them at risk (such as unprotected sex)
- Young people need simple information regarding what to do in an emergency. They need to know that they should never leave a friend that is in trouble or having a tough time. They also need to know that they should never be afraid of phoning an ambulance if emergency medical treatment is required, even if they have been taking illegal substances
- Young people need to consider the impact that substance misuse can have on their overall lifestyle – such as impact on health, finances, housing, employment, opportunities, relationships and friendships, and risk of involvement with the criminal justice system
- Information should be available to young people even if they choose not to engage in discussions regarding their substance use with the foster carer

IDENTIFYING SUBSTANCE MISUSE

One of the most commonly asked questions in relation to young people and substance use is “What signs will tell me if a young person is using substances?” Historically long lists of signs and symptoms have been produced which signs such as “moodiness, poor hygiene, secrecy, lack of energy, etc.” Unfortunately, many of these symptoms can also be symptoms of other things including just growing up. Whilst it may be possible to tell if a young person is under the influence of substances by their behaviour or demeanour, if they have not recently taken something there may be no indicators at all.

If you suspect that a young person has a substance misuse problem, you should discuss your concerns with your supervising social worker and the young person’s social worker.

Section 8 of the Misuse of Drugs Act 1971 states that a person in charge of a premises will commit a criminal offence if she / he “Knowingly permits or suffers the taking, supply, preparation or production of a controlled drug to take place on or within the boundaries of those premises.”

Foster carers need to be aware that “premises” can include their homes. The law is not clear regarding what counts as “premises”, but to err on the side of caution this should be taken to include gardens and outbuildings.

This can seem to be a daunting prospect. However, foster carers will not be held responsible if they weren’t aware of the activity, or they have taken all reasonable action to stop the taking, supply or production of illegal substances on the premises.

Reasonable steps would include instructing a young person to stop, confiscating the substance and disposing of it, and reporting known suppliers to the police if appropriate. All action should be discussed with your supervising social worker and the young person’s social worker.

The importance of being seen to have taken all reasonable steps includes clear, detailed recording of any substance-related incident and any action taken with the reasons for this clearly stated.

LEGAL POSITION

- It is illegal to give alcohol to a child under five years (except on medical orders)
- Children under 14 years may not enter a public house which is open for normal business, unless accompanied by an adult and in a designated area
- Young people aged 14-18 years may enter a public house, but they must not buy, be bought, or drink alcohol
- Young people aged 16-18 years may enter a public house and buy beer, cider or Perry (in Scotland also wine) but only for consumption with a meal in a dining room or exclusive eating area
- It is illegal for anyone under 18 years to buy intoxicating drink from an off licence
- It is an offence for a person to be drunk in the charge of a child under seven years

As a foster carer you should not be drunk in charge of a child at any time

SMOKING

It's very easy to become dependent on nicotine (the addictive compound in tobacco). Tolerance builds rapidly resulting in the user having to increase the amount that they smoke for their craving to be satisfied. Given their background, a lot of young looked after children may already have a smoking habit by the time they come into care.

Whilst acknowledging that many looked after young people may already have an established smoking habit it is important that foster carers support and encourage young people to reduce/stop smoking. There are various methods to help you do this. You can get advice from the looked after children's nurse, a stop smoking clinic or the young person's GP. Some pharmacists also offer resources / clinics to help people stop smoking. Foster carers must not offer to give or lend cigarettes, tobacco, lights or cigarette papers to young people at any time.

Carers are asked not to smoke in front of children or young people

- Carers who smoke will have this issue considered by the medical adviser and the panel at assessment and review
- Carers will not be approved to care for children under 5 if there is a smoker in the home.
- All carers know about the effects of passive smoking
- It is against the law for young people under the age of 18 to buy cigarettes or tobacco
- Young people who smoke should be encouraged to break the habit
- Rules about when, where and by whom smoking is allowed in and around your home should be clear

Sudden infant death syndrome or cot death occurs most commonly during the first six months of life. About two in every 1,000 babies are affected. Smoking by carers during this period increases the risk of cot death. The Department of Health has issued clear advice in relation to cot deaths that there should be no smoking anywhere near a baby.

Foster carers need to consider that young children are particularly vulnerable to the effects of second hand smoke because of their lungs and airways are small and their immune systems immature also disabled children who cannot

move away from smoke freely. Young children also have higher respiratory rates than adults and therefore they breathe in more harmful chemicals per pound of body weight than an adult would in the same period.

Smoking should only happen outside of the foster home, for example, in the garden without the child present

Illegal to smoke in car with child present.

Passive smoking can cause several health issues for children such as impaired lung growth, asthma, bronchitis and respiratory problems. There are also links between middle ear problems which can affect hearing. Passive smoking can also be passed on by smoke on clothing.

SEXUAL HEALTH

It is often more natural to introduce this topic when a child is young. Answer questions simply and naturally.

Sex education shouldn't just be a one-off talk but a gradual process, starting when a child is small and continuing until they have grown up. If you show your child that you are happy to talk about sex, relationships and feelings, they will know they can ask you questions about anything they don't understand. As a foster carer you may not know how much information a child has been given, or what they have been exposed to, before coming into your care.

The UK has the highest rate of teenage pregnancy in Europe and sexually transmitted infections are increasing among young people. Young people need the information, confidence and skills to cope with these pressures. They need to understand how their bodies and feelings will develop and how those changes might affect them. They need to feel good about themselves and develop the skills to form happy friendships and sexual relationships when they are older.

Where and how they get this information can affect how they feel about sex and relationships throughout their lives. Self-awareness will play an important part in developing healthy relationships.

Babies learn their first lessons from being cuddled by their parents or carers, so it's important to show affection to your baby with hugs and kisses. Babies learn about themselves and the world through touch. They touch themselves, which includes their genitals. If you accept these explorations the baby will learn that their body is okay. If they are told off or discouraged, they will start to feel that there is something wrong with that part of themselves.

By 3-4 years old children are aware and curious about the differences between the sexes. They look under each other's clothing and like to undress their dolls and check out the bottoms of pets. They play doctors and nurses and mummies and daddies.

At this age children may touch their genitals, and this is an appropriate time to teach them about the difference between private and public behaviour. This is also an appropriate time to start teaching them about wanted and unwanted touching. Reading them stories is often a way of talking about different feelings and relationships.

Between 5 and 8 years old children are learning what their bodies can and can't do and they like to find out how things work and how they're made. They are curious about their own and other people's bodies and pregnancy and childbirth. They continue to play games like doctors and nurses and explore each other's bodies, including the genitals. This is all normal.

Some girls start having periods as early as eight years old, so it's best to tell girls about periods by this age. Boys also need to be told about periods and can feel left out if they're not told. Children need to know that their bodies will be changing.

TALKING TO OLDER CHILDREN

Once children get a bit older they often find it much harder to talk about sex and growing up. Help them by making it easy for them to ask you questions. They may not ask much, but you will have shown that you're sympathetic and approachable and a good listener.

You will need to explain that being responsible about sexual behaviour means considering the needs and feelings of their partner and discussing the kind of relationship both partners want.

INAPPROPRIATE OF SEXUALISED BEHAVIOUR

Some children learn to use sexualised behaviour or their sexuality to get attention and affection from others. Sometimes they are copying their parent's behaviour and may not have experienced an appropriate parent / child relationship e.g. because of sexual abuse or exposure to pornography.

Sometimes they will not know that their behaviour is inappropriate. This can be difficult to manage, and it is important that you act sensitively to these behaviours. You also need to be able to show them affection in an appropriate way and ensure that other household members are safe.

You should seek advice from your supervising social worker who will also arrange training in this area for you and ensure you have an up to date safer caring policy. Any issues around sexualised behaviour should be discussed with the child's social worker.

ADVICE ABOUT SAFE SEX

The purpose of discussing safer sex with a young person, is not to encourage them to have sex, but to ensure that if they do, they know enough to choose to protect themselves. Being safe means making decisions to protect themselves by knowing about sexually transmitted diseases and unwanted pregnancies and are aware of the emotional implications for themselves and their partner(s).

Where appropriate, foster carers should encourage young people in their care to access contraceptive and sexual health services.

Alongside this, they should help them to develop assertiveness and negotiating skills, so they can make positive choices about personal relationships and resist pressure to have early or unwanted sex.

Advice and information can be found at: www.nhs.uk/Conditions/contraception-guide/Pages/contraception.aspx

PREGNANCY

Whether planned or unplanned, pregnancy needs to be approached sensitively. Hopefully you will help the young person, of any gender, through the pregnancy and support whatever decision they make about their baby. Counselling services may help with this. They may need help to decide whether to keep the baby, ask for family support or consider adoption, but it is their decision to make.

SEXUAL EXPLOITATION

Child Sexual Exploitation (CSE) is defined as ‘a form of child abuse which involves children and young people receiving something because of them performing sexual activities, or having others perform sexual activities on them’. It can also occur without physical contact, when children are groomed to post sexual images on the internet.

In all cases those exploiting the child have power over them, perhaps because of their age or physical strength. These relationships are characterised by being exploitative and relying on fear, deception, coercion and violence.

The Office of the Children’s Commissioner’s Inquiry into Child Sexual Exploitation in Gangs and Groups (CSEGG) identified 11 indicators of CSE risk in children aged 10+

- Child in Need or Children Looked After
- Children persistently absent from education
- Children permanently excluded from school
- Children misusing drugs and/or alcohol
- Children engaged in offending
- Children reported missing, or Children reported to be ‘absconding’ or ‘breaching’
- Children reported as victims of rape
- Children lacking friends of similar age
- Children putting their health at risk
- Children displaying sexually inappropriate behaviour
- Children who are self-harming or showing suicidal intent.

From the above risks, we can see that Looked after young people can be particularly vulnerable to sexual exploitation. You should be aware of this and look out for possible signs. Although these may not always indicate sexual exploitation you should be mindful of the following:

- Change in personality (withdrawn or excitable)
- Constantly talking to different people on their mobile phone
- Unknown cars picking the young person up from the house (take a note of the registration numbers and inform the social worker and police)
- The young person may have lots of new clothes, make up, trainers etc.
- They may have lots of money
- They often miss school or leave after registration
- They often arrive home late from school
- They do not come in at the allocated time
- They stay out or go missing
- They are unwilling to tell you where they are going or staying over

All cases of suspected child sexual exploitation should be reported to the child’s social worker in the first instance.

Further information can be found on the Leicester Safeguarding Board website www.lscbleicester.org.uk

<https://paceuk.info/> Pace works alongside parents and carers of children who are – or are at risk of being – sexually exploited by perpetrators external to the family. They offer guidance and training to professionals on how child sexual exploitation affects the whole family.

<https://www.ceop.police.uk/safety-centre/> CEOP is a law enforcement agency and is here to help keep children and young people safe from sexual abuse and grooming online. They also run the <https://www.thinkuknow.co.uk/> site, an education programme from which protects children both online and offline.

MENTAL HEALTH AND WELLBEING

Mental health affects the way people think, feel and act. Taking care of our mental health is just as important as having a healthy body. As a foster carer, you play an important role in your foster children's mental health:

You can promote good mental health by the things you say and do, and through the environment you create at home.

You can also learn about the early signs of mental health problems and know where to go for help.

HOW CAN I NURTURE MY CHILD'S MENTAL HEALTH?

1. Help children build strong, caring relationships:
 - It's important for children and young people to have strong relationships with family and friends. Spend some time together for example, each night around the dinner table.
 - A significant person who is consistently present in a child's life plays a crucial role in helping them develop resilience. This is someone your child spends a lot of time with and knows they can turn to when they need help.
 - Show your children how to solve problems that arise.
2. Help children and young people develop self-esteem, so that they feel good about themselves:
 - Show lots of love and acceptance.
 - Praise them when they do well. Recognise their efforts as well as what they achieve.
 - Ask questions about their activities and interests.
 - Help them set realistic goals.
3. Listen, and respect their feelings:
 - It's OK for children and young people to feel sad or angry. Encourage them to talk about how they feel.
 - Keep communication and conversation flowing by asking questions and listening.
 - Mealtimes can be a good time for talking.
 - Help your child find someone to talk to if they don't feel comfortable talking to you.
4. Create a safe, positive home environment:
 - Be aware of your child's media use, both the content and the amount of time spent. This includes TV, movies, Internet, gaming devices (whether hand-held, or played through a computer or TV). Be aware of who they might be interacting with in chatrooms and online games.
 - Be careful about discussing serious family issues—such as finances, marital problems, or illness—around your children. Children can worry about these things.
 - Provide time for physical activity, play, and family activities.

- Be a role model by taking care of your own mental health: Talk about your feelings. Make time for things you enjoy.
5. In difficult situations, help children and youth solve problems:
- Teach your children how to relax when they feel upset. This could be deep breathing, doing something calming (such as a quiet activity they enjoy), taking some time alone, or going for a walk.
 - Talk about possible solutions or ideas to improve a situation and how to make it happen. Try not to take over.
 - Many people have mental health concerns from time to time. But when ongoing signs and symptoms cause frequent stress and affect the ability to function, you must seek help. Poor mental refers to a wide range of mental health conditions — disorders that affect mood, thinking and behavior. Examples include depression, anxiety disorders, eating disorders and addictive behaviors. A mental ill health can make a child or young person miserable and can cause problems in daily life, such as at school or in relationships.

HOW DO I KNOW IF MY CHILD OR YOUNG PERSON HAS A MENTAL HEALTH PROBLEM?

All children and young people are different. If you're concerned your child may have a problem, look at whether there are changes in how they are thinking, feeling or acting. Mental health problems can also lead to physical changes. Also ask yourself how your child is doing at home, at school and with friends.

1. Changes in thinking

- Saying negative things about themselves or blaming themselves for things beyond their control.
- Trouble concentrating.
- Frequent negative thoughts.
- Changes in school performance.

2. Changes in feelings

- Reactions or feelings that seem bigger than the situation.
- Seeming very unhappy, worried, guilty, fearful, irritable, sad, or angry.
- Feeling helpless, hopeless, lonely or rejected.

3. Changes in behaviour

- Wanting to be alone often.
- Crying easily.
- Showing less interest in or withdrawing from sports, games or other activities that they normally enjoy.
- Over-reacting, or sudden outbursts of anger or tears over fairly small incidents.
- Seeming quieter than usual, less energetic.
- Trouble relaxing or sleeping.
- Spending a lot of time daydreaming.
- Falling back to less mature behaviours.

- Trouble getting along with friends.

4. Physical changes

- Headaches, tummy aches, neck pain, or general aches and pains.
- Lacking energy or feeling tired all the time.
- Sleeping or eating problems.
- Too much energy, or nervous habits such as nail biting, hair twisting or thumb-sucking.

Remember: Just because you notice one or more of these changes does not mean your child or young person has a mental health problem.

HELP AND ADVICE

The child's Social Worker will share information with you around the child's background, experiences and trauma, to give you a context to care for them. Your Supervising Social Worker will support you in your care and explore resources and training courses both on-line and those run for foster carers, to provide you with guidance, information and support around the area of promoting resilience and mental wellbeing. You may also work with The Young People's Team (CAMHS) and the Children and Families Support Team (CFST); the work they carry out is detailed below.

NHS direct offers a website and 24-hour help line to advise on symptoms if you are concerned. www.nhsdirect.nhs.uk

Your Specialist Looked After Children's Nurse is a source of support. Information for you and your looked after children and young people can be found on the following websites:

'Health For Teens' website www.healthforteens.co.uk

This website includes webchats, and there is a texting service during work hours

Golden number: health professionals can be reached on 0300 3000 0007

Under 5s www.healthforunder5s.co.uk

This website has information on play and behaviour.

www.healthforkids.co.uk

This website has games and advice for you and your children.

THE YOUNG PEOPLE'S TEAM

The Young People's team is a specialist team within CAMHS outpatients who work with young people who are Looked After in foster care, kinship care, or residential care, adopted, young people known to Youth Offending Services or who are homeless.

The team provides assessment, diagnosis, formulation, treatment and support for a range of conditions and difficulties such as, anxiety, depression, self-harm, trauma, autism, ADHD and behavioural and relationships difficulties associated with mental health. We understand that many young people have had difficult and traumatic life experiences, and this can make it hard to trust people to get the help they need and to feel able to talk about their difficulties. We take this into consideration in appointments.

The team consists of mental health nurses, psychiatrists, clinical psychologists and primary mental health workers.

In addition to the direct work that the team does with young people and their families we also provide advice, consultation and training to other professionals (such as social workers and foster carers) to support them to meet the emotional and mental health needs of young people.

Following a referral to CAMHS, the child or young person can expect to be seen by a trained member of staff who will work with them to try and understand their difficulties and how best we can help and support them. As part of the assessment we find it useful to talk to others such as you as the foster carer, social worker or teachers to gain more insight around the child's difficulties and how they impact on their daily living. The child or young person will be involved in developing their care plan. The treatment may be provided individually or in groups and may also include you. Young people and their foster carers are integral to the service provided and will be involved in all aspects of care.

If you feel a child or young person requires a referral to the Young People's Team, then speak to your Social Worker or LAC nurse and ask them to refer.

CHILDREN AND FAMILIES SUPPORT TEAM (CFST)

The Children and Families Support Team (CFST) is a multi-professional team that provides therapeutic support to children and young people aged 3 to 17 years who are:

- subject to CSE plans
- subject to CUAB plans
- Looked After (LAC)
- On an SGO (provided they were LAC before this)
- Adopted

They also work with adults who are:

- Foster carers or Adopters we are working with
- Parents whose children are being adopted and request support (birth parent adoption support – BPAS).
- Adopted adults who request access to birth records (BRC).

The purpose is to:

- Promote positive attachments, resilience and stability between children, young people and their families or carers
- Enable children to overcome experiences of abuse
- Promote positive mental health for young people
- Provide assessment and intervention for children using sexually harmful behaviour enabling them to live safely in their family and within the community
- To be an integral part of children's services by providing advice and information
- Referrals are made via the child's Social Worker.

KEY POINTS

Key Points to Think About:

- What am I doing to promote healthy lifestyles?
- Do I know what authority I have, to consent to any medical treatment for the child I am looking after?
- Are medications stored and administered safely in my home?
- Have I got up to date knowledge on issues around drug and alcohol use and promoting good mental health?
- Have I thought about how I am going to talk to children about sex?
- You are the main carer for the child, so it is important to be alert and bring any potential problems to the attention of the relevant health professionals.
- Refer any suspected cases of child sexual exploitation to the relevant professionals

STANDARD 7: LEISURE ACTIVITIES

Leisure time is important to help children develop interests, friendships and relationships. Children and young people can be helped to develop self confidence in their own skills and abilities.

As children get older they will start to develop interests which should be encouraged. These will help them to develop their own individuality.

Children will find life more fun if they have interests outside the home.

These will:

- Help them build self-confidence give them a purpose, something to aim for and to achieve
- Help them make new friends and build a new identity
- Give them somewhere different to go

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

You need to carefully check all clubs and activities before you introduce young people to them by:

- asking leaders about their policies around safe caring, supervision and staff checks.
- If a child may be a risk to themselves or others then you need to share vital information with the group leader in a discreet way.

You should help the child make full use of the leisure facilities available within your local neighbourhood if they wish to do so. This includes joining and using your local library.

Leicester City Council provides a Leisure Pass for all foster families, living in Leicester, who care for looked after children. This entitles them to discounted and free sessions at the city's leisure centres. More information can be found on the Leicester City Council website.

<https://www.leicester.gov.uk>

<https://www.leicester.gov.uk/leisure-and-culture/sport-and-leisure/>

Your supervising social worker can provide an application form for a Leisure Pass.

Whenever practical and unless there are good reasons against it, the child should be encouraged to maintain their contacts with their previous community or neighbourhood, particularly if they are likely to return to it on leaving you. The Social Worker will assess the risk and give advice.

DELEGATED AUTHORITY AND RISK ASSESSMENTS

A child's developing friendships and interests should be considered as part of their placement plan and will be a key area for you to share information about whenever their plan is reviewed. You must ensure that when they are joining clubs and activities or doing activities with friends or your family you have considered issues of risk and consent. Depending on a child's age and legal status different people may need to be involved in the decision making including social workers, parents and the Courts.

Many looked after children have complained of missing out on opportunities when they must wait for their social worker, social workers managers or birth parents consent to join in activities. When any child is placed with you there should be a meeting between you, the child's social worker and your supervising social worker within the first 5 days

of placement to make clear what decisions you can make about a child day to day care. A delegated authority document will be completed and signed by all relevant parties and this will be reviewed and updated regularly. (insert link to delegated authority form – in appendix?)

At the 72hr placement planning meeting you should raise any areas that will need consent such as clubs the child may join while staying with you, holidays the family are planning etc.

At each review you can ask for issues of delegated authority to be reviewed, so if the child does develop an interest in an activity e.g. karate and want to be involved in sparring you have the delegated authority to consent to involvement in dangerous sports etc.

Foster carers will generally, be given delegated authority for:	After discussion and agreement with the Local Authority the foster carer may be given delegated authority for	Local Authorities will be responsible for:
Routine medical appointments including dentist, optician.	Immunisations and non-routine medical treatment.	Medical treatment with long term implications.
Overnight stays and visiting friends	Wider media activity or publication of photographs or reports in media	Decisions related to contact arrangements.
Holidays within the UK	Holidays and trips abroad	Arranging passports. Permission for holidays abroad of 28 days or more (this may require permission from court).
Organised activities eg scouts, guides, play schemes, etc	Participating in hazardous activities.	School or club photographs that are used in publicity or on social media
School day trips within the UK, school photographs and other educational activities.	Change of School	Ensuring the young person has a National Insurance number

HOLIDAYS

Normally children will go on holiday with their foster carers. Holidays in term time should be avoided. We need to know your holiday plans well in advance as well as the address you will be staying at.

Children may also go on holidays with schools and clubs like brownies or cubs. In these cases, your delegated authority form should tell you whether you are able to consent. The child or young person's social worker must be updated about any plans.

If you are travelling abroad then please discuss these plans well in advance with your supervising social worker and the child's social worker. Do not book the holiday abroad until you know the child has a passport and this has been

obtained. You will also need a letter of authorisation from the department “to whom it may concern” authorising the named child to travel with named carers.

To obtain medical treatment in a European Economic Area country or Switzerland, a European Health Insurance Card (EHIC) enables free or reduced cost medical treatment. Other countries may have reciprocal healthcare arrangements.

Full details of these arrangements and how to obtain a free EHIC can be obtained via the Department of Health website www.gov.uk/government/organisations/department-of-health or by calling the EHIC enquiry line on 0845 6050707.

The child should have the recommended vaccinations provided the necessary consents have been obtained. If you have not been able to obtain this consent you should discuss the matter with the child’s social worker.

Every year Timsons offer free holidays for foster carers, www.timpson-group.co.uk/alex-timpson-trust/free-holidays-for-foster-families

BABYSITTERS

It is important for foster carers to enjoy outside interests and attend foster carers training, reviews, appointments, meetings etc. Once the child has settled you can leave them, with a reliable babysitter unless this would be inappropriate for the individual child. It is always best if the child knows the person who is babysitting and feels comfortable with them. Your Attached Support could provide this and have the benefit of additional awareness around your child’s needs.

When considering a babysitter:

The babysitter must be aged 16 or above. Must have experience of coping with the number of children you intend leaving with them. You remain responsible for arrangements you have made for the child.

FRIENDS

Being able to make friends is an important social opportunity for children; when many relationships have been disrupted children can find this hard.

1. The child or young person may not have learnt friendship skills from a young age
2. They struggle with empathy, emotional literacy, cause and effect thinking, and understanding social cues
3. They have low self esteem
4. They are easily led or may try to “buy” friends, or may be a target for being bullied

You can help any child or young person you are looking after by:

- Arranging opportunities for the child to play with others.
- Help them by modelling how to share and take turns with favourite toys and games.
- Trying not to get overly involved if they argue; but help them to resolve the argument and repair the relationship
- Being ready to offer empathy and a listening ear afterwards.

For some of the children you look after they will worry about falling out with friends, losing friends, changing schools and missing friends, moving on and not seeing friends again. You can and should support the child by inviting friends to tea, facilitating telephone calls or encouraging them to write letters. For older children social media may be a way of keeping in touch.

VISITING AND OVERNIGHT STAYS

Having sleep overs with friends can be very important to children and young people and should be supported wherever possible. Some children or young people may wish to visit someone you have doubts about. These requests should be referred to your Supervising Social Worker and child's Social Worker.

Foster carers should act as a 'reasonable parent' and decide if a child can stay at another address overnight. The carer should take into consideration the vulnerability of the child, past events and traumas and behavioural issues.

The foster carer should, as they would with their own child, be aware of:

- Where the child is going and with whom.
- Have had direct contact about the arrangements with the responsible adult and share contact details
- Know when the child is coming home
- Agree transport arrangements
- Remain contactable throughout the period. Remember you are responsible for the arrangements you have made for the child

The statutory guidance for Fostering Services (2011) state that when a child or young person is going to be away from the foster home the following things should be considered:

- Whether there are any restrictions contained in the child's Care Plan, including the placement plan
- Whether there are any court orders which restrict the child from making a specific overnight stay, visit or holiday
- Whether there are any factors in the child's past experiences or behaviour which would preclude the overnight stay, visit or holiday
- Whether there are any grounds for concern that the child may be at significant risk in the household concerned or from the activities proposed
- The age and level of understanding of the child concerned
- The reasons for the overnight stay, visit or holiday
- The length of the stay

USE OF THE INTERNET

The internet has changed the way children and young people interact with the world. Although most foster carers will have some experience of using the internet it may be that the child or young person is much more confident having grown up in a digital world. It is important to know what children and young people are doing online and give them good advice.

- Check the terms of any sites - is your child old enough to be a registered user? (such as to use Facebook you must be 13 years old)
- Make sure that you have parental controls and set limitations on any kind of app/game purchases
- Make sure use of the internet is supervised and encouraged to be in the family area of the home not in bedrooms
- Carefully supervise the use of any webcam
- Talk to children and young people about why you have these safer caring measures in place
- If your child is experiencing online abuse or bullying report it
- Make sure your child knows they must guard their computer and mobile device with password or PINs so that text message or email cannot be copied or hijacked and used to bully someone else in their name

Children and young people can be vulnerable on line just as they can be in the community.

There are many ways the internet can be accessed including public computers and mobile phones so teaching children and young people that the same rules apply to meeting people on line as at other times and being alert to 'stranger danger' is key.

Whilst social networking can pose risks to children and young people the internet also has enormous benefits.

The Fostering Network have produced helpful guidance on social networking for foster carers and there are also websites that give up to date advice and support with issues and help you report concerns such as the Child Exploitation and Online Protection Organisation (CEOP) and Get Safe Online.

<https://www.ceop.police.uk/safety-centre>

<https://www.getsafeonline.org>

KEY POINTS TO THINK ABOUT

- Children and young people need to enjoy leisure activities. What sort of leisure activities would the child you are caring for like to be involved in?
- What are you doing to help the child make and maintain friendships?
- Have you ensured you know what decisions you can and can't make about the child's hobbies and interests?
- Always discuss holiday plans with your supervising social worker as soon as possible to allow arrangements to be made for the child
- Apply appropriate safeguards to sleepovers and use of babysitters
- Remember to risk assess leisure activities including use of the internet for social networking.

STANDARD 8: PROMOTING EDUCATIONAL ATTAINMENT

A good education is the key to a positive future. Children in care should be able to benefit from the opportunities which a good education can open – from early years right through to higher education and lifelong learning and training. The duty to promote educational achievements includes pre-school children. Opportunities to access learning through play and to spend time in play groups and nursery settings can be effective ways to promote good educational outcomes.

Most looked after children say they like school and want to be there. They want to be included in activities, to join in, to make friends and to do well. They appreciate how important education can be for them.

Educational achievement and participating in recreational activities and voluntary work enhances feelings of self-esteem and confidence and contributes to placement stability and successful outcomes for children. Preparing a young person to do well at work through their educational opportunities, as well as catching up on missed schooling is equally crucial.

Many looked after children, may have had disruptions in their school careers for a variety of reasons. Factors that contribute to difficulties include:

- Placement instability
- Time out of school or other learning settings
- Insufficient help with education
- Insufficient support and encouragement at home
- Not enough help with emotional, physical, or mental health and well-being.
- Abuse/family breakdown

Factors that contribute to success include:

- Stable and consistent care
- Having high expectations
- Access to early reading
- Regular school attendance
- Support from well-informed carers
- Encouragement to catch up if they fall behind
- Having a mentor
- Understanding the importance of education
- Financial support to access further and higher education
- Identification of and support with learning difficulties
- Help to address emotional, physical or mental health issues
- Access to the internet

FOSTER CARERS DUTIES

To support the child's education, you will be expected to:

- Value and support education
- Facilitate the young person staying at the same school if appropriate
- Have high expectations
- Facilitate early years provision such as attendance at nursery
- Encourage attendance and punctuality at school
- Encourage the child to go on to further or higher education or training
- Act as an advocate for the child
- Contribute to the assessment of the child's educational needs
- Contribute to the preparation and delivery of any Personal Education Plan (PEP)
- Consult the child about their education, respecting their personal wishes such as, not wanting to be known as looked after
- Provide a quiet area where homework can be done
- Ensure that there is a regular homework routine and offer support as necessary
- Check homework is completed and ensure any diaries and planners are signed
- Make sure that the child has the correct equipment and books
- Make sure that the child has the correct school uniform and PE kit
- Attend parents' evenings and less formal events like concerts
- Reply to letters from school
- Make positive home/school links
- Attend any education meetings about the child
- Encourage out of school hours learning like school trips, sports, drama or music
- Celebrate success
- Contribute to the preparation of the Pathway Plan and encouraging lifelong learning
- Do not take family holidays in term-time

Foster carers need to inform school of:

- Placement address (including temporary changes such as respite care)
- Telephone contact numbers
- Emergency contacts
- Absences, including if a young person has gone missing
- Arrangements to collect your child
- Medical issues
- Issues which might affect behaviour or progress school
- Any issues at school that are causing difficulties for the child/young person

ARRANGEMENTS FOR HOMEWORK AND READING SUPPORT

Homework is intended to develop the confidence and self-discipline needed for independent study. By encouraging and helping children to do their homework you will be helping them practice and extend the skills and knowledge learnt in school.

Homework can nevertheless cause stress and emotional dysregulation in children and young people, particularly if their internal working model is one of deep loathing and failure. Carers have experienced swearing, shouting, ripping up homework, running away and hiding because the young person feels stupid. Homework done with adults can be supportive and help a child to regulate, but foster carers are continuously dealing with many underlying issues. It is important for you to get support from your Supervising Social Worker, Social Worker, other foster carers, the school and the Virtual School Team.

Each school should have a homework policy, which clearly states the type of homework being set, the amount of time to be spent on it, and the role that the school expects carers to have. It is quite often specified in the home-school contract.

Top tips:

- You don't need to know the answers to be able to help
- Provide a reasonably peaceful, suitable place, preferably with a table/desk and chair, in which children/young people can do their homework
- Provide books, such as dictionaries and a thesaurus and materials, such as pens, pencils, paper to facilitate homework
- Encourage children/young people to attend homework clubs
- Some children benefit from completing homework together with an adult
- Make it clear you are interested in what they are doing – ask what tasks they have been set. Encourage completion
- Children of all ages enjoy reading with an adult (either to the adult or being read to)
- Encourage reading for pleasure and use of the library
- Praise their work (very specifically, not just a general “well done”)
- Encourage independent research through various resources such as use of the internet and library resources
- Regular claims that they have no homework need to be checked out with the school, as they may not be recording homework tasks properly
- Make use of the Virtual School Team

PARENTS EVENINGS AND SCHOOL REPORTS

You are expected to attend parents evening. All information should be fed back to your supervising social worker and the child's social worker. The delegated authority document will state your responsibilities and what role the child's parents will play.

PERSONAL EDUCATION PLANS (PEPS)

This is the key tool for education planning for the child. All looked after children in care who are of statutory school age or who are attending an early years setting should have a Personal Education Plan (PEP). This will be arranged by the child's social worker ahead of the first review.

Foster Carers need to be involved in the PEP meeting, arranged by the child's social worker. They are key people in supporting and delivering the targets for the young people. The young person can attend and contribute to the meeting. Foster Carers should keep a copy of the PEP for their records.

PUPIL PREMIUM

The pupil premium for looked after children is a government initiative. It is an addition to the school's budget. Those eligible are Looked-after children (LAC) and those children who have ceased to be looked after by a local authority in England and Wales because of adoption, a special guardianship order, a child arrangements order or a residence order. The LAC premium must be managed by the designated virtual school head (VSH) in the local authority that looks after the child and used without delay for the benefit of the looked-after child's educational needs as described in their personal education plan.

The VSH should ensure there are arrangements in place to discuss how the child will benefit from pupil premium funding with the designated teacher or another member of staff in the child's education setting who best understands their needs. Processes for allocating funds to a child's education setting should avoid delay. Schools can spend the premium in a way that best supports the raising of attainment of children who are in the care of Local Authorities.

Pupil Premium Plus focuses on children's social and emotional and wider needs contrasts with the Pupil Premium which is focused on closing the attainment gap. The money is not ring fenced and does not have to be spent on the individual child. The DfE has said that it has introduced this flexibility so that schools can get maximum impact from the funding and so that children who change schools are not disadvantaged.

PROFESSIONALS INVOLVED: WHO DOES WHAT?

There are many teams and professionals involved in supporting a looked after child's education which can include the Virtual School Team (VST), the schools designated teacher, the special educational needs co-ordinator, the social worker, the education psychologist etc. If a child has special educational needs, they will need assessment and an education, health and care plan (EHCP) plan; they are for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC plans identify educational, health and social needs and set out the additional support to meet those needs. statementing.

<https://www.gov.uk/children-with-special-educational-needs/extra-SEN-help>

The way in which the roles and tasks about a child's education are to be shared will be identified in the care plan, placement plan and the child's personal education plan.

THE VIRTUAL SCHOOL

The overall goal of the Virtual School is to promote the emotional wellbeing and educational achievement of the children and young people in the care of Leicester City Council by:

- Promoting a deeper understanding of children and young people who have experienced separation and loss, and whose pre and post-care experience impacts on attainment and achievement

- Supporting and working with others to help children and young people to overcome these barriers
- Improving school attendance
- Minimising fixed term exclusions
- Raising expectations, attainment and accelerating progress
- Encouraging looked after children and young people to participate in positive activities in and out of school
- Promoting effective multiagency working

WHEN A CHILD REFUSES TO ATTEND SCHOOL

For many young people, entering the care system will be a traumatic experience. This can be displayed in many ways. However sensitively this is viewed, if a young person is on roll at a school, refusal to attend or significant lateness constitutes unauthorised absence.

School attendance has a direct relationship with pupil attainment. Whilst long-term absence is most destructive and concerning, even small periods of absence from school can have a long-lasting impact upon a pupil's attainment. Good attendance will contribute towards giving the child in your care the best chance to achieve their full potential and have real opportunity in further education. It is important that each foster home adopts an ethos of attending school regularly and on time. Below 85% attendance is poor.

It is the parent/carers' legal responsibility to ensure the children in their care receive appropriate education. Failure to send your child to school regularly without good reason is a criminal offence.

A good school routine will start with preparation the night before: school bag packed, homework completed, pencil case, dinner money and PE kit ready and a good night's sleep is also important.

If a young person is refusing to attend school all reasonable efforts must be made to ensure attendance. This will include establishing why a young person is not attending and addressing those issues individually. Children or young people may attend school but refuse to go into certain lessons. They might try and 'escape' because they don't feel safe. It is very important that foster carers and schools are helped to understand the underlying causes and that alternative arrangements are put in place if needed. We do not want our children to be excluded, so before it gets to this point, every effort should be made, by the school, carer, the child's Social Worker and all concerned, to keep the child in school.

Registration occurs twice daily therefore it is important to not write off attending the full day. If efforts have been made throughout the morning to encourage the young person to attend and there is still refusal, the young person should be encouraged to attend on time for the afternoon session.

It is then the carers' responsibility to:

- Contact the school on the first day of every absence stating the reason for absence and the likely return date
- Take the child to the doctor if unwell and provide the school with a medical note, appointment card or letter. The Head will not authorise medical absence without this
- Consider rewards for good attendance. Rewards can be small: agree them in advance so the child has a goal to work towards
- Notify the young person's social worker who will consider contacting the VST.

IF A CHILD HAS BEEN EXCLUDED

The VST and CFST offer training and work with schools regarding their behavioural policy and their understanding of looked after children, trauma, attachment and shame. Young people with permanent exclusions are automatically referred to the VST.

When a pupil is excluded, you should be informed immediately by telephone (if possible) and by letter within one school day. The letter must state the precise period of exclusion, the reason for the exclusion and the right to appeal.

Actions to be taken by you, when a child has been excluded:

- Notify your supervising social worker, the child's social worker and the VST
- Attend any meetings about the exclusion
- Work as advocates for the child during any appeal against the exclusion
- Support any educational work that has been set by the school
- Receive support in managing the child or young person's emotional / psychological well-being whilst out of school and enable them to explore any barriers to getting them back into education.

ALTERNATIVE PROVISION

There is a range of educational provision for young people, between the ages of 11-16 years, who have been excluded, or who are at risk of exclusion, from mainstream education to provide appropriate support for these students. There is a broad range of full and part time educational programmes and courses to provide students with access to a range of high quality, accredited, vocational courses and programmes.

Key priorities are to ensure that children are able to learn in a safe, caring and enriching environment. Children are taught how to keep themselves safe, to develop positive and healthy relationships and how to avoid situations where they might be at risk, including by being exploited.

KEY POINTS

- Foster carers should actively promote children's education and achievement from birth to leaving care.
- Has the child in my care got a PEP and what is my role in the PEP?
- How do I support the child I'm caring for to do homework?
- Have I discussed my child's aspirations with them?
- How will I support the child to achieve?

STANDARD 9: PROMOTING AND SUPPORTING CONTACT

The basic assumption underpinning legislation (Children Act 1989 & 2004 and Fostering Service Regulations 2011) is that continuing contact between a child/young person and their family is positive. This can mean contact with parents, siblings, grandparents, aunts, uncles, school friends and any other people who have been a significant part of a child's life.

Research studies provide evidence that regular contact contributes to the successful outcome of any plan even if this appears upsetting to both parties. The frequency or style of contact can be reviewed and changed. Even when a return home is not envisaged, regular contact ensures that a child/young person has a better knowledge and understanding of their family and their own history. At the very least contact can help a child or young person to have realistic expectations of their parents rather than fantasise about what they may be like.

- The type of contact a child or young person has with their birth family should be determined by what is in the best interests of the child. This may change over time and needs to be reviewed regularly.
- Social workers need to consider the purpose of contact in the context of each child's well-being, development and care plan. Contact can be beneficial for children in terms of maintaining links with their family and their sense of identity. It can also be problematic, however, especially when birth families are rejecting or unreliable.
- Social workers need to manage the complex emotional needs of children, birth families and carers when planning contact. Foster carers have a crucial role to play in supporting contact and they need to be supported to do this by their supervising social worker.
- Contact with siblings is important for both looked after and adopted children. Contact with the wider birth family – for example, with grandparents – can be a source of stability and continuity and may help counteract troubled relationships with parents.

Contact can be:

- Supervised
- Unsupervised
- At a contact centre (give examples of locations and numbers?)
- In the community
- At the foster carers home
- Part of an assessment
- Arranged between foster carers (e.g. contact between siblings)

Indirect contact may also form part of a child's care plan and could include telephone, contact, letters, texts, cards, email, Skype and social networking. Foster carers will be often asked to facilitate indirect contact and will need to be aware of the boundaries for the individual child.

CONTACT ARRANGEMENTS

Arrangements for contact may or may not be clear at the time of placement. If the placement is planned, you should be told what the ongoing plan will be but if the placement is in an emergency they may still be being drawn up in the

first days. Clear and detailed plans for contact between a child/young person and their family members must be outlined in the Placement Plan, and each child's Care Plan. This will include:

- who this contact is with
- the type of contact
- the venue
- how often and for how long
- whether supervised/unsupervised
- whether telephone contact/emails etc. are to take place

The child's social worker is responsible for organising and agreeing contact plans. They will consider the child's and family's wishes and feelings. Sometimes contact arrangements can be directed by court orders, and these must be fully adhered to.

Although contact with their birth family can be beneficial for children, contact can be associated with placement breakdown and further abuse for some children when it is of poor quality. Harmful contact is associated with particular people, not with contact in general.

Difficulties which arise in contact can be:

- contact is unreliable – ie the parent does not turn up or is consistently late
- some young people experience inappropriate amounts of contact
- where contact is unsupervised, and the child sees relatives who are rejecting or neglectful
- replay of negative relationships – many young people have unresolved attachment difficulties that can be re-enacted during contact

ROLE OF FOSTER CARERS

Foster carers are often expected to facilitate and support contact plans for each child in their care. This can include:

- transporting the child to and from contact venues
- allowing children/young people access to a telephone/computer
- allowing contact at the foster home
- facilitating contact with siblings in other placements
- keeping communication books with family members attending contact
- sending a 'contact bag' with bottles, snacks, nappies, changes of clothes as requested by the Social Worker or contact worker.

Foster carers are crucial to supporting contact and helping children to make sense of their history. However, you may have mixed views and experiences about contact. Although accepting its importance, you may find it stressful.

Difficulties can include:

- birth parents' aggressive or violent behaviour during contact
- unrealistic demands about brands of clothing, food, toiletries etc.
- the negative impact of birth parents' behaviour on the child
- malicious or hurtful comments being written in the communications book

You therefore, need practical and emotional support to meet the challenges that often emerge both during and after contact. Proactive social work can help to overcome some of the difficulties associated with contact. Changing venues, negotiating changes to timings and involving other people can also bring about improvements.

The Fostering Service expects social workers to provide information that considers risk issues around contact for the foster family. All practicalities surrounding the support of contact arrangements should be discussed between the foster carer, the supervising social worker and the child's social worker when deciding on the suitability of each placement. This is particularly relevant where a child is placed at a distance from their birth family or has a high level of contact.

All contact arrangements are reviewed at each child in care review. Foster carers must fully and accurately record in their daily recording any significant reactions each child has, to any of the contact arrangements or visits with any family members and inform the child's social worker and their supervising social worker.

If carers are concerned that a child may be subject to risk of significant harm by any contact arrangements, then they must discuss this immediately with the child's social worker and their supervising social worker or whoever is available on duty during office hours or if out of hours the Emergency Duty Team.

The fostering service recognises that a child's contact arrangements can have a significant impact on the fostering household in several ways:

- daily routines
- emotional impact on foster carers
- children's moods and behaviours
- managing free time and planning holidays
- Frustration when contact is cancelled last minute, or family fails to attend and impact on the child

Your supervising social worker will discuss contact plans with you during visits and supervision. Please raise any concerns and they will consider ways to support you, your family and the child.

KINSHIP CARERS

When caring for a child who is related to, or who was previously known to you, or where the fostering placement is a long term, you may find that you take on much of the responsibility for organising contact between them and their family. This can allow contact arrangements to seem more natural to the child.

However, such contact can be a source of conflict if when you have to prioritise the needs of the fostered child and this could create tension in the family. The fostering service recognises that for kinship foster carers there are additional challenges relating to contact, and the need to fully support carers.

All children should have a plan for contact drawn up by their social worker and all foster carers must follow this. You can discuss any difficulties in managing this with your supervising social worker who will try to assist you in your role of prioritising your fostered child or young person's needs.

RESPITE CARERS

For children placed with you on respite their contact plans should continue. Please make sure you have a copy of the placement plan with details of whom contact is with, where and when and any relevant names and telephone numbers to ensure you can speak to someone in the event of any change to plans or uncertainty. You will need to ensure that contact only happens as per the plan you were given even if family members ask for changes unless the child's social worker authorises this change.

KEY POINTS

- Contact is really important to help a child's identity by keeping them in touch with their birth family
- Contact can cause strong feelings for a child and helping them make sense of these feelings is part of your role
- Your contribution to the contact plans can help ensure they are realistic for your household and the child
- Supporting and promoting contact can mean taking a hands-on role like transporting, completing communication books or facilitating sibling contact.

STANDARD 10: PROVIDING A SUITABLE PHYSICAL ENVIRONMENT FOR THE FOSTER CHILD

Children should live in a foster home that provides adequate space, to a suitable standard. It should be warm, adequately furnished and decorated, maintained to a good standard of cleanliness and hygiene and be in good order throughout. Outdoor spaces which are part of the home should be safe, secure and well maintained. It is important that the foster home is not just a safe place but is a welcoming one too.

Nearly half of all childhood accidents occur at home. The Child Protection Trust Fact sheet 2011 highlights the following:

- Most accidents involving children occur in the lounge
- 110 children under 5 are rushed to hospital every day after falling down a flight of stairs
- 50% of all accidental house fires are started because of cooking
- 11 children are rushed to hospital every week because they have been poisoned by something, with the main cause suspected to be bleach or toilet cleaner
- A baby can drown in as little as 2 inches of water

All children are individual and depending on their age, developmental stage, needs and personality different measures will be required to keep them safe in your home. Children you foster are at greater risk of accidents because:

- Your own children are aware of potential hazards within your home because they have grown up with them. Children joining households will investigate their new surroundings and therefore need safety measures to minimise risk of injury
- Many fostered children are developmentally immature and will not have the ability to assess hazard and risk in the same way as their peers (or cause and effect)
- Some children will not have received adequate guidelines from their parents and therefore will not be aware of potential dangers
- There could also be an underlying health condition or difficulty that increases clumsiness for example

As part of your assessment a health and safety check will have been made of your home. This will be renewed as part of the annual review of your approval and at any other time your supervising social worker considers it necessary. If you own a second home or a caravan where you spend holidays with the foster child, this will also need a health and safety check.

If there are issues to address an action plan will be drawn up with you and timescales agreed to implement the actions. It may not be possible to place a child with you until these actions are taken.

The fostering service expects all foster carers to:

- Advise your supervising social worker of any changes or events within the household that could impact on children in placement. For example, a relative staying with you, any driving offences or any member of the household being arrested and / or charged with a criminal offence
- Understand and adhere to the safer caring policy drawn up by your supervising social worker

- Allow unannounced visits from the fostering service including inspecting the premises and speaking to the children in placement. At least one of these will be carried out once a year
- Attend relevant training in relation to Health and Safety

Please remember to inform your supervising social worker of any renovation work at your home or any proposed house moves so that health and safety checks can be kept up to date.

TERMS OF TENANCY OR OWNERSHIP

During assessment ownership details of your accommodation will have been established. If your home is rented or leased the length of tenancy must be established and confirmation obtained that there are no restrictions on the placement of children.

If there are any changes to the terms of your tenancy or mortgage you must tell your supervising social worker. This will be considered as part of your annual review.

LIVING SPACE

The general living space available should be large enough to comfortably accommodate all who live there. Where bedrooms are small more attention will need to be given to the rest of the house to ensure that children have sufficient space to study, play, have sufficient space for their belongings and have some privacy.

There must be sufficient and appropriate space for children to complete their homework. If it is not possible for children to study in their bedroom there should be a designated area in the house where children can study alone or with support from their foster carer.

Additionally, there should be space for meetings at the home. The child and foster carers will be visited at home and there needs to be space for privacy from the rest of the household during these visits.

BEDROOMS

All children must have their own bed, and children over the age of three should have their own bedroom.

Bedrooms should be large enough to not only accommodate a bed but also some storage, such as a chest of drawers and wardrobe. It should also be large enough for the child to have private time should they wish to.

There may be circumstances where it is considered appropriate for children to share a bedroom for example a child may find it comforting to share with their sibling. In these circumstances the supervising social worker will need to discuss the arrangements with the child's social workers and carry out a risk assessment. What about birth children sharing a bedroom with LAC?

Current NHS advice is that babies should sleep in the same room as their carers in a Moses basket, crib or cot for their first six months. The fostering service will consider whether there is adequate bedroom space for any baby to move into their room at an appropriate age.

ADVICE ABOUT PREVENTING COT DEATH

The NHS Says:

- Place the baby on their back to sleep, in a cot in the room with you
- Don't smoke or let anyone smoke in the same room as the baby
- Don't share a bed with the baby
- Never sleep with your baby on a sofa or armchair
- Don't let your baby get too hot
- Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders
- Never put a baby to sleep wearing a hat
- Place the baby in the 'feet to foot' position (with their feet at the end of the cot or pram)

BATHROOMS AND TOILETS

All bathrooms and toilets should be accessible, clean and hygienic. Lights (and heaters where appropriate) should be controlled by a pull cord switch. All cosmetics and related products should be kept out of reach of young children and medication should be securely.

Carers should be mindful of safety at all times and where necessary have measures in place to prevent scalding via hot water taps eg thermostatic control. Consideration will need to be given to the needs of a child with a disability and how they will access these facilities, and if support is needed for funding.

KITCHEN SPACE

All kitchens should be clean, hygienic and food should be stored safely. Where appropriate, safety gates should be used to prevent younger children entering the kitchen. It is essential that knives and any hazardous substances are stored securely and out of reach of children. In addition, you will need to ensure that any electrical flexes (eg kettle, toaster) are short and out of reach. Where appropriate a cooker guard should be fitted, and chest freezers should be secure.

FOOD HYGIENE

The main causes of food poisoning are:

- Food prepared in advance and left out of the fridge
- Cooling food too slowly before refrigeration
- Not reheating food at a hot enough temperature to destroy bacteria
- Undercooking
- Not thawing poultry long enough to defrost completely

- Cross contamination from raw foods to cook foods

Foster carers need to ensure that basic food hygiene is adhered to at all by all members of the household:

- Wash your hands before preparing food
- Keep raw meat at the bottom of the fridge
- Clean surfaces before food preparation
- Defrost/thaw food thoroughly
- Cook food thoroughly
- Take chilled or frozen food home quickly
- Keep your fridge and freezer at the right temperature
- Check use by dates and adhere to them

GARDEN AND OUTDOOR AREAS

A child needs opportunity to play and run outside and your garden will need to be safely enclosed to facilitate this. This means children should not be able to go under, over or through fences.

Climbing frames, swings or slides must never be positioned on concrete or other hard surface type substance and impact absorbing material such as wood chippings are desirable.

Sandpits and paddling pools must be covered/emptied and stored safely when not in use, and young children supervised when playing with sand and water.

Outdoor toys must be given regular safety checks. When using outdoor toys such as trampolines safety guidelines must be adhered to. Trampolines though are great for regulating emotions!

Ponds must be secured to prevent children falling in, ideally this would require ponds to be covered, but fencing and a gate may be acceptable.

Carers are asked to maintain an awareness of the content of their gardens, and poisonous/toxic plants should be avoided. Foster carers are expected to keep all gardening implements in a lockable area including weed-killer, insecticides etc.

Green houses need safety glass and must conform to British Safety Standards.

CHILDREN WITH A DISABILITY

Special consideration will need to be given to accommodation proposed as suitable for a child with a disability, particularly a physical disability.

Areas to be considered include:

- General accessibility, including wheel chair access
- Location and size of the bathroom and toilet
- Arrangements for evacuation in the event of a fire or similar emergency

- Need for aids and adaptations and the suitability of the property to be adapted as the child grows and needs change
- Support to install, maintain and safely use any aids

RELIGIOUS AND CULTURAL OBSERVATIONS

All children and young people should be encouraged to practice their religion and therefore may require space to worship in private within the foster home.

FIRE SAFETY

All foster homes are required to have a working smoke alarm and a carbon monoxide detector; foster carers are provided with a fire blanket to be installed in the kitchen. Foster homes are also expected to prepare an escape plan and share it with all members of the household so that they would know the evacuation procedure at times of fire or other emergency.

INSURANCE

It is the responsibility of foster carers to have household insurance. Foster carers must have fully comprehensive car insurance that covers business use. Foster carers must inform their insurance companies that they are foster carers. You will need to clarify with your insurers under what circumstances they need to be advised of changes within the household to ensure that their cover remains valid.

Supervising social workers must check and confirm that insurance cover is up to date as part of the carers' annual review of approval. Where looked after children have caused damage to your home, please let your Supervising Social know.

FIRST AID

All approved foster carers, (both foster carers in a couple) will need to have a certificate in paediatric first aid. This must be renewed every three years. The fostering service provides regular courses and accepts recognised certificates obtained through work or other voluntary roles.

All foster carers must have a first aid kit, appropriately stocked, in their home.

TRANSPORTING CHILDREN AND YOUNG PEOPLE IN CARS

The law requires all children travelling in cars to use the correct child seat or restraint until they are either 135cm in height or the age of 12 (whichever they reach first). After this they must use an adult seat belt. It is the driver's responsibility to ensure that children are restrained correctly in accordance with the law.

It is illegal to carry a child in a rear facing child seat in the front which is protected by an active frontal airbag. In the rear seat the child must have the correct child restraint.

In a licensed taxi or licensed car hire, if a child restraint is not available then the child may travel unrestrained in the rear. This is the only exception for children under three and has been introduced for practical and safety reasons. Foster carers are expected to make a child seat available if they regularly travel by taxi.

Children travelling in the front seat must have the correct child restraint. The only exceptions, where there is not a child seat available, are:

- When travelling in a licensed taxi or private hire vehicle
- If there are two occupied child restraints in the rear which prevent the fitment of a third
- If the child is travelling a short distance for reasons of unexpected necessity

In each case the child MUST use the adult belt instead.

Foster carers must ensure that any vehicle in which they transport foster children is road worthy. You must hold all relevant documentation for their vehicle. This includes vehicle registration document, current tax, MOT (where appropriate) and fully comprehensive insurance with business cover. Supervising social workers are expected to check all these documents as part of a foster carers' annual review.

GUIDELINES FOR HYGIENE WHEN DEALING WITH CUTS

The following guidelines are designed to minimise risk of many illnesses. Foster carers should familiarise themselves with them and apply always:

- Cuts and sores on hands should be covered with a waterproof adhesive dressing
- Hands should be washed thoroughly before and after carrying out first aid procedures involving external bleeding and broken skin, after contact with blood or fluids
- Where ever possible disposable latex/rubber/plastic gloves should be used when carrying out first aid
- Household rubber gloves should always be used if heavily soiled materials, or bleach is being handled
- Implements that are contaminated with blood should never be shared such as razor blades, toothbrushes, towels
- If bodily fluid or blood is splashed on to the skin it should be washed off immediately with soap and water. Splashes into the eyes and mouth should be washed immediately with plenty of water
- Spillage of blood or bodily fluids should be dealt with as soon as possible. Ordinary domestic bleach, diluted one part in ten parts of cold water should be poured on to the spill and covered with paper towels. Surfaces that have been contaminated with blood or bodily fluids should be wiped with bleach as described above
- Disposable items which may have been soiled with bodily fluids may be flushed down the toilet. If this is not possible soiled items should be securely double bagged and sealed in preparation for disposal. With regular or large amounts, arrangements should be made with local environment health services for collection and disposal. Vomit, urine and faeces should be flushed down the toilet and potties should be washed out and dried with paper towels
- Non-disposable items that have been soiled with blood or bodily fluids such as, clothing, sheets, towels should be washed at 80 degrees centigrade or boiled before washing

ANIMALS AND PETS

Pets can be a hugely rewarding part of family life and interacting with or taking care of a pet can be a very positive experience for a child. Foster carers must always ensure adequate hygiene and supervision. You should consider who will be feeding pets, where food bowls will be placed and stored. Also, consideration must be given to the exercise and bedding arrangements for pets.

There are health risks associated with household pets, for example they may need to be wormed and treated for fleas. The accommodation and play areas must be free of fouling.

Where appropriate pets should be properly trained and used to being with children and vet checks will be undertaken regarding any new pets. Where there is any doubt about the behaviour of an animal foster carers are expected to discuss this with their supervising social worker so that appropriate plans can be put into action.

Remember that a foster child may not know how to behave around animals and that pack animals such as dogs may react unpredictably to a new member to the household. If you are considering buying a large dog or owning more than one dog, you need to discuss this with your supervising social worker. If you already have a pet there will need to be a pet assessment.

WEAPONS

Some foster carers may keep guns for personal use, but discussion is required with the fostering service as to the arrangements for secure storage of guns and ammunition. All children must be protected from encountering dangerous weapons and therefore a robust risk assessment must take place. Your supervising social worker will need to see any certificate or licence.

THE HEALTH AND SAFETY CHECKS

Foster Carers will complete a Health and Safety check as part of their assessment. There are some additional issues to consider with older young people with risky behaviours or children who may self-harm:

- Young people who want to run away are as likely to use an upstairs window as a downstairs one. Keep keys safe but at hand in case of fire
- Car keys should not be left lying around but should be put away securely
- Sniffing of glue and aerosol cans is dangerous. Ensure materials are locked away or buy alternative non-toxic products
- Attend drug awareness training to recognise both the substances and symptoms
- Tools, such as screwdrivers and hammers, as well as kitchen knives may be used by young people who wish to harm themselves or others. Keep them safely whilst allowing young people to use tools properly under supervision

PREVENTING ACCIDENTS IN THE HOME

Burns and Scalds

Don't eat or drink anything hot if holding a baby on your lap.

Beware of iron flexes, table cloths and pan handles.

Barbeques retain heat that can severely burn for several hours after they have been extinguished.

Chemicals and Poisons

Keep all chemicals that are for the garden (weed killer, insecticides) and cleaning products (cleaning fluids, bleach, and toilet cleaner) locked away and stored out of children's reach.

Be aware that plants, berries, seeds and toadstools can be poisonous. Teach children not to put anything in their mouths that is not approved food or drink. Keep all medications in a locked cupboard or out of reach.

Choking and Suffocation

Plastic bags, ribbons, rubber bands and string should be kept away from young children.

Cuts

Glass doors and windows at child height should either have safety glass or protected with plastic laminate. Don't let young children walk carrying anything sharp. Keep knives and scissors safely out of reach of young children.

Drowning

Babies and young children can drown in a bath. Do not leave them unattended and be vigilant when paddling, swimming or playing with water. Teach children about the dangers of water and teach them swim as soon as possible.

Electricity

Put safety covers on electric sockets and have circuit breakers. Be aware of worn flexes on appliances. Use a cooker guard if there are young children in household.

Falls

Discourage from bouncing on chairs or climbing on furniture. Use straps provided with pushchairs and highchairs and ensure that children cannot fall downstairs or from windows. Use safety rails and gates where appropriate.

Road Safety

Hold small children's hands. Teach road safety at a young age. Cycle helmets should be used, and high visibility clothing worn when cycling. Make regular safety checks on children's bikes and encourage children to take cycle proficiency courses.

KEY POINTS

- How will a child or young person see my home when they first arrive? Is it welcoming to them?
- What do I need to do to make my home a safe place for this child or young person?
- Have I told my insurance company about my fostering?
- Is my first aid knowledge up to date and does the child I'm caring for have extra needs I should be trained to meet safely?
- Do I have all the certificates to show my supervising social worker when they ask?

STANDARD 11: PREPARATION FOR PLACEMENT

When children are placed with you they should be welcomed into the foster home and leave the foster home in a planned and sensitive manner which makes them feel loved and valued.

Children should feel they are part of the family. They should not be treated any differently to your own children living in the household.

THE MATCHING PROCESS

A fostering placement should not be proposed unless it can be reasonably expected to meet the child's assessed needs and the impact on other children has been considered.

The child's social worker will complete a placement request or matching report by the child's social worker to outline the child's needs and your ability to meet these needs as a foster carer will have been considered.

Matching is a professional task undertaken jointly by your supervising social worker, the social worker and yourselves. This means there needs to be careful discussion and consideration before it is agreed that a child should be placed with you.

All practicalities should be considered including their health, education, identity, and contact needs. You must be realistic about your ability to meet these. For example, can you be available to take this child to their school given your other commitments at that time of day?

A key factor in considering a placement will be the availability of bedroom accommodation in your home. A child over the age of 3 should generally have their own bedroom and other arrangements need to be considered, the child's wishes, history of abusive behaviour, needs and relationship between the children. Each child having their own bedroom will generally be appropriate, but where it's not possible each child should have their own area within the bedroom.

When brothers and sisters want to be placed together in the same foster home and it's consistent with their needs every effort should be made to achieve this. Where this is not possible plans need to be in place for them to have contact with their siblings to make their separation less difficult and to strengthen their relationships. This will require the cooperation of the individual foster carers – you may be expected to keep in touch with other carers and use your initiative to ensure positive activity-based contact.

Consideration will be given to you taking children to school within and outside your area and you will be expected to do this unless you have other commitments that prevent this that have been discussed prior to placement.

You will be expected to play an active part in contact arrangements, taking children to and collecting them from contact. You need to check out what's expected of you with respect to school and contact before the child is placed.

PLACEMENT PROCESS

When a social worker needs a placement, they will contact the placements team and provide the details of the child needing placement. If you have been identified as a kinship foster carer they will be liaising with you directly.

The request for accommodation form is completed and includes the following information

- Reasons for accommodation

- Summary of history and family chronology
- Details of current situations and risk factors
- Legal status
- Placement location issues
- Culture, heritage, hobbies
- Contact
- Education
- Health
- Risk assessment

The risk assessment considers any known risks including the following information:

- Risks to self and experience of abuse
- Risks of harm including manipulation by others, possible sexual exploitation, risks from former abusers, risks from family members, risks from other people
- Health risks
- Risk to other children or young people
- Risk to adults
- Transport
- Risks to property such as fire setting

This information forms the basis for matching and means you should be given enough information to help you decide if you are able to accept any placement. You are not under any obligation to accept a placement. However, if you refuse to take a child within your terms of approval you will be expected to give reasons for this.

When making up your mind – think about your circumstances, skills, space and the likely effect on family relationships. The Fostering Service and Placements Workers will also be thinking about these things and hopefully a match will be made.

The placements team worker has a vacancy list of foster carers available on the day and if there is a potential match they will speak to your supervising social worker if available, who will consider the information to see if there's a potential match.

If you are deemed to be a suitable match for a child, the placements team worker will ring you to discuss the placement and share the referral and risk assessment information with you. However, you need to check out the school and contact arrangements and what is expected of you.

Please make sure that you update the fostering service of your mobile and landline telephone number and any holidays to ensure that you can be contacted easily at any time you are available for a placement.

APPROVAL CRITERIA AND EXEMPTIONS

You will generally only be approached to care for children who are within your approval criteria. If you want to care for children outside of these criteria, then a change of approval will need to be discussed with your supervising social worker.

In most circumstances changes of approval are made in a planned way at the time of your annual review and there is a period of 28 days during which you can change your mind before the approval takes effect. However, if you agree to the terms of approval in writing this can take place immediately.

By law foster carers can only be approved for a maximum of 3 children if their circumstances allow. However, this does not apply if the children are a single sibling group. In exceptional circumstances the Local Authority in whose area the foster care lives can grant an exemption to allow a foster carer to care for more than 3 children if it is deemed to be in the best interest of those children. This exemption must be given in writing.

EMERGENCY PLACEMENTS AND PLANNED PLACEMENTS

For some children there is time to plan their placement with you and share extensive information and even meet the child at your home prior to placement. This is very important especially where the plan is to place a child with you on a permanent basis. It will help the child feel involved in decisions that are being made about them. If you are a foster carer offering a long-term placement it is helpful to produce a little photo album about you, your family and home that can be shared with any child.

However, many temporary or short-term placements are made in an emergency and there is limited information. In an emergency there is little time to plan or match children's needs to particular carers and there may be limited information.

INFORMATION NEEDED BY FOSTER CARERS

You should be given all the information you need about the child to enable you to care for them properly and this must be kept up to date when necessary. This always includes the care plan and the placement plan. It is the responsibility of the child's social worker to make this information available to you, but the Fostering Service is responsible for following this up if the Social Worker fails to provide this.

This information should be provided before children are placed with you although it is accepted in an emergency some of this information may have to be given later. In this case it must be provided as soon as possible, at the 72-hour meeting.

KINSHIP PLACEMENTS

As a kinship carer, you are someone who is a child's relative or friend, or who has some other connection to the child. A kinship carer can be temporarily approved to foster that particular child and, if the child needs a placement urgently, a kinship carer may be given temporary approval without going through the full assessment and consideration by the fostering panel and decision maker. In these circumstances there are clear actions that must be undertaken by the Local Authority and timescales in which the assessment must be undertaken.

WHEN THE PLACEMENT IS MADE

The placement plan is a legal requirement when every new placement is set up. It is part of the child's overall care plan and is reviewed every time the care plan is reviewed and should be a living document.

The placement plan must cover:

- How the child's day to day needs are met.
- Arrangements for Health & Education
- Arrangement for social workers visits
- Contact arrangements including decisions to refuse contact
- The name of the child's IRO
- Arrangements for appropriate authority to be delegated to the foster carer

When a placement is made, you will often have to deal with:

1. The child having few possessions so buying new clothing, uniform, toiletries etc
2. Establishing routines and boundaries
3. Welcoming a child or young person who has just experienced an immense loss and may be completely bewildered, confused, tired, or angry
4. Helping birth children adjust
5. Getting your recording file organised and collecting all relevant paperwork
6. Passing on details to school, getting GP registration etc

SETTLING IN

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

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

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

Some reactions to being in a foster placement:

- Childish behaviour
- Homesickness
- Confusion
- Insecurity

- Testing
- Withdrawn and uncommunicative behaviour
- Indiscriminate affectionate behaviour

Remember your parenting with PACE (playfulness, acceptance, curiosity and empathy).

Your supervising social worker is there to discuss the behaviours as they emerge. Remember to keep a record.

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

ENDING PLACEMENTS

Once a child has been placed with you and you are willing and able to care for them, the child should not be moved from your care unless it is deemed to be in their best interests, considering their wishes and feeling, and following a review.

Most children will return to their birth family or move onto permanent homes or independence with planning and support. You may stay in touch with these children and or their new carers or the young people may maintain a relationship with you. Wherever this is in the child or young person's best interests this is supported by the fostering service.

Sometimes, there are emergencies when remaining in placement is impractical and puts other household members at risk.

All children should leave a placement with their belongings appropriately packed in luggage and never in plastic bags.
<https://www.madlug.com/>

WHEN A PLACEMENT IS UNDER STRESS

Research has found that the reason for most placements breaking down is that foster carers find they are not well matched with a child rather than yourself or the child being in any way to blame.

<https://fosteringandadoption.rip.org.uk/topics/placement>

Placements can come under high levels of stress when carers are

1. Consistently dealing with very challenging behaviour that puts huge strain on carers
2. Sibling relationship breaking down so that siblings are separated
3. Carers undergoing very difficult personal circumstances
4. Lack of support and training

The service will support carers when placements are coming under stress, to try and prevent placement breakdown. You should receive support from the “team around the child,” your Supervising Social Worker, the Child’s Social Worker getting together to think through ways of keeping the placement going; you can access support from the support groups, mentoring from other foster carers and professionals.

When a placement comes to an end, foster carers, the child’s social worker and your supervising social worker and other significant people need to work together to help the child understand why they are moving and to support them with the change. It may be appropriate to arrange meeting to support the placement or to consider ending the placement in a planned way. Plus some recognition that placements ending can be absolutely devastating and heart breaking for all concerned.

PLACEMENT ENDINGS WHEN THERE HAS BEEN AN ALLEGATION

There are factors that need to be considered in considering whether a child should move from their placement following an allegation about a foster carer or a member of the fostering household.

Any allegation made by a child must be taken seriously and investigated although the fostering service recognises sometimes false or unsubstantiated allegations are made.

The possible risk of significant harm to children posed by any person about whom the allegation was made needs to be carefully evaluated and managed, meaning that foster carers are not suspended automatically or without careful thought.

Where a decision is taken to suspend you, it is important to understand it’s suspension without prejudice whilst an investigation is undertaken. Nevertheless, it is a difficult and worrying time and you will need the support of others, friends and professionals.

PARENTS ASKING FOR THEIR CHILD(REN) TO BE RETURNED WITHOUT PREVIOUS DISCUSSION

In the unusual event that a parent or person with parental responsibility withdraws their consent to the child being accommodated you will need to:

- Know where you stand - Is the child accommodated on a voluntary basis or on a Care Order?
- Care Order - the parent DOES NOT have the right to remove the child
- Voluntary basis - the parent DOES have the right to remove the child
- If the child's personal situation is of such concern that the Local Authority would not want the child removed (although parents have the right to do so) you must contact the social worker, police or the Emergency Duty Team (EDT) if out of hours immediately so that action can be undertaken to prevent this.
- In this situation, the parents can usually be calmed down and will wait long enough for you to telephone the office or the EDT where a social worker will speak to them

YOUR FAMILY

Your own family will take time to adjust. Your children may feel deserted by you because your time is devoted to another. Your children may copy bad behaviour. Pets may respond negatively. Keep your own expectations of yourself realistic.

Children coming into care may have left very chaotic, dangerous, unpredictable homes. Your home will be quite different from that. It can take a long time for a child to adjust and they may want to recreate the chaos because it feels normal. Or they might become very hyper-vigilant looking out for noises, even quiet background ones, that might indicate danger.

Support for birth children of foster carers is provided by your Supervising Social Worker, and there are regular meetings of the Sons and Daughter's Group, of children who foster.

WHEN THE CHILD ARRIVES

- Start the way you mean to go on
- Be understanding
- Accept them for who they are
- Be very aware
- Make sure you have checked the information given to you by the social workers telling you about the child; ask if you need more information
- Tell the other children in the household what they need to know about the new child (being mindful of confidentiality) - keep them involved, as appropriate
- All children's needs are different. Don't treat one child better than another
- Remember the child has parents. Be available to the child to talk about them
- If appropriate, continue with the routines the child is used to, such as bedtimes, and use similar words and languages
- Enjoy getting to know them – fostering can be hugely rewarding and there is much to look forward to.

KEY POINTS

Key points to think about:

- At all stages of the process. Do you have all the relevant information?
- Have you considered the child's identity, cultural, educational, leisure and contact needs and how you'll meet them?
- If you are a kinship foster carer have you had your role fully explained and do you understand the plans for the child?
- Do you know what authority you have to make decisions and what the placement plan is?
- Remember to update your safer caring policy with your supervising social worker
- Have you discussed payment and equipment with the fostering service?
- Beginnings and endings of placements should be positive

STANDARD 12: PROMOTING INDEPENDENCE AND MOVES TO ADULthood AND LEAVING CARE

Foster placements provide children and young people with a strong emotional base from which to move to adulthood. Young people need to be able to experience their foster carers as a “secure base” who encourage them to explore opportunities and become confident in the adult world. The support provided should be, broadly, what a good parent would give including practical, financial and emotional support.

<https://www.uea.ac.uk/providingasecurebase/the-secure-base-model>

PATHWAY PLANS

The Pathway Plan sets out the advice assistance and support that the Local Authority intends to provide for a care leaver. When a looked after child reaches the age of 16 the Pathway Plan replaces the care plan.

The young person will be allocated a personal adviser who will co-ordinate the planning. The foster carer will take a key role in planning for and supporting young people. The foster carer will need to work closely with the personal advisor, the social worker and the independent reviewing officer.

This requires foster carers to:

- Ensure that the young person has access to and can make use of educational, training and work opportunities to make plans.
- Help the young person develop a range of social and personal relationships with both adults and other young people
- Encourage the young person to participate in decision making and planning for their future
- Help the young person develop self-care skills, including cooking and shopping and take responsibility for their personal healthcare
- Help the young person to manage all financial areas of their lives including making choices such as shopping and clothes buying

EMPLOYMENT AND PART-TIME OR POCKET MONEY JOBS

Work is important, and the young person will need your help and support to find a job. Experimenting with work is a way of finding out about yourself so encourage them to take up any advice from Connexions etc. There is legislation governing the employment of young people of compulsory school age.

The youngest age a child can work is 13 years old. The only exception is children involved in television, theatre, modelling or similar activities. This includes Saturday jobs and work before or after school including paper rounds. Whilst the young person is still at school any money that they earn belongs to them and does not affect the maintenance allowance paid to foster carers. Children and young people need to learn how to handle money and budget whether this is pocket money or earned.

Children cannot work:

- Children cannot work without an employer holding a permit issued to them by the local council
- In any industrial setting (for example, a factory or industrial site) or in any occupations prohibited by local laws or other legislation (for example, pubs, betting shops)
- During school hours
- Before 7am or after 7pm

- For more than one hour before school
- For more than four hours without taking a break of at least one hour
- In any work that may be harmful to their health, well-being or education
- Without having a two week break from any work during the school holidays in each calendar year

During term time children may work a maximum of 12 hours per week, of which:

- A maximum of two hours on school days and Sundays
- A maximum of five hours on Saturdays for 13-14 year olds, or eight hours for 15-16 year olds

During school holidays 13-14 year olds may work a maximum of 25 hours per week, of which:

- A maximum of five hours on weekdays and Saturdays
- A maximum of two hours on Sunday

During school holidays 15-16 year olds may work a maximum of 35 hours per week, of which:

- A maximum of eight hours on weekdays and Saturdays
- A maximum of two hours on Sunday

In England, children must stay in some form of Education or Training until the end of the academic year when they turn 18. This does not have to mean only staying in school, it can be:

- Full time education, e.g. at a school or college
- An apprenticeship
- Part time educational training (as well as being employed, self-employed or volunteering for 20 hours or more a week).

School-aged children are not entitled to the full National Minimum Wage. Young workers aged 16 to 17 years are entitled to a lower minimum rate.

Once someone reaches 18, adult employment rights and rules then apply.

If your foster child is not in employment, education or training and they would like advice and guidance, they can get support from Connexions Leicester City. Call 0116 4541770 for an appointment, or e-mail connexions@leicester.gov.uk <https://www.leicesteremploymenthub.co.uk/job-seekers/services-for-young-people/>

STAYING PUT SCHEME

What is Staying Put?

A staying put arrangement may be considered appropriate for a young person because of:

- Circumstances relating to their education, training or employment;
- The young person's vulnerability;
- Delay in accessing resources necessary for a planned move; and/or
- Unexpected breakdown of current living arrangements in circumstances that require return to a more protective environment.

Any staying put arrangement will normally be agreed during the pathway planning process for looked after children and care leavers, except for needs that arise from the unexpected breakdown of existing plans. It will be reviewed as part of the Pathway Plan.

The funding provided will be based on the need for accommodation and support rather than care and the young person will be required to make an appropriate contribution and all welfare benefits will also need to be fully claimed. The arrangement will be time limited, with a clear plan to move towards other independent, care or support arrangements.

SUPPORT FOR EDUCATION AND TRAINING

All young people are individual, and they will have different plans. Some will be keen to live independently or in semi supported accommodation. Some will want to work, take up apprenticeships or go on to further education. Foster carers should always encourage young people to have high aspirations. Their plans should be discussed as part of the pathway planning and you will be given advice about the types of financial support that are available.

For some young people their disabilities will meet the criteria to receive ongoing support from adult services. This will be considered as part of the Pathway Plan. Your supervising social worker will be able to give you more information about this.

KEY POINTS

Key Points to Think About:

- Has the young person got a Pathway Plan and what is my role?
- Is the young person clear about their rights?
- How am I helping them to developing skills for independence like looking after themselves, cooking, budgeting etc.?
- If the young person is to remain in my care post 18 years have I read the Staying Put information?
- For young people with a disability have I been given information about the options available?

STANDARD 20: SUPPORT AND TRAINING FOR FOSTER CARERS

LEARNING AND DEVELOPMENT OF FOSTER CARERS

All foster carers approved by Leicester City Council fostering service will have access to a training programme tailored to meet their needs and are encouraged to take ownership of their training and development needs.

Foster carers have many responsibilities in relation to their training and development:

- To complete the Training Support and Development Standards within 12 months of approval for mainstream foster carers and within 18 months of approval for kinship carers
- To complete all the courses the fostering service designates as mandatory within the timescales agreed with their supervising social worker
- To work in partnership with their supervising social worker to contribute to the completion, progression and monitoring of their personal development plan
- To attend the training courses that they have been offered a place on. If unable to attend carers are expected to notify the fostering service
- To contribute to and evaluate all training sessions attended

Supervising social workers have specific responsibilities to support carers in their training and development. These include:

- Discussion and supervision enable carers to identify training and developmental needs
- Through discussion and supervision to work alongside foster carers to write, progress and monitor individual personal development plans
- To support carers to identify appropriate training activity
- To discuss with foster carers their training experience and support them to reflect how this will impact on their practice

PRE-APPROVAL TRAINING

Prior to assessment all mainstream fostering applicants will attend formal training based on the Skills to Foster course to equip them for their role.

TRAINING SUPPORT AND DEVELOPMENT STANDARDS (TSDS)

During your assessment and then during their first 12 months as a mainstream foster carer or 18 months as a kinship foster carer the expectation of your role will be explored with you and you will be assisted by your supervising social worker to complete and evidence the Training, Support and Development Standards.

The TSD Standards form part of a foster carer's induction in the role. They provide a national minimum benchmark that sets out what foster carers should know, understand and be able to do within the first 12-18 months after being approved. These standards were developed by the sector and were introduced in 2007 and apply to all approved foster carers in England

The TSD Standards provide a national minimum benchmark to set out what all foster carers should know, understand and be able to do within the first 12 months of approval. All foster care providers are expected to engage with their foster carers to support them in achieving the TSD Standards. This ensures that the Standards are delivered in a way

which allows carers to understand how the standards support them in their caring role, encouraging them to build on any areas for development identified in their assessment.

Training Support and Development Standards

There are seven TSD standards:

- Standard 1: Understand the principles and values essential for fostering children and young people
- Standard 2: Understand your role as a foster carer
- Standard 3: Understand health and safety, and healthy care
- Standard 4: Know how to communicate effectively
- Standard 5: Understand the development of children and young people
- Standard 6: Keep children and young people safe from harm
- Standard 7: Develop yourself

In each of the seven standards there are a number of topics that you will need to know about. Please ask your supervising social worker about completing the TSDS, which is usually done on-line.

In Leicester we think of the TSD Standards as an essential induction, while the training and support that we offer to help carers to meet the National Minimum Standards are ways we can help you to develop your role, knowledge and skills. There are some training courses we have identified as mandatory because understanding your role, having the right knowledge, and developing your skills are essential to meeting the National Minimum Standards.

MANDATORY TRAINING

The following courses are considered mandatory by the fostering service:

- First Aid
- Diversity
- Life Story Work
- Attachment Separation and Loss
- Safeguarding
- Allegations and Safe caring

Please discuss timescales for completion of these courses with your supervising social worker.

ANNUAL TRAINING PROGRAMME

Additional courses are available to build and consolidate foster carers learning and also to develop specialist skills. This programme is planned annually with courses running between 10am and 2pm at a variety of venues in Leicester. The programme is published in the newsletter and is available via your supervising social worker.

ONLINE LEARNING

It is recognised that some foster carers do not live in the Leicester area and cannot travel to training. Additionally, some foster carers have work commitments that make it difficult for them to attend. There are some excellent on-line courses which are unique. Your supervising social worker will discuss online learning options with you.

PERSONAL DEVELOPMENT PLANS

As part of your annual review your supervising social worker will ask you to provide evidence that you have attended training courses and your reflections on your learning. They will discuss with you your future learning and development needs and record this in your annual review in the section detailing your personal development plan

EQUAL OPPORTUNITY AND ANTI-DISCRIMINATORY PRACTICE

The Fostering Service values the diverse population of staff, foster carers and service users and are committed to demonstrating the value placed on equality in all aspects of practice.

All forms of discrimination on the grounds of race, gender, sexual orientation, disability, age or religion are opposed. Foster carer training acknowledges this and emphasises the importance of the ethnic, religious, cultural and linguistic backgrounds of children in care, with training supporting attendees to understand the importance, promote and celebrate the heritage of the child or young person in care.

Training provided aims to embrace the experiences of a diverse group of foster carers in an environment in which all may challenge discrimination of any kind in a positive way, giving all participants the opportunity to reflect on prejudice in a safe learning environment.

Support groups are listed elsewhere in the document but a link to the relevant pages may be helpful.

THE LEGAL FRAMEWORK

It is important that you know as much as possible about the legal framework we all have to work within. Below is a list of the main legislation and statutory guidance in relation to fostering in England.

Children Act 1989 – the primary legislation governing looked after children and fostering services is available online at: www.legislation.gov.uk/ukpga/1989/41/content

Care Standards Act 2000 – sets the regulatory and inspectorial regime and establishes National Minimum Standards. This is available online at the following: www.legislation.gov.uk/ukpga/2000/14/contents

Children (Leaving Care) Act 2000 – this is the primary legislation governing services for care leavers. Available online at: www.legislation.gov.uk/ukpga/2000/14

Children Act 2004 – requires local authorities to promote educational achievement of looked after children. Available at: www.legislation.gov.uk/ukpga/2004/31/contents

Children and Young Persons Act 2008 – amends the Children Act 1989 regarding placement of looked after children and strengthens visiting requirements and the role of the independent reviewing officer. Available at: www.legislation.gov.uk/ukpga/2008/23/contents

Fostering Services (England) Regulations 2011 – regulate all fostering services, replacing the Fostering Services Regulations 2002. Available online at: www.legislation.gov.uk/uk/uksi/2011/581/contents/made

Independent Review of Determinations (Adoption and Fostering) Regulations 2009 – extends the Independent Review Mechanism (IRM) to fostering. Available online at: www.legislation.gov.uk/uk/uksi/2009/395/contents/made

Care Planning, Placement and Case Review (England) Regulations 2010 – specify requirements for care plans and placement plans, placement decisions, monitoring and review of looked after children. Available at: www.legislation.gov.uk/uk/uksi/2010/959/contents/made

Care Planning, Placement and Case Review and Fostering Services (Miscellaneous Amendments) Regulations 2015 – these Regulations amend the Care Planning, Placement and Case Review Regulations 2010 and also amend the Fostering Services Regulations 2011. This is available online at: www.legislation.gov.uk/uk/uksi/2010/959/contents/made

Care Leavers (England) Regulations 2010 – designed to ensure that young people leaving care receive the same support that would be expected of any reasonable parent. Available at: www.legislation.gov.uk/uk/uksi/2010/2571/made

Human Rights Act 1998

The European Convention on Human Rights is an international treaty, which came into force in 1953. Today, 45 countries across Europe have ratified the Convention, and thereby obliged themselves to guarantee the rights set out in the Convention to all of their citizens. www.legislation.gov.uk/ukpga/1998/42/contents

The GDPR (General Data Protection Regulations)

There are 8 principles of this act: that information has to be fairly and lawfully processed, be processed for limited purposes, be adequate, relevant and not excessive, be accurate and up to date, not be kept for longer than is necessary, be processed in line with the data subjects' rights, be secure, and not be transferred to other countries without adequate protection

<http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

The Disability Discrimination Act 1995

This act was passed in 1995 to end the discrimination that many disabled people faced. It protects disabled people in a number of areas including: Employment, Access to facilities and services, Education

The Disability Discrimination Bill 2005 amended this act, placing a duty on all local authorities to promote disability equality, to improve the lives of disabled people, and build disability equality into the way in which they carry out their business. www.legislation.gov.uk/ukpga/1995/50/contents

STATUTORY GUIDANCE

Children Act 1989 Guidance and Regulations Volume 4: Fostering Services (2011) – contains the requirements set out by government to support local authorities, working with fostering service providers, in giving the best possible care and support to children in foster care. This replaces the Children Act 1989 Guidance and Regulations Volume 3: Family Placements (1991). Available at: www.education.gov.uk/publications/standard/publicationDetail/Page1?DFE-0

Assessment and Approval of Foster Carers: Amendments to the Children Act 1989 Guidance and Regulations Volume 4 (2013): This guidance amends the assessment and approval process, and includes guidance on the usual fostering

limit, terminations of approval and the IRM. Available at:
www.education.gov.uk/aboutdfe/statutory/g00225430/assess-approv-foster-care

Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review (2010) – provides a central reference point for local authority work with looked after children.
www.gov.uk/government/publications/children-act-1989-care-planning-placement-and-case-review

Delegation of Authority: Amendments to the Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review (2015). This Guidance places requirements on local authorities with regard to delegating authority to foster carers in respect of the children in their care. Available at: Volume 2: Care Planning, Placement and Case Review.

Children Act 1989 Guidance and Regulations Volume 3: Planning Transition to Adulthood for Care Leavers (2010) – statutory guidance on how to meet the requirements of the Care Leavers (England) Regulations 2010. Available online at: www.gov.uk/government/publications/children-act-1989-transition-to-adulthood-for-care-leavers

IRO Handbook: Statutory Guidance for Independent Reviewing Officers and Local Authorities on their Functions in Relation to Case Management and Review for Looked After Children (2010) – guides independent reviewing officers in the discharge of their responsibilities towards looked after children, with the aim that they receive the support and services required to meet their full potential. Available at: www.gov.uk/search?q=iro+handbook

Sufficiency: Statutory Guidance on Securing Sufficient Accommodation for Looked After Children (2010) – explains the duty of local authorities to secure sufficient accommodation within their area to meet the needs of looked after children. Available at:

www.gov.uk/search?q=Sufficiency+Guidance+on+Securing+Sufficient+Accommodation+for+Looked+After+Children+%282010%29+

Short Breaks: Statutory Guidance on how to Safeguard and promote the Welfare of Disabled Children using Short Breaks (2010) – seeks to improve outcomes for disabled children through short breaks provision. Available online at: www.gov.uk/search?q=Short+Breaks+Statutory+Guidance+on+how+to+Safeguard+and+promote+the+Welfare+of+Disabled+Children+using+Short+Breaks+%282010

Promoting the Educational Achievement of Looked After Children: Statutory Guidance for Local Authorities – statutory guidance which came into force in 2010. Available at:
www.gov.uk/search?q=Promoting+the+Educational+Achievement+of+Looked+After+Children%3A+Statutory+Guidance+for+Local+Authorities+

Statutory Guidance on Promoting the Health and Well-being of Looked After Children – statutory guidance which came into force in 2009. Available at:
www.gov.uk/search?q=Statutory+Guidance+on+Promoting+the+Health+and+Well-being+of+Looked+After+Children+

Statutory Guidance on Children Who Run Away or go Missing from Home or Care – statutory guidance which was updated January 2014. Available at:
www.gov.uk/search?q=Statutory+Guidance+on+Children+Who+Run+Away+or+go+Missing+From+Home+or+Care.+%E2%80%93+statutory+guidance+which+was+updated+January+2014.+

The Department for Education (DfE) has issued new guidance on the ‘Staying Put’ arrangements, which allow young people aged 18 and above who were previously looked after, to carry on living with their former foster carers. Further details and a link to the full guidance document can be found at: www.gov.uk/government/publications/staying-put-arrangements-for-care-leavers-aged-18-years-and-above

USEFUL NUMBERS

Fostering Service

0116 454 4510 during normal working hours

Duty and Advice (DAS)

0116 454 1004 out of hours and normal working hours

Foster Talk

01527 836910

Leicester City Foster Carers' Support Group

07792862257

www.facebook.com/groups/Leicesterfostercarers/

GLOSSARY

Allegation – an accusation of physical, emotional or sexual abuse, or serious neglect, of a child or young person by a foster carer or other member of the foster family.

Allowance - this is a payment given to foster carers to cover the cost of the child's care including food, clothing, transport and pocket money.

Assessment – this is the process undertaken to ensure that a person is suitable to become a foster carer. The assessment process includes interviews, training, references and other checks.

Care plan – every child in care should have a care plan which will include details of their needs and how these will be met and contain information about their placement and the longer-term planning for their care.

Case Conference - A Case Conference is when people who are involved with a child come together to discuss concerns about the child's welfare.

Children's services - part of Together for Children – Sunderland, that has responsibility for providing services to children and young people, including the provision of foster care.

Child's social worker - this is a social worker who is provided by the responsible authority to work with a child and to plan for their care. They are also responsible for meeting with the child to ensure that their needs are being met.

CIN - abbreviation used for Child in Need.

Kinship Care (another name for Connected Care) - when a child is living full time with someone who is a family member, friend or was previously known to them. The majority of family and friends care is made up of informal arrangements between parents and relatives, but there are other situations and sometimes legal orders too. Where family and friends are approved as a child's foster carer, this is known as family and friends foster care.

More comprehensive guidance on family and friends foster care in England is given in Family and Friends Care: statutory guidance for local authorities.

Connected person (another name for Kinship Carer) – a connected person is a family member (whether by birth or marriage/civil partnership), friend of, or other person who is known to, the child. They can be child minders, teachers, youth workers or others working in a professional capacity with the child.

Contact – the process whereby children stay in touch with people who are important to them, including relatives such as parents and grandparents as well as others, such as former foster carers.

DBS check – the Disclosure and Barring Service check is undertaken to discover if a person has an existing criminal record in the UK. DBS checks can include 'soft' information, where no criminal charges have been brought but where serious concerns have been raised.

Delegated authority - this is where the responsibility for making day to day decisions about a child has been passed to the foster carer. This can include decisions around activities, haircuts and overnight stays amongst other things.

Family and friends care (another name for Kinship Care) - when a child is living full time with someone who is a family member, friend or was previously known to them. The majority of family and friends care is made up of informal arrangements between parents and relatives, but there are other situations and sometimes legal orders too. Where a child's family and friends are approved as their foster carer, this is known as family and friends foster care. More comprehensive guidance on family and friends foster care in England is given in Family and Friends Care: statutory guidance for local authorities.

Foster Care Agreement - an agreement between The Agency and the foster carer which sets out matters such as terms of approval, the obligations of the foster carer, and what training and support The Agency will provide for them. More information on what should be included in the Foster Care Agreement can be found In Schedule 5 of the Fostering (England) Regulations 2011.

Fostering panel - the panel is a group of appointed people who make recommendations on the approval of prospective foster carers and any changes to the approval of existing foster carers. Details of who has to sit on this panel are covered in Regulation 23.

The Agency Decision Maker - this is a senior person within The Agency who makes a final decision on the recommendations from the fostering panel (see above). The qualifications required for this role are explained in National Minimum Standard 23.

Guidance - this explains how the regulations should be put into practice. All the Agencies must comply with them unless there are exceptional circumstances. You can read the guidance relating to foster care in England on the Department for Education website.

Independent Fostering Provider (IFP) - an organisation that places children into foster placements. Some are profit making companies while other are charities or not for profit companies.

Independent Review Mechanism (IRM) – the IRM reviews, on behalf of the secretary of state, qualifying determinations issued by The Agency.

Independent Reviewing Officer (IRO) -the IRO is a social worker who takes part in the reviews for children in care. They chair the review and monitor implementation of the care plan, as well as ensuring that the child's voice is heard and that their wishes are taken into account. You can find out more about the work of the IRO on the Department for Education's website

Local Authority - the local council that has responsibility for children's services, including provision for looked after children. In Sunderland this is provided by Together for Children.

Looked after child (LAC) - anyone under age 18 who is looked after by the local authority, either because they are on a care order or they are accommodated through a voluntary agreement with their parents.

National Minimum Standards – these describe the absolute minimum standard of service expected by the government, which The Agency must provide. They are used during inspections to check the regulations are being met. You can read the National Minimum Standards for Foster Care in England on the Department for Education website.

Ofsted – the Office for Standards in Education, Children's Services and Skills (Ofsted) is the government body responsible for inspecting children's services including fostering in England. All independent fostering providers have to be registered with Ofsted.

Parental Responsibility – this refers to all the rights, duties, responsibilities and powers which the law gives a parent in relation to their child. Mothers automatically have parental responsibility as do fathers if married to the mother when or after the child was born or by other legal agreements. Parental responsibility can also be given by the courts to others under orders such as special guardianship or adoption.

Pathway plan – the pathway plan is completed as part of the leaving care process for each young person and includes any actions that have to be carried out by together for children foster carer, the young person themselves and any others involved.

Personal Education Plan (PEP) – the PEP is part of the child’s care plan and gives information about the arrangements that have been made for their educational and/or training needs by the team around them.

Placement plan – the placement plan forms part of the child’s overall care plan and lays out how the placement will meet the particular child’s needs.

Private fostering – this is an arrangement whereby a parent arranges for their child under 16 (or under 18 if they are disabled) to live with someone who is not a relative (as defined below) for more than 28 days. Private fostering arrangements must be notified to Together for Children, who will visit periodically to ensure the welfare of the child.

Qualifying determination – this is where a The Agency is considering to not approve a prospective foster carer or wishes to change the terms of approval of an existing foster carer against their preference or feels a foster carer is no longer suitable to foster. In the case of receiving a qualifying determination that they don’t agree with, prospective and existing foster carers can make representations to the Agency or they can ask the IRM to review the situation. However, they cannot do both.

Regulations - these outline the legal requirements for foster care and all Agencies must comply with them these are linked to The Care Planning, Placement and Case Review (England) Regulations 2010; The Care Planning, Placement and Case Review (England) and fostering (Miscellaneous Amendments) Regulations 2013; Fostering Amendments 2014 and the Children and Families Act 2014. Failure to do so is a breach of the law. You can read all of these on the Government Legislation website.

Relative - defined by the Children Act 1989 s.105 as a person who is by full blood, half blood, marriage or civil partnership the grandparent, brother, sister, uncle or aunt, or step-parent of a child.

Responsible authority - this is the authority that has responsibility for ensuring that the child is looked after appropriately while in its care. In Sunderland this is Together for Children.

Short breaks – these are a series of placements made for a limited amount of time where the child then returns to their parents. This does not include children who are subject to a care order.

Special Guardianship – when the court makes a Special Guardianship order it gives parental responsibility to the special guardian, which they share with anyone else who has this. The order lasts until the child is 18, unless the court discharges it earlier.

Statement of purpose – required by law under Fostering (England) Regulations 2011, the statement of purpose must include the aims and objectives of The Agency as well as the services and facilities that they offer. The statement of purpose has to be placed on The Agency’s website if they have one.

Staying Put – the Children and Families Act supports young people staying with their former foster carers until they reach the age of 21 Sunderland has a scheme that supports this.

Usual fostering limit - under the Children Act 1989 Schedule 7, the number of children fostered by a foster carer is limited (the usual fostering limit). The current usual fostering limit is three children unless the children are all siblings although exemptions can be granted. More information about the usual fostering limit and its exemptions can be found in section 5 of the Children Act 1989 Guidance and Regulations Volume 4: The Agency Handbook.

