

Foster Carers' Handbook 2025

A guide for carers in Swindon



WELCOME

Congratulations on becoming an approved foster carer for Swindon Borough Council. We hope that you will find the information within this Foster Carers' Handbook useful and supportive to you in your important role as a foster carer in Swindon.

For the overwhelming majority of children who are cared for by the Local Authority, the opportunity to live in a family environment provides the best possible prospects of experiencing the care and support they need to fulfil their potential and become happy and healthy adults. It is thanks to you and the many other foster carers that so many children from Swindon can benefit from living with local foster families.

Successful placements for children need successful foster carers who are supported by knowledgeable and skilled supervising social workers and partnership working with the range of other professionals who are involved in providing input as part of the team around the child. The role and responsibilities of a successful foster carer has become increasingly challenging and complex - it can sometimes be difficult to keep up-to-date with all of the changes and to know when and where to get help. In order to support you we have designed this handbook in collaboration with our foster carers.

The aims of the handbook are:

- to give you a good idea of what is required of you and your families while you are fostering;
- to provide essential information in an easy to follow format;
- to explain policies and procedures – what you need to do – in plain language;
- to provide additional advice on specialist topics, including how and where to get help.

Fostering is a complex area of practice and so although we have tried to include everything that is really important here, there may other information that you would find helpful. Your supervising social worker will always be happy to find out other information for you and if there are any topics that you think would be useful to add to the handbook we can include them when the handbook is next updated.

The handbook is intended to supplement the advice and support that is available from your supervising social worker or the child's social worker, not replace it. It is a reference document which you can use to help you provide the best possible care to children.

Caring for other people's children is a very special task and although it can be challenging and difficult on occasions, it also has lots of rewards. Many of you will already know the satisfaction and sense of achievement when you see a child begin to settle, to trust you and start to smile – a wonderful gift for any child and one that all children deserve.

We hope that with the support of all of the professionals and information and guidance within this handbook, you will enjoy all the best of fostering and have much success in caring and helping the children living with you to reach their full potential.

VALUES

We all want the very best for the children, that is why, we are totally committed to the values outlined within the National Minimum Standards for Fostering 2011. These are the ones that you will have received a copy of when you were first visited by a member of the Fostering Recruitment Team. You will have the opportunity to discuss these standards further with your supervising social worker and they will form the basis for your practice as a foster carer.

The values outlined in the standards recognise that:

- 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 in order to develop their identity, self-confidence and self-worth.
- The particular needs of disabled children and children with complex needs will be fully recognised and considered.
- The significance of family time for the children we care for, and of maintaining relationships with birth parents and their wider family, including siblings, half siblings and grandparents, is recognised, as is the foster carer's 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 central importance of the child's relationship with their foster carer should be acknowledged and foster carers should be recognised as core members of the team working with the child.
- Foster carers have a right to full information about the child.
- It is essential that foster carers receive relevant support services and development opportunities in order to provide the best care for children.
- Genuine partnership between all those involved in fostering children is essential for the standards to deliver the best outcomes for children; this includes the government, local government, other statutory agencies, fostering service providers and foster carers.

FOSTER CARERS' CHARTER

At Swindon Borough Council we aim to provide first-rate foster care for children and young people. Key to this is the great relationships we have with our foster carers, which are based on the commitments we make to each other.

Children always come first

Children in foster care deserve to experience as full a family life as possible, as part of a loving foster family with carers who can make everyday decisions as they would their own child and without the child feeling that they 'stand out' as a child who is 'cared for'.

Children must be given every support to develop their own identities and aspirations to promote their talents and skills. Above all, they should be listened to.

Local authorities and fostering services must:

Recognise in practice the importance of the child's relationship with his or her foster family as one that can make the biggest difference in the child's life and which can endure into adulthood.

Listen to, involve foster carers and their foster children in decision making and planning, and provide foster carers and their foster children with full information about each other.

When placing children in the care of foster carers_ be clear about the continuing care or support there will be (including for the child into adulthood), sensitive to the needs of the foster carer and the child in making and ending placements, and have contingency plans should the care arrangement not work.

Treat foster carers with openness, fairness and respect as a core member of the team around the child and support them in making reasonable and appropriate decisions on behalf of their foster child.

Ensure that foster carers have the support services and development opportunities they need in order to provide their foster child with the best possible care. That includes liaising with local foster cares groups and seeking to respond to problems and disseminate best practice.

Make sure foster carers are recompensed on time and are given clear information about any support, allowances, fees and holidays they will receive, including in carers in dispute with the service or during gaps in placements.

Foster carers must:

Provide positive adult role models, treat the foster child as they would their own child, and be a 'pushy parent' in advocating for all aspects of the child's development, including educational attainment and physical and emotional health and wellbeing and co-operate fully as part of a team with other key professionals in the child's life.

Support the foster child and do all they can to make the placement work. Take part in learning and development, use skills and approaches that make a positive impact and enable the children to reach their potential. Support their foster child to help them to counter possible stigma as a result of their care status.

Guidance for foster carers

A foster carer refers to a person who is approved as a foster parent in accordance with the Fostering Services (England) Regulations 2011, or is temporarily approved as a foster carer under the Care Planning Placement and Case Review (England) Regulations 2010.

The responsibility of local authorities to improve outcomes and actively promote the life chances of children they look after is referred to as 'Corporate Parenting' in recognition that the task must be shared by the whole local authority, in partnership with other professional partners and with the child's parents. The role of the corporate parent is to act as the best possible parent for each child that it cares for and to act by advocating on their behalf, arranging for appropriate services to meet their needs and standing up for them and representing them as needed - to ensure they have the same opportunities as their peers.

Fostering services must ensure that the welfare, safety and individual needs of children who are cared for are central to the care provided by foster carers, so that each child who is cared for by the local authority is treated as an individual and given personal support tailored to their individual needs, taking their wishes and feelings into account. At the same time, foster care provides an opportunity for children who are cared for by the local authority to grow up in a family and to learn to take account of the needs of other family members and to make compromises.

Foster carers have a challenging and key role to play in a fostering service. They need skill, knowledge, expertise, self-awareness, commitment and the ability to work as part of a team, providing a high-quality, effective service to vulnerable children. To perform this role successfully, it is essential that their contribution to improving outcomes for children who are cared for is appropriately recognised and acknowledged, their status respected and their levels of authority clearly defined so that they can give children in their care a full experience of family life, safeguard them and help them to grow and reach their potential.

Foster carers are required by their Foster Care Agreement to care for any child placed as if the child was a child of the foster carer's family (regulation 27(5)(b) paragraph 2(a) of Schedule 5). The default position should be that the foster carer does not treat the child differently to their own children. This obligation may

sometimes pose challenges in the expectations of the responsible authority as corporate parent and means that a flexible approach must sometimes be adopted by authorities since many children who are cared for by the local authority are sensitive to being treated differently to the foster carer's own children.

The values underpinning the National Minimum Standards 2011 require that:

- Foster carers be recognised as a core member of the team around the child with an important contribution to make in planning and decision making about the child, and that the central importance of the child's relationship with their foster carer will be acknowledged and the work of the wider team around the child will be carried out in a way that strengthens and supports the role of the foster carer.
- Foster carers should be given maximum appropriate flexibility to make decisions relating to the children in their care, within the framework of the agreed placement plan and the law governing parental responsibility (PR), except where there are particular identified factors which dictate to the contrary, foster carers should be given delegated authority to make day-to-day decisions about health, education, leisure, etc.

Principles and values of the Fostering Service

Policy statement: Children and young people thrive best in families.

If it becomes necessary for a child or young person to be cared for by the local authority, every effort will be made to achieve a planned, permanent and secure home for the child. In the first instance, this will be achieved by making positive use of resources to help a child to return to their birth family. If it is not possible for the child to return home within a reasonable period of time, the long term needs of the child will be met through seeking a foster home which has been identified to meet their specific and assessed needs. Wherever possible, this will be with friends or family, connected persons foster carers.

There must always be a partnership between carers, social workers and the local authority, all working together in the best interests of children and young people. This partnership should extend to children or young people in care and where possible with their parents or interested relatives/friends

For younger children, adoption would usually be the preferred option to ensure that the child is able to achieve permanence and legal security throughout their childhood.

Some children's needs will mean that they are supported through permanent or long term fostering; for others, care in a residential children's home will be a positive option to ensure their needs are met and that they are able to achieve physical and emotional stability. Wherever possible, the aim is to support children in residential children's homes to transition to live within fostering families when it is in their best interests to do so.

When a child is cared for by Swindon Borough Council , it will work in partnership with parents, the child, foster carers and other professionals from the range agencies to meet the child's needs. We will endeavour to ensure that children are only moved between homes in a planned and purposeful way.

Where young people remain in the care of Swindon Borough Council until they are on the threshold of adulthood, they will be offered appropriate planned services to enable them to make a transition to a more independent lifestyle. This will offer them the prospect of becoming fulfilled citizens, able to make a positive contribution to their future family life and to the wider community.

We will recognise and celebrate the aspirations and achievements of all children and young people who are cared for by the council.

Principles: The following principles are fundamental to all social work practice on behalf of children who are cared for.

- In all cases the child's welfare will be the paramount consideration.
- Children must be consulted and listened to in a way that is appropriate to their age and understanding.
- Wherever possible, all concerned with the care of the child will work in partnership with the parent and take account of their wishes.
- Foster care is the preferred way of providing care and nurturing for children who need to be cared for by the council.
- Children and young people have the right to stability in their lives so that their identity can be maintained and developed, their physical and mental well-being promoted and their full potential achieved.
- Family time between children who are cared for, their parents and other members of their family will be encouraged and supported, unless there are reasons that such family time would not be in the child's interests.
- The aim of caring for a child is more than the prevention of harm - it is to positively encourage and develop his/her well-being and success.
- Everyone, who has a responsibility for the welfare of a child in local authority care, will promote their health, education and involvement in constructive leisure, sporting and cultural activities.
- The plan for the care of every child who is cared for will be reviewed on a regular basis – no less than is required by the Children Act 1989.

- Every child who is cared for has the right to be listened to and, where they wish, for an independent person to look into their concerns.
- The cultural, linguistic, racial and religious identities and ethnic background of children and young people, their parents and foster carers must be respected in the development of the foster care service and in the making and support of individual homes
- Formal decisions relating to individual children and young people in foster care should be taken in full consultation with them, their parents and the foster carers.
- Foster carers, children and young people should be able to challenge decisions and plans proposed by Children and Families services and should be made aware of the procedures so they can exercise their right of challenge. Children have the right to an advocate and should be encouraged and supported to access advocacy services.

The Children Act 1989 (CA89) and the Care Standards Act 2000 (CSA 2000) provide the statutory framework for the care and protection of children and the regulations that accompany the acts explain principles and standards that should be adhered to. The guidance and regulations that apply to foster carers in relation to the care and control of children and young people include the 2011 CA89 volume 3 Family Placements and Volume 6 Children with Disabilities and the National Minimum Standards for fostering services 2011, together with the Fostering Services (England) Regulations 2011. All of the volumes of Children Act 1989 Guidance and Regulations were revised in 2011 and you can find them all on the Department for Education website.

<http://www.education.gov.uk>

These are the qualities of a successful foster carer from a child's point of view (Contributed by members of Raise your Voice – Swindon's Children in Care Council)

- ***Good Listeners – Have at least one ear for me***
- ***Non-judgemental – I'm in care, so does that make me a problem?***
- ***Focus on person not process – get to know me for who I am, accept me and help me grow***
- ***Consistent/Stable – are you going to stick with me, will you be there for me long term? Will you give me clear fair rules, will you stick to them?***
- ***Empathic – Try to understand me, but don't feel sorry for me***
- ***Honest – Don't beat around the bush, just tell me***
- ***Genuine – Don't hide behind your role - no jargon please***

- ***Good Time keepers – its good manners, you should set a good example if you expect it of me***
- ***Contactable – how will I get hold of you?***
- ***Resourceful and flexible – because I'm worth it and I deserve the best you can give***
- ***Belonging – I need to feel I am part of your family but remember I have a birth family too***
- ***Negotiate – can we discuss the rules and agree to compromise on some things? All young people are not the same one size does not fit everyone***
- ***Be kind, listen to me,***
- ***Let me try things out and be there when it goes wrong***
- ***Cook the food I like!***

A – Z of topics

Access to Personal Files

The Access to Personal Files Act (1987) was replaced by the Data Protection Act (1998), which in turn has been replaced by the Data Protection Act (2018).

You can find up to date information on this act relevant to foster carers:

<https://www.thefosteringnetwork.org.uk/policy-practice/practice-information/dataprotection-act-2018-0>

Accidents

It really is important for you to keep records of any accidents, injuries, illnesses the child has and any treatment given. Any treatment or medicines, including all health appointments, should be recorded on the child and young person's health record. The child's social worker and your supervising social worker need to know about all relevant health developments, with serious accidents and injuries reported immediately.

It could be difficult to remember or explain the signs of an injury days or weeks after the event so it is best to always tell the child's social worker or your supervising social

worker (or the Emergency duty team at weekends) and the person with parental responsibility on the day of the injury.

If the foster child has a more serious accident or sudden illness and needs medical or hospital treatment, consent to treatment will be required, so always have the relevant medical consent form readily available. Young people aged 16-years-old and over can give their own consent to medical treatment. Some children under the age of 16 may also be able to give or refuse consent if they are considered to have sufficient capacity and understanding. You must notify the child's social workers as soon as you have organised any medical treatment. If the child's social worker is not available, you will need to inform their team manager or your supervising social worker (see also Medical consent).

If the accident happens outside normal office hours notify the Out-of-Hours Team on **01793 436699**.

Adoption

Swindon Borough Council have asked Adopt Thames Valley, Regional Adoption Agency to manage all its adoption and post adoption services, birth relatives support and access to adoption records. You can access Adopt Thames Valley service through their website:

www.adoptthamesvalley.co.uk

Allegations, complaints and concerns

National Minimum Standard 22 - Outcome: allegations and suspicions of harm are handled in a way that provides effective protection and support for children, the person making the allegation, and at the same time supports the person who is the subject of the allegation.

While you may not expect allegations to be made, it is important that you acknowledge that such a possibility exists. Sadly, not all allegations are unfounded. Similarly, complaints may be made about your care of the child, by the child, their family or by the social work teams.

The decision of social work teams, in all cases, is made in the best interests of the child. As carers, your home and family are more open to criticism because they are exposed to regular scrutiny, and we acknowledge the stressful nature of this. You should try to build your own safety net to minimise the risk of unfounded allegations in the following ways:

- Ensure you attend training sessions.
- Build up a support network.
- Attend support groups.
- Make use of your Fostering Network membership.

- Make sure you are aware of the Fostering Network safe care guidance.
- Keep a daily diary of events.
- Record any specific incidents/accidents on an incident sheet and notify the SW /SSW
- Keep social workers informed of events in the child's life and your feelings.
- Ensure you engage in discussion with your supervising social worker when you write your safe Caring agreement.

The Fostering Network booklet 'Safe Caring' states that one in six carers will have a complaint or allegation made against them during their fostering career. We will treat all allegations seriously to ensure that every one is confident that the child is safe and well cared for.

A child might make an unfounded allegation against a carer because:

- something that has happened recently reminds the child of an event that took place before the child was with you;
- it is a way of trying to regain control over their life;
- the child sees it as a way of getting away from the placement by making a false accusation – and sometimes this is because they believe they will return home;
- the child can misinterpret an innocent action, such as putting an arm round them to offer comfort;
- the child may have experienced abuse in the home

What can carers do to help prevent allegations being made against them?

Fostering Network's Safe Caring recommends:

- introduce a safe rule - no-one touches another person's body without that person's permission;
- help children learn to say NO if they don't want to be touched;
- older children may need extra help to work out how to seek appropriate comfort from an adult
- avoid tickling and wrestling games;
- children who are old enough should be able to bath and wash themselves;
- wherever possible, young children should be helped by carers of the same sex;
- carers should not walk around in their underwear or nightwear;
- all children in the house should have dressing gowns and slippers and should wear them when walking around the house in their night clothes;
- carers should not share their bed with a child even if the child is ill;
- provide children with a time of warmth and affection outside the bedroom, telling stories, reading, talking or having a hot drink together;
- children should not share beds. If children share bedrooms, clear rules should apply;
- a child should travel in the back of a carer's car.

What happens if a child makes allegations of abuse against you?

Unfortunately, on rare occasions foster carers do abuse children. It is possible that greater publicity, leading to higher public awareness, has led to more cases being reported than before, but whatever the cause, proven abuse of all types by foster carers has increased.

If someone makes a complaint about you, ensure that you get immediate support from an independent source – either from the Fostering Network, Swindon Foster Care Association, friends or other people who can support you.

Whatever the cause or reason behind the accusations, the social work team has no option but to take immediate action and it is highly likely that the LADO (Local Authority Designated Officer) will be involved. In the case of serious allegations, the investigation may lead to the child being removed very quickly if he or she is considered to be at risk. The foster carer may be suspended pending the outcome of investigation, depending on the nature of the allegation.

It is recommended that the carer contacts their support network, to provide support and advice. Where allegations of abuse are made, it is possible that the police will be involved in the investigation. Foster carers are encouraged to seek legal advice if they are in this situation.

If this ever happens to you it is important to keep written records as it is easy to forget details, particularly when you are anxious and distressed.

When the investigation is finished, decisions will have to be made about whether there was any cause for concern and, if there is some concern, was it sufficient to warrant removal of the child. The possibility of prosecution and whether you continue fostering will also be considered. The independent Fostering Reviewing Officer will undertake a review following the completion of the investigation and this will be presented to the fostering panel for them to consider the recommendations about future fostering.

Complaints by children and young people in placement

Children who are old enough to want to make a complaint may need a lot of help to do so. You need to understand that helping a child to complain is a positive step. It means that the child has:

- thought about the situation;
- decided that something is not right;
- is willing to do something about it.

There are two different types of complaints:

- The really serious ones, which must be responded to formally.
- Those which can be sorted out within your home, such as moans, suggestions and problems.

What may seem unimportant to you may be serious to a child.

Complaints about sexual or racial harassment or racial discrimination are extremely important. You may be able to help or you may have to take the matter further.

If a complaint is made, an investigating officer will be appointed.

Everyone should know what the complaints procedure is and how to go about making a complaint. If the information is not available, the child should be helped to find out about the procedure.

Further information can be found at [Complaints, compliments and feedback | Swindon Borough Council](#)

Carer support

During a complaint or allegation, the carer's supervising social worker plays a central role. They gather information and make representations at all the meetings that take place to determine the outcome.

With complaints that are designated concerns, the supervising social worker or other member of the Fostering Team will play a central role in the investigation. However, this will not usually be the case with complaints and allegations which are investigated by someone outside of the team. This distances the carer from their named support worker and while the supervising social worker will visit and offer support; it is not possible for them to discuss the detail of the particular complaint or allegation.

All Swindon Council approved carers have membership of Fostering Network, which provides carers with services such as free independent advice and information and free legal expenses cover in the event of certain legal action being brought against the carer.

Outcomes of allegations

The strategy meeting / allegation management discussion should take in to account the following definitions when determining the outcome of allegation investigations:

Substantiated: there is sufficient identifiable evidence to prove the allegation;

Unfounded: there is sufficient evidence to disprove the allegation;

Malicious: there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive;

Unsubstantiated: this is not the same as a false allegation. It means that there is insufficient evidence to either prove or disprove the allegation; the term therefore does not imply guilt or innocence.

Why a foster child might be abused

All forms of abuse that can happen in children's birth families can take place in foster families.

- Allegations, complaints or concerns will be taken seriously and investigated appropriately to fully respect and support everyone involved.
- Carers' behaviour discriminates against the child and young person they are fostering (physical/emotional/racial abuse).
- Carers lose their temper (physical/emotional abuse).
- Members of the foster home need to make sure that they do not get drawn in and repeat past patterns (sexual/ physical/emotional abuse).
- Carers reacting to the impact on their own children of caring for children who have been sexually abused (physical abuse).

Allowances

Foster carer allowances are usually paid into the carer's bank or building society account fortnightly (11 days in arrears and 3 days in advance). The level of payments is reviewed once a year.

The foster placement allowance, which is to cover expenses directly in relation to the child /children in foster care and is not taxable since it contains no element of reward.

The fee element of payments may be subject to taxation dependent on the amount of income you have. However, the local authority does not deduct tax at source so you will need to check if you need to pay tax and if so make your own arrangements. All foster carers need to register with HMRC as self-employed upon approval as a foster carer and it is the foster carers responsibility to ensure any tax is paid.

A child with a disability may be entitled to a Disability Living Allowance (DLA) from the Department for Work and Pensions (DWP). This allowance is payable in addition to the fostering allowance. If you think the child you are caring for is entitled to this benefit, we suggest you discuss the matter with the child's social worker before approaching the DWP.

If you have queries about allowances or if you think you have been under or over paid, contact your supervising social worker or the childrens finance department as soon as possible.

Please refer to the Foster Carers Financial Handbook for further information.

Annual foster carer review

The Fostering Service (England) Regulations 2011 and the Children Act 1989 Fostering Guidance state that the approval of all foster carers must be reviewed within a year of approval, and thereafter whenever felt necessary but at least annually.

Each review must consider whether the foster parent continues to be suitable to be a foster carer and the foster carer's household continues to be suitable, having taken account of the view of any child or young person placed in the foster home, the foster carer and the placing authority (Swindon Borough Council).

At the conclusion of the review the fostering services provider must complete a written report setting out if the carer “.. continues to be suitable to act as a foster carer and their household continues to be suitable” and whether “the terms of their approval continue to be appropriate”.

Everyone involved in the review process will be expected to make adequate preparation.

The review will include:

- Confirmation that DBS and medical checks are up-to-date;
- Record any changes in the foster home;
- Health and safety check of the foster home;
- The home environment;
- Foster carer's Safe Caring policy and practice;
- Assessment of the foster carer's performance and competency;
- Training carried out during the past year;
- Gaps in the foster carer's knowledge and needs for their development to inform their professional training programme for the following 12 months.

Feedback forms will be requested from:

- Carer's own children;
- Child's social worker;
- Supervising social worker;
- Other people nominated by foster carers;
- CLA nurse;
- Independent reviewing officer.

The review will usually take place in the foster carer's home and be conducted by the Foster Carer Independent Reviewing Officer (FIRO), who is part of the IRO team. The Independent Reviewing Officer will make recommendations around training, support and development for carers as well as whether their approval as carers should remain the same or change. Each will sign the completed report before it is sent to the Agency Decision Maker for continued approval if the review does not need to be presented to the Foster Care Panel.

The first Annual Review on all carers will be presented to the fostering panel. After that, the review will be presented to the fostering panel every three years unless there

are any significant changes in the household or if concerns regarding practice or standards of care are raised

Following a review indicating that there are significant concerns about the quality of service the foster carer has offered, the review report will be referred to the fostering panel for consideration. Where this happens, the carer will be notified, be invited and will be expected to attend the fostering panel.

It should be noted that foster carers should attend the Foster Care Panel whenever their case is being heard whether that be in the form of an Annual Review or any other matter.

Anti-Discriminatory Policy

Swindon Borough Council has an Anti-discriminatory Policy which informs practice in child placement, foster care recruitment and your supervision sessions with your allocated supervising social worker.

A detailed discussion of racism and anti-discriminatory practice is an integral part of the foster care approval process. The assessment report must include comments on your suitability to care for children in a diverse and multi-ethnic society.

The main principles of the policy are:

- Swindon carers will recognise and address a child's needs in terms of gender, ethnic origin, language, culture, disability or sexuality.
- Foster carers must promote an anti-discriminatory approach to their care of all children, including black, ethnic minority and those with a disability. It is also important that they promote a positive image of black, ethnic and disabled children and adults. Carers should also address discriminatory remarks made by their placements.
- Foster carers and social workers will recognise the unique value and worth of every individual child and young person.
- Sibling groups should be kept together whenever possible. Where there are children with different cultural and/or ethnic backgrounds, a family should be sought who are able to meet the needs of all of the children.

Baby sitting and staying with friends

It is recognised that all parents, including foster carers need a break and occasionally leave their children with relatives or a babysitter; it is important that arrangements for such occasions are discussed and agreed in the delegated authority document which should be completed as part of the placement agreement meeting (see section on this further on).

The Children Act 1989 Fostering Services Guidance states: “Delays and missed opportunities for children who are cared for as a result of poor planning around delegation of authority can be a bar to children experiencing a fulfilled childhood and feeling part of the foster carer’s family. Children who are cared for say that problems obtaining parents’ and local authorities’ consent to everyday activities can make them feel different from their peers, causing them embarrassment and upset. It is therefore very important to agree upfront who can make which decisions about a child who is cared for by the local authority. It is important that this is understood by all key parties and reviewed regularly. Foster carers should be given the maximum appropriate flexibility to make decisions relating to children in their care, within the framework of the agreed placement plan and the law governing Parental Responsibility (PR). Except where there are particular identified factors which dictate to the contrary, foster carers should be given delegated authority to make day-to-day decisions regarding health, education, leisure, etc. To this end, issues such as overnight stays for a cared for child at the home of a friend, may be agreed by the foster carer, subject to such delegated authority being agreed at the child’s placement agreement meeting and subject to the checks that any responsible parent would undertake.

The placement agreement record should provide clarity about what authority the child or young person’s parents have delegated to the local authority and how the day-to-day parenting tasks will be shared between the foster carer(s) and the local authority.”

When an overnight stay is on a regular basis or for longer than 72 hours, a simple assessment should be made. This will include assessing the suitability of:

- the responsible adult at the place the young person is to stay;
- the sleeping arrangements;
- the safety of the environment;
- any other factors which may be pertinent including a DBS check;
- parental consent arrangements including is it delegated to the local authority for all occasions? Requested on each occasion?

Bed wetting

Any child, of whatever age, who has suffered a traumatic experience may wet the bed. A child placed in foster care will almost certainly feel distressed and it is important to be patient and allow the child time to settle and feel safe and secure. Displaying annoyance or attempting to punish a child will merely add to their distress and may make the problem worse. Rewarding a child for success will work better than any punishment for failure. If the problem is persistent or you are concerned about it in any way then discuss it with the child’s social worker or your supervising social worker.

Persistent bed-wetting could be an indication of other problems and may need medical attention. Foster carers can speak with the CLA Designated Nurse based at Saltway Centre in the first instance for advice and signposting.

Behaviour Management

The principle that the welfare of the child is paramount is fundamental to the Children Act 1989, which provides the legal basis for child care in this country. The UN Convention of the Rights of the Child recognises the innate value of all children and their right to be protected from harm and neglect.

Many children who enter foster care will sometimes exhibit behaviour that can be difficult to manage. The local authority believes physical punishment is never appropriate.

Guidelines on behaviour management

- First of all, try to understand why the child is behaving in this way.
- Instead of disciplining bad behaviour, always encourage good behaviour. Give simple encouragement, a gold star or a treat. Give praise when they are not perfect but are obviously trying.
- Try to be realistic and set goals the child can reasonably achieve.
- Be clear and consistent in your approach. Make sure that everyone in the family knows what the approach is.
- If small children are having an emotional outburst or doing something that is a danger to themselves or others, pick them up and remove them from the situation, with a firm no.
- Don't be afraid to admit you are wrong or angry and don't be afraid to compromise and negotiate with a child, saying sorry can have a significantly beneficial effect.
- Once you have made the consequence of some behaviour clear, follow it through; giving in will give the child confusing messages. There is little point in threatening anything which you cannot implement.
- Do not impose lengthy or disproportionate sanctions that will lose their effect/be difficult to manage.

Physical Chastisement.

Swindon Borough Council does not accept the use of physical punishment. This means that a foster carer should **never** physically chastise a child in their care. Many of the children who are cared for by local authority have suffered injury and physical abuse, so physical punishment merely reinforces the belief that adults hurt children.

If you feel yourself becoming angry with a baby, then place them somewhere safe and leave the room briefly until you have calmed down. With older children, safely removing yourself means the child no longer has your attention and will also allow you the opportunity to gather your thoughts.

Most children want your approval, so telling them you are not pleased with their behaviour (important that you specify that it is their behaviour that is not acceptable

rather than suggesting it is them in general) in many cases will prove effective, particularly if you follow it with an opportunity for the child to wipe the slate clean and make a fresh start. One of the most sensible things you can do when you feel anger or frustration building up is to talk to others about how you feel. Talk to your partner, another foster carer, friends, relatives or supervising social worker.

Belongings

Foster children may bring items of clothing, toys or other possessions with them when they come to stay. These belongings may not seem valuable to you but they may be precious to the child and should always be treated with respect. Remember the child will have been separated from their family and familiar surroundings and what may seem unimportant to you could be the child's most treasured possession.

It is really important that all the children's belongings are packed in a suitcase if the child moves on. It is never acceptable to use dustbin bags or carrier bags to transport children's belongings.

Benefits and fostering

As there are regular changes in Government policy please refer to www.thefosteringnetwork.org.uk/advice-information/finances/claiming-benefits for up to date advice.

For further information visit: www.direct.gov.uk/en/MoneyTaxAndBenefits/index.htm
www.fostering.net

Birth certificate

All children's births should be registered and following registration a birth certificate is available recording the details of the child's birth. If a copy of a child's birth certificate is needed, you will need to contact the child's social worker or seek advice from your supervising social worker

Bullying

Finding out that a child you are looking after is being bullied can be a stressful experience. It can arouse a number of feelings from anger to confusion or guilt. Some children are good at hiding their feelings and the first thing you may know is if they do not want to go to school, for example. Other signs can be:

- coming home with cuts and bruises;
- torn clothes;
- asking for stolen possessions to be replaced;
- being quiet and withdrawn;
- losing dinner money;
- being withdrawn and bad tempered;
- wanting to avoid leaving the house;
- aggression with brothers or sisters;
- doing less well at school;
- not sleeping well;
- anxiety.

It is important that bullying is addressed but you don't need to deal with it on your own. Please discuss what you know with the child's social worker and your supervising social worker.

Childline is one of a number of organisations that provide help on bullying for children and parents www.childline.org.uk.

Care Planning, Placement and Case Review (England) Regulations 2010

These regulations, which came into force in April 2011, apply to children who are cared for by a local authority in England, regardless of the type of home they are living in - whether, for example, living with a parent, with a local authority foster parent, in a residential children's home, or in other accommodation. This includes eligible children - children who are cared for by a local authority who are aged 16 or 17-years old and have been cared for by a local authority for a total of at least 13 weeks, which began after they reached the age of 14 and ended after they reached the age of 16.

The regulations' objective is to improve local authority practice in care planning, placement decisions and case reviewing, to ensure that care plans for children who are cared for are responsive to the full range of children's needs and the outcomes for children who are cared for are improved.

Impact of regulations

The timescales for convening children we care for reviews and the circumstances when additional reviews may be convened have changed, for example the first review must be convened within 20 (previously 28) days of a child becoming cared for.

There is a significantly extended role for Independent Reviewing Officers, (IROs) giving them a more effective and independent oversight of children's care planning. This includes monitoring the progression of a child's care plan on a continuing basis,

including whether any safeguarding issues arise; and a duty to identify any areas of poor practice, including general concerns around service delivery (not just around individual children). Additionally, IROs must be notified if a child has been persistently missing or absent without consent.

There is a requirement that care plans must be prepared before a child moves to live in their foster home. If this is not practicable to do so, it must be completed within 10 working days of the child being placed in their foster home. Placement agreement records must be completed by the child's social worker within five working days of the child being placed in their new foster home, with a copy being forwarded to the foster carer for their reference.

There is a new provision that a senior manager must be consulted before a child at Key Stage 4 (Years 10 or 11) moves from one home to another. This is in addition to any usual approvals in place to agree moves for children who are cared for by the local authority.

Carer representations and complaints procedures

It is possible for those involved in caring to hold genuine differences in their views as to what decision best promotes a child's welfare. The forum for making decisions about future plans for the child will be the Children we care for review. Occasionally it will not be possible for review meetings to reach a consensus. Foster carers should know how to make appropriate representations on the child's and on their own behalf.

Guidelines are offered below about how carers can make representations and complaints so that they can raise their views in an effective way. This information supplements that given in the section on allegations, complaints and concerns.

Complaints and representations should not be considered in a negative light. An effective process for managing complaints and representations should help raise the quality of service for the children we care for.

Matters of child protection concern and formal complaints

If a child is concerned about some aspect of their care they may need help to make their views known. Foster carers will understand that making a complaint could be a positive step for a child, which indicates that he/she has thought about a situation, has recognised that things may not be right and wants to do something about it.

Current or previous experiences of child protection concern

This may include incidents of abuse or bullying by their family or other carers and assaults and harassment by strangers, verbal intimidation including use of racist, sexist or otherwise discriminatory language.

Where a child raises matters for formal investigation through the child protection or complaints procedure, you should contact your supervising social worker and the social worker for the child so that the child can be offered the necessary support to express their concern. In the absence of the child's social worker, you should contact the responsible team manager. In their absence they should contact the service manager for the children we care for or the Independent Reviewing Officer for the child.

Any matter of child protection concern should be reported to one of the above officers within Children's Services. You can offer the child support, but you must not 'interview' or question the child. The social work team member who receives your report will be responsible for ensuring that the child protection procedure is followed.

You will need to make a written record of anything that the child has said or done which has made you concerned as soon as possible after the event, and usually on the same day. This record will need to be signed and dated. You should also record the time and date that you pass the information on to children's services

Similarly, if the child is making a complaint, this information should be recorded and dated by you.

If the child's concern is serious, but is not a formal child protection issue, then the child's social worker and / or your supervising social worker will advise the child and you about how the complaint will be investigated.

Complaints about care planning

Care plans should be agreed at statutory Children we Care For review meetings. Reviews must consider children and young people's wishes and feelings especially in relation to where, when and who they would like at their reviews. Social workers are expected to prepare and support young people so that they are confident enough to make their views known at review meetings. This might require preparation taking place before the meeting to help the child or young person make a meaningful contribution.

The foster carer and the child should receive a written copy of the child/young person's care plan and also written details of the decision of the Children We Care For review meetings. When these are received, you should review these with the child to consider whether the content is accurate. If the child or young person disagrees with any recommendations or decisions of a review or about the details of their care plan, they may wish to seek your support to make representations about this.

In the first instance, you can contact the child's social worker and the IRO who chaired the review. This may lead to a verbal agreement to amend the care plan, in which case an amended copy of this should be sent to you and the child within 28 days.

If it is not possible to amend the care plan by mutual agreement and the child still wishes to express their disagreement with what is proposed, then you should contact the service manager for the children we care for. Initially, the contact may be by phone, but you should also help the child to put their concerns in a letter or email.

Independent Complaints and Representations Service, so that they can offer the child additional support. The service manager for the children we care for will be responsible for ensuring that there is a formal response to the child's concerns, although this may not lead to a resolution of the issues that can completely satisfy them.

Complaints about professional practice

The child's social worker is expected to co-ordinate the care plan for the child to ensure that its objectives are achieved within the specified timescale. The plan must be reviewed regularly and legislation lays down time limits for reviews to take place (see above). Additional review meetings should be arranged, if significant changes to the care plan is proposed.

The social worker is responsible for completing an assessment of the child's needs, which will need to be regularly updated. Where social workers are completing a children's placement report (CPR) profiling the child for the Adoption Panel, then the foster carers views must be sought about the issues raised by responding to the child's care on a day-to-day basis.

To make their assessment, social workers will need to visit children in their foster home regularly. The frequency of social work visits will be set out in the care plan. At the beginning of a placement, social workers are usually expected to see the child at least every week. A less frequent visiting pattern may be more appropriate when children have settled in foster homes, for example when the foster home has been agreed as the permanent home for the child. Changes to the accepted frequency of visits should be agreed with the social worker's team manager and recorded on the child's file and at the next review the care plan should be revised and the IRO should agree this decision. Obviously, social workers should inform children and foster carer where it has been accepted that a less frequent programme of visiting can meet the child's needs.

Social workers have a legal duty to ensure that they are aware of the child's wishes and feelings so that the child's view can be represented in care planning. You will be expected to allow children privacy so that they have the opportunity to spend constructive time with their social worker. While the details of conversations between social workers and children should be confidential – social workers should share any information with you which could affect the child's behaviour within their home. For example, if it is necessary for the social worker to share stressful information with the child, it would be expected that you would be informed, so that you can prepare for any reaction after the child's social worker has left.

Obviously, social workers are expected to be courteous towards you as a foster carer. You will have the responsibility for caring for the child on a day-to-day basis. They

should be open and transparent in their dealings with you and should respect the fact that when they are visiting the child, they are guests in your family home. Understandably, there may be times when social workers might be late or cancel an appointment. Nevertheless, a negative attitude towards a child or discourtesy to you would be professionally unacceptable conduct.

If you are concerned that social workers are not offering the level of service to the child, for example the social worker does not keep to the agreed visiting pattern; appropriate information is not shared or the child's expectations are falsely raised, then you should raise your concerns directly with the individual social worker in the first instance.

If discussion with the social worker does not lead to a satisfactory resolution of the issue, or if difficulties recur after the social worker has agreed to remedy them, you may wish to consider approaching the social worker's line manager or the team manager on an informal basis. The team manager will listen to you and attempt to respond appropriately to your concerns. This will usually involve the team manager contacting you again after they have made enquiries and taken any appropriate action.

If problems persist after informal approaches to the child's social worker and their team manager have been tried, then it may be appropriate to consider making a formal representation to the service manager for social work practice. The service manager has the day-to-day management responsibility for the quality of social work practice. You will need to consider the effectiveness of different means of communication. A letter will demand a formal response and could be logged as the first stage of a formal complaint. They will give consideration as to whether a complaint should be raised on behalf of the child and whether an independent person might be needed to look into the issue and identify how concerns might be resolved.

There are many ways you are able to register a formal complaint with Childrens services. A complaint can be raised online via our website [Complaints, compliments and feedback | Swindon Borough Council](#). You may also send any correspondence to the Complaint's Manager, Wat Tyler House, Beckhampton Street, Swindon, SN1 2JH or call for assistance 01793 463302.

Throughout the process, you may be offered advice and assistance from your supervising social worker. The Fostering Team Manager also has a responsibility to ensure that their Service Manager is aware of any concerns about the quality of social work practice on behalf of the children we care for. The Fostering Service are required to keep a register of complaints made with outcomes which is considered by Ofsted as part of their regulatory visit.

Usually, Swindon Borough Council would expect complaints to be resolved within a specified timescale to the satisfaction of all parties. Sometimes this will not be possible. In approaching any complaint, there must be evidence that a fair and impartial procedure has been followed and that the child's interest has been paramount.

You can also complain to people independent of Swindon Council. Two such organisations are:

Coram Voice Advocacy

Website: [Swindon - Coram Voice](#)

Childline Freephone 0800 1111

Website www.childline.org.uk

You could also contact:

Ofsted 4th Floor Royal Exchange Buildings

St Ann's Square

Manchester M2 7LA Tel: 08456 404040

Email: enquiries@ofsted.gov.uk

Changes in circumstances – foster carers

The Fostering Services (England) Regulations 2011 say that you must notify your supervising social worker, or their manager, in writing of any significant changes in your family and household.

For your guidance, listed below are examples of the sorts of changes we consider significant and need to know about:

- If you are planning to move house, including abroad (advance notice of your intentions must be given).
- If you move house.
- If any family member dies.
- If any family member, friend or relative joins your family for more than four weeks.
- If anyone is planning to stay or comes to stay in your household who has a criminal record involving offences against children, or violence against the person.
- If your working hours change significantly, for example part-time to fulltime or to evening or weekend work.
- Any change in your employment status, for example, if you start or stop working.
- Any significant marital difficulties, including one partner leaving home (even temporarily).
- A serious deterioration in the health of any family member.
- Diagnosis of a serious illness.
- The birth of a child to any family member.
- Anyone leaving the family.
- Any member of the family who is charged with a criminal offence.
- You have a dog that becomes registered under the Dangerous Dogs Act 1991 and the Dangerous Dogs (Amendment) Act 1997.

- Any household member begins smoking.
- Any other significant event which you think it is important to share.

Following notification your supervising social worker will arrange to visit. The supervising social worker will then discuss the change with their manager to decide whether a review would be helpful. When an additional person joins the household, who was not part of the original Form F Assessment, an assessment of that person as well as an assessment of the dynamics of the household will be undertaken and the original Form F updated, which may be presented to the Foster Care Panel. Foster carers should bear in mind that they should inform the Fostering Service before anyone joins their household in order that the appropriate checks can be undertaken.

Changing a child's name

It is vital for a child to be aware of their identity and their birth name is a major part of our identity. Foster carers are not allowed to change the surname or the forename of a child who lives with them. Where a child is old enough to make this decision themselves and wishes to do so, you will need seek advice from the child's social worker, the IRO or your supervising social worker.

Adoptive parents have the right to change the name of an adopted child after the Adoption Order is granted by the court.

Child abuse

Children are accommodated with foster carers for a variety of reasons. Some children may have suffered physical, emotional, neglect or sexual abuse. Any form of abuse has a negative impact on a child often physically as well as psychologically. Perpetrators of abuse could be parents, siblings, carers, family friends, own friends as well as people who they know less well. Whatever the circumstances of an allegation of abuse, the first priority is to protect the child or young person. The allegation will be investigated. As part of the foster carer training programme, you will be offered training and support to enable you to understand more about child abuse and how to sensitively care for children who have been abused.

- signs and symptoms;
- encountered abuse;
- between young people – what constitutes abuse;
- disclosures of abuse; • responsibilities of carers.

Child Protection Procedures

A Child Protection Case Conference is a meeting held about a child when Children's Services are worried that a child may be at risk of significant harm. Children may be at risk of significant harm because of abuse or neglect and where this is a concern

Children's Service must, by law, intervene to work with families to ensure the child is protected.

Who should attend the conference?

There should always be 3 different agencies at the meeting and dependent upon the family circumstances these could include:

- The child's social worker and their manager (they must attend)
- A representative from the police (for all 1st conferences)
- The child's health visitor
- The child's teacher
- The child's GP
- School nurse
- Nursery worker
- Probation officer
- A minute taker who makes notes of the meeting

The meeting will be chaired by one of Swindon's Quality Assurance Reviewing Officer(QAIRO). The QAIRO works separately to the child's social worker and provides an element of independence in the chairing of the meeting.

Case conference – the foster carer

If the child, who is the subject of the child protection case conference, is living with foster carers, they should be invited to attend the case conference to inform the conference of observations of the child's behaviour and take part in the discussion about plans for the child.

It will help foster carers to contribute to the discussion if they have recorded any observations that would be of interest. If foster carers feel uncertain about attending a case conference, they should contact their supervising social worker who will be able to offer advice and support.

What will happen at the conference?

There are 4 main parts to the meeting

1. Introduction – the Chairperson explains the reason why we are having the conference / agrees ground rules and everyone says who they are
2. Information sharing – we discuss what we are worried about, how this impacts on the child and what is working well in the family and what needs to change
3. Decision-making – we decide whether the threshold for likely / actual significant harm is met for the child. There is then a discussion about the category of harm and this is will either be neglect or emotional harm or sexual abuse or physical abuse.
4. Planning - based upon the decision, a child protection or support plan is outlined based upon the child's needs and the outcomes that are required.

Normally parents should be invited to attend the case conference. If the parent(s) has not attended the case conference, the chair of the conference should make arrangements to inform the parent(s) about the discussion and the decisions reached.

Core groups and Review Child Protection Case Conference:

If a decision is made during the conference that the child is or is likely to suffer significant harm during the conference they will be made subject to a 'child protection plan'. Core Groups will be held every 4 weeks to review the child protection plan for the child and will be chaired by the child's social worker and involve the family, child and key professionals.

A review conference will be held every 3 months to;

- Review whether the child is continuing to suffer, or is likely to suffer, significant harm, and review developmental progress against the child protection plan outcomes;
- To consider whether the child protection plan should continue or should be changed.

Every review should consider explicitly whether the child is suffering, or is likely to suffer, significant harm and hence continues to require safeguarding from harm through adherence to a formal child protection plan. If the child is considered to be suffering significant harm, the local authority should consider whether to initiate family court proceedings.

If not, then the child should no longer be the subject of a child protection plan and the conference should consider what continuing support services may benefit the child and family and make recommendations accordingly.

Child protection plan

Some fostered children will be subject of Child Protection Plans (see section on Child Protection conferences above) although it is unusual for a child who is cared for by the Local Authority.

The foster carer should be made aware if a foster child who is living with you; the child's social worker will be able to clarify if this is the case

Children's Guardian

What is a Children's guardian?

Children's guardians are qualified and experienced in social work. They are appointed by the court to represent the rights and interests of children in cases that involve Children's Services. They are independent of Children's Services, courts and everyone else involved in the case. Children's guardians work for the Children and Family Court Advisory and Support Service (CAFCASS) or may be self-employed and contracted by CAFCASS.

What do children's guardians do?

Children's guardians are appointed by courts to help achieve the best possible outcomes for the children they represent during court proceedings. In particular, they:

- Appoint a solicitor for the children who specialises in working with children and families;
- Advise the court about what work needs to be done before the court makes its decision;
- Provide a report for the court saying what they think would be best for the children. The report must tell the court about the wishes and feelings of the children. To do this, children's guardians spend time getting to know the children and members of their family. They will also talk to other people who know the family, such as relatives, teachers, social workers and health visitors. They attend meetings on behalf of the children, check records and read reports and statements. They may also recommend to the court that other professionals are asked to help, such as a paediatrician or a psychologist.

Is what I tell the children's guardian confidential?

What is said to the guardian may be used in the report that is given to the court. All information remains confidential to the court and the parties to the case; the guardian cannot give any information to anyone else without the permission of the court. The guardian must tell the court any information that is relevant to the welfare of the child.

Although a guardian always considers the wishes and feelings of the children, their report will specify what they think is in the child's best interests and this may not always be in line with the child's wishes and feelings.

Does the court always do what the children's guardian advises?

It is the court who has the ultimate decision making responsibility. The court however takes careful notice of all evidence it receives and this includes the views of the guardian. If a court disagrees with what a children's guardian has recommended, it will explain why.

Children Act 1989

The Children Act 1989 is the primary piece of legislation that underpins social work practice in the UK. At the heart of the Children Act is the belief that:

- The best place for children to be raised is within their own families;
- The welfare of the child is paramount;
- Birth parents should be involved in all planning and decision-making affecting their children;
- Legal proceedings should be avoided whenever possible;

- The welfare of the child should be promoted by a partnership between the family and local authority;
- Children should not be removed from their families and contact should not be ended unless it is absolutely necessary to do so for their well-being. When this does happen, it should be through a court order;
- The child's needs arising from their race, culture, religion and language must be taken into consideration.

Children in Need

A local authority has a duty to safeguard and promote the welfare of children in need in its area. A child in need is defined as: one whose health or development is likely to be impaired (or further impaired) if he or she is not provided with a service or a child who has a disability.

Welfare of a child

Regarded as paramount by the court and the most important principle of the Children Act is the welfare of the child.

When making a decision, a court will consider:

- The wishes and feelings of the child (as far as this is possible);
- The physical, emotional and educational needs of the child;
- The likely effect of any changes;
- Their age, background and any other characteristics thought relevant;
- Any harm they have suffered or are at risk of suffering;
- The capability of each parent or other relevant person;
- The powers available under the Children Act;
- Some children you look after may be subject to Public Law Outline (PLO) procedures. This means that the parents/carers have agreed to a plan or assessment to avoid legal proceedings.

Child Sexual Exploitation (CSE)

Child sexual abuse (CSA) involves forcing or persuading a child or young person under the age of 18 to take part in sexual activities, whether or not the child is aware of what is happening. Sexual abuse includes a range of different acts and behaviours. It can take place in many different contexts, and be committed by a range of different people.

Child sexual exploitation (CSE) is a form of child sexual abuse. Child sexual exploitation is a term used to describe where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child under the age of 18 into sexual activity. The child may have been sexually exploited even where the

sexual activity appears consensual. For instance, the child might have been led to believe they are in a consensual relationship with the person.

Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology, such as social media and gaming apps. It's important that people recognise that exploitation is child sexual abuse and should be seen as such.

There are 3 important and recognisable elements of child sexual exploitation:

- Children are 'groomed' and there is power and control held by the perpetrator/s
- An 'exchange' (such as gift, food, money, drugs etc.) is often present, this could be to a third party and not always to the child themselves.
- Sexual acts or the exchange of sexual images may be present.

If you have concerns about a child you are caring for, talk to the child's social worker or your supervising social worker as a matter of urgency. If the child is at immediate risk report child sexual exploitation to the police by Dialling 101. If a young person you care for is in immediate danger, dial 999.

Child Criminal Exploitation (CCE)

Criminal exploitation is when an individual or a group manipulates, deceives, coerces or controls someone under the age of 18 to take part in any activity which breaks the law. All children are at risk of criminal exploitation, including girls.

You may have heard the term "[county lines](#)," this is one form of criminal exploitation. It is when people involved in criminal activity identify, target and befriend children, either online or offline, and manipulate them into dealing drugs or other activities across geographical areas.

Criminal exploitation can take many forms, from making children hold, hide or deliver drugs, money or weapons, to forcing children to steal, harm others or beg.

Some potential indicators of county lines involvement and exploitation are listed below:

- Persistently going missing from school or home and/or being found out of area
- Unexplained acquisition of money, clothes or mobile phones
- Excessive receipts of texts/phone calls and /or having multiple handsets
- Relationships with controlling/older individuals or groups
- Leaving home/care without explanation
- Suspicion of physical assault/unexplained injuries
- Parental concerns
- Carrying weapons
- Significant decline in school results/performance
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional well-being

Useful website for more information <https://www.safe4me.co.uk>

Children We Care For reviews

The Children Act 1989 places a duty on local authorities to draw up plans, in writing, for each child they care for. The child's review is part of a continuing planning process. It is an opportunity to examine plans and decisions and assess the progress made in implementing plans. It also sets goals for future action.

If a child, who is cared for, is of sufficient understanding, they should be encouraged to take part in the review, together with the child's birth parents, foster carers, school teachers, the child's social worker, social work manager and any other person or professional who has significant involvement with the child.

When arrangements are being made to hold the review, foster carers should ensure that their own supervising social worker is aware that a review is being planned. The review should seek a wide range of views. A record of the review are shared in writing.

The first review should take place within four weeks of the start of the placement. It should be followed by a second review within three months. After that reviews should take place at six-monthly intervals. This is a minimal requirement. A review may be held whenever it is considered necessary. The review should be held in a place which is most likely to provide a relaxed atmosphere for all participants, particularly the child.

Court orders & Police Protection

It is not necessary for you to be expert in child care law, but it may be helpful to understand some of the more common court orders.

Emergency Protection Order (EPO)

This is an order which enables children to be removed from a situation in which they are at imminent risk of significant harm. An Emergency Protection Order can last up to 8 days, with a possible extension up to a further 7 days. After 72 hours from the making of an order, an application for discharge can be made by a parent, a person with parental responsibility, the child, or anyone with whom the child is living at the time.

Interim Care Order

An Interim Care Order can be made by the court for a period up to any final hearing.

Care Order

For a Care Order to be made, the court must be satisfied that the child concerned is suffering, or is likely to suffer, significant harm; and that the harm, or likelihood of harm, is attributable to:

- the care given to the child, or likely to be given to him, if the order were not made, not being what it would be reasonable to expect a parent to give to him/her; or
- the child being beyond parental control.

Child Assessment Order

Swindon Council would apply for this order when there is a fear that a child is suffering from or likely to suffer from, significant harm and a proper assessment of the child's health, development and treatment is refused, unless the court makes an order. The order is only effective for up to seven days.

Child Arrangement Order

- A Child Arrangements Order is a legally binding order made under Section 8 Children Act 1989 that sets out a child's living and contact arrangements. The order will outline who shall have contact with the child, how often it will be, and how long it will be. It can also detail the contact arrangements for special holidays and birthdays.

This order regulates the arrangements relating to any of the following:

- Where a child is to live, spend time or otherwise have contact and;
- When a child is to live, spend time or otherwise have contact with any person

A child arrangements order does not of itself affect the legal relationship between a child and his parent although it may in some circumstances operate to confer parental responsibility onto another person.

Supervision Order

This places the child or young person under the supervision of the local authority or a probation officer who is required to advise, help and befriend the child. A Supervision Order can be for one year with the ability to extend for a further two years. The order can also carry certain conditions.

Police Protection Order (PPO)

Police child protection powers relate to the powers of the police to intervene to safeguard children. These powers are governed by Section 46 of the Children Act 1989. Under this law, the police have the power to remove children to a safe location for up to 72 hours to protect them from "significant harm". Police do not require a court order to take such a step.

Children and young people leaving care (Care Experienced Young People)

Our Vision

In its role as Corporate Parent, Swindon Borough Council wants to achieve the same good outcomes for the children we care for as any parent would wish for their children. We want the children we care for to have similar opportunities and chances in life to that of children who are growing up within their own families.

We will seek to provide the children we care for with the support and help that they need to reach their potential during childhood and into adult life. We provide the children we care for with good quality homes and ensure that they receive a good education and good health care. Planning for gradual development to independence should be age appropriate and be throughout any child's life. There is no difference for a young person who has been cared for by the local authority, and the expectation is that throughout his/her time in care each child/young person will be supported in acquiring and developing independence skills across all aspects of their life.

Like any good parent we will assist our young people through higher education or into employment or training opportunities, and ensure that they have somewhere suitable to live once they leave their home.

To do this we provide every young person aged between 16 and 25 who qualify for services as a Care Experienced Young Person with a Social worker or Pathway Advisor (all those under 18 will be allocated to a qualified social worker). They will provide support and guidance, and work with other agencies to help the young person gain access to wider support services. This may include services from adult social care and health services for care experienced young people who have learning difficulties or mental health needs.

Our Objectives

- To motivate and assist each young person to reach their potential for education, training and employment so that they can achieve independence
- To promote their good health by encouraging a healthy sexual, emotional and physical lifestyle
- To facilitate and support them in suitable accommodation
- To help them to maintain positive family and social/friendship relationships
- To assist them to be financially independent, and be able to budget, and to save and manage their money. To provide them with an allocated worker to support them in their aspirations.

Statutory framework

The statutory obligations on local authorities for leaving care services are set out in:

- The Children (Leaving Care) Act 2000 and the Children (Leaving Care) (England) Regulations 2001.
- The Children Act 1989 Guidance and Regulations Volume 3: Planning Transition to Adulthood for Care leavers and The Care Leavers (England) Regulations 2010.
- The Social Work 2017 has introduced the new duty for care leavers extending their PA support up to the age of 25

These regulations and guidance are designed to ensure care experienced young people are given the same level of care and support that their peers would expect from a reasonable parent and that they are provided with the opportunities and chances needed to help them move successfully to adulthood. They are intended to ensure that young people leave care when they are ready and equipped to do so.

Definitions of young people under the Children Leaving Care Act 2000

Eligible

Defined in the act as a child who is:

- Currently 'cared for' by the local authority;
- aged 16 or 17, and
- has been cared for by the local authority for a period of 13 weeks, or periods amounting in total to 13 weeks, which began after/he reached 14 years of age.

Eligible young people are entitled to:

- All the normal services provided to a child who is cared for
- A needs assessment;
- A pathway plan;
- A pathway advisor.

Relevant

A Relevant young person is defined in the Act as a young person who:

- Is a young person aged 16 or 17 who is no longer cared for by the local authority
- Previously cared for, for at least 13 weeks from the age of 14 to include on or after their 16th birthday

Relevant young people are entitled to:

- A Pathway Advisor

- A needs assessment
- A pathway plan
- Access to suitable accommodation which may be funded by the Local Authority
- Financial support/weekly allowance
- Assistance to meet their needs in education, training, employment

Former Relevant

A Former relevant young person is defined in the Act as a young person who:

- Is aged 18 or above, and up to 25 years.
- either (b) has been a relevant child and would be one if he were under 18,
- or (c) immediately before he ceased to be cared for at age 18, was an eligible child.

A Former Relevant young person is entitled to:

- A pathway adviser
- A needs assessment
- A pathway plan
- Contact from the local authority
- Assistance to achieve the goals identified in the pathway plan
- General advice, support and assistance
- Financial support as outlined in the Care Experienced finance policy

Qualifying

A Qualifying young person as defined by the Act is:

- Aged 16-21(up to 24 if in full time education)
- When they have been subject to a Special Guardianship Order is in force or was in force when they reached 18 and was cared for by the local authority immediately before the making of the order.
- Became cared for over the age of 16 and does not meet the criteria for an eligible or relevant young person

A Qualifying young person is entitled to:

- Advice and assistance based on a need's assessment
- The local authority must keep in touch and provide a plan of support that will be provided
- The local authority has the power to assist with education and training up to age 24 and with vacation accommodation if the young person is taking higher or further education course

In addition, Care experienced young people under the age of 25 who wish to take up a programme of education or training will have an entitlement to resume support from a pathway adviser (PA) appointed by the local authority previously responsible for providing their support as a care experienced young person.

Preparing for Independence

The National Minimum Standards for Fostering Services require us to ensure that our fostering services help to develop the skills, competence and knowledge necessary for independence.

There are written guidelines for carers in terms of what is expected of them in preparing children and young people for independent living. This ensures that carers understand the need to provide all children in their care with age and developmentally appropriate opportunities for learning independence skills.

The essentials of successful practice for helping care experienced young people have been identified in and supported by a substantial body of research findings. In summary, these are to:

- Provide stable homes, continuity of carers and the maintenance, wherever possible, of positive links whilst young people are 'cared for'
- Care for children and young people until they are prepared and ready to leave care.
- Promote and maintain relationships with carers and families, where possible, after young people leave care.
- Prepare young people gradually to be ready to leave care, paying attention to practical self-care needs, health, budgeting, domestic skills and personal and relationship dimensions.
- Enable young people who are care experienced to fulfil their potential and aspirations in education, training and employment.
- Ensure young people who are care experienced have access to a range of accommodation and the support and skills to maintain themselves in their accommodation.
- Ensure that there is a contingency provision to support care experienced young people in the event of a crisis, including arrangements for respite care.
- Provide or enable on-going pathways support. This may include support by the Positive Futures Care experienced team, support by carers and social workers, and support by mentors or volunteers.
- Ensure that young people who are care experienced receive their full entitlements to welfare benefits, where they are entitled to claim.
- Involve young people in all assessment, planning, review and decision-making.
- Inform young people who are care experienced of the available services—including the provision of accessible information –and of their right to access their own records.
- Monitor and evaluate the outcomes of the above.

Each young person who lives in foster care is a unique individual with their own specific needs.

Some will have formed secure attachments, benefited from a high level of academic achievement, have a career and accommodation to move on to and have the on-going support of family or former carers.

Others will be less well prepared. Some may never be able to live independently, while some with poor parenting experience or a disrupted childhood will be vulnerable to substance misuse, homelessness, early pregnancy, unemployment, social isolation or criminal behaviour.

Whatever the individual young person's background, everyone involved in their care has a role to play in preparing and planning for as successful a transition to adulthood as is possible.

Whenever a child or young person becomes cared for by the local authority, social workers should be planning from the outset for their eventual journey from care. It may be clear from the beginning that this will be a move on to independent living or it may be a return home to their family. Even where there is an active and realistic plan for rehabilitation, planning will include the provision of services aimed at maximising the chances of good outcomes in adulthood. This will focus on the categories:

- health
- education
- identity
- family and social relationships
- social presentation
- emotional and behavioural development
- self-care skills

Role of Pathway Adviser

The key roles of the Pathway Adviser are:-

- To provide advice (including practical advice) and support
- To participate in developing pathway plans (reviewed every 6 months).
- To participate in the review of the pathway plan
- To liaise with the responsible authority in the implementation of the pathway plan
- To keep informed about care experienced young people's progress and wellbeing
- To co-ordinate the provision of services and take reasonable steps so that care experienced young people have access to the services they need
- To keep full, accurate and up to date records of contacts with the care experienced young people.

Pathway Plans

Responsible authorities are required under the Children (Leaving Care) (England) Regulations 2001 to carry out a needs assessment for each eligible child, with a view to determining what advice, assistance and support they should provide both while they are caring for them and when they are care experienced.

The needs assessment will be the basis for preparing the Pathway Plan. The Pathway Plan should be in place within three months of the young person's 16th birthday. As a child who is cared for by the local authority, an eligible child will already have had a needs assessment in order to formulate a Care Plan, and this should form the basis for the needs assessment undertaken.

Regulation 8 states that the responsible authority must prepare a Pathway Plan for each eligible child, and for each relevant child who does not already have one, as soon as possible after completing the needs assessment. It stipulates that the plan must cover at least the topics listed in Schedule 1 and for each of those topics must set out how the responsible authority plans to meet the needs identified through the assessment, and the timescale for the actions required to do so.

The plan must be recorded in writing. The responsible local authority must keep a copy and must provide one for the young person in a form that is accessible to them.

The local authority should consider whether anyone else should have a copy of all or part of the plan. If another person or agency (such as a housing authority or a school) is identified as playing a role in delivering part of the plan, they should have a copy at least of the part which relates to their contribution – young person's consent would be required to share their plan with other agencies.

The local authority should seek and take account of the young person's views about who should have a copy of his/her plan.

For the children we care for, the Pathway Plan will replace their care plan.

The Pathway Plan will extend until the young person is at least 21. The Pathway Plan should be reviewed on a six monthly basis or earlier if requested by the young person or if there is a significant change in the circumstances of the young person.

The Pathway Plan should be a major part of young people's planning for the future. It should include their hopes and aspirations broken down into smaller goals for them to reach along the way.

Each young person will be central to drawing up their own plan, setting out their own goals and identifying with their pathway adviser how the local authority will assist and support them. We will seek to ensure that at all times young people are consulted about their future and encouraged to be actively involved in the decision-making process and implementation of the Pathway Plan.

We will work to ensure that the plan is owned by the young person and is able to respond to their changing needs and ambitions. It should look ahead at least as far as the young person's 21st birthday up until the age of 25 if they wish to continue to access services.

Support to Care Experienced young people is now available to them up to the age of 25 regardless of being in education. For those care experienced young people who continue to access service will have a pathway plan in place. Qualifying young people require a plan of support through Pathway Planning.

Schedule 1 sets out the detail of what each Pathway Plan must cover:

- The nature and level of contact and pathway support to be provided, and by whom, to the young person.
- Details of the accommodation where the young person lives.
- A detailed plan for the education or training of the young person.
- How the local authority will assist the young person in relation to employment or other purposeful activity or occupation.
- The support to be provided to enable the young person to develop and sustain appropriate family and social relationships.
- A programme to develop the practical and other skills necessary for the young person to live independently.
- The financial support to be provided to the young person, in particular where it is to be provided to meet their accommodation and maintenance needs.
- The health needs, including any mental health needs, of the young person, and how they are to be met.
- Contingency plans for action to be taken by the responsible authority should the Pathway Plan for any reason cease to be effective.

The Pathway Plan must also record key details such as the name, age and contact details of the young person, the name and contact details of the pathway adviser and those of any other people who will be actively involved in delivering aspects of the plan. It will note the date due for review.

The role of carers

All carers have key formal and informal roles in the preparation of young people for independent or semi-independent living. Formal roles include contributing to:

- Care Plans
- Placement Agreements
- Child Care Reviews
- Needs Assessment
- Pathway Plan

We expect carers to prepare for and attend all relevant meetings in respect of the above and take a proactive approach in the development and implementation of such plans. The informal roles of carers are less easy to define but are at least as important as their formal roles.

Carers are best placed of all those in the young person's network to help prepare them for independence on a day today basis. For some young people this will involve helping them complete practical tasks such as making job or housing applications. Young people about to move into semi-independent or independent accommodation may need help in preparing a budget, or notifying relevant agencies such as energy companies of the move. Once again, we expect carers to be proactive and positive in carrying out such tasks, whilst balancing the need to encourage the young person to take on increasing levels of responsibility for their own life.

We also expect carers to be aware of and take opportunities to provide children of any age with age and developmentally appropriate opportunities for learning independence skills. Such opportunities may include:

- observing religious festivals and customs
- making simple choices such as what clothes to wear or food to eat
- independent play
- shopping and handling money
- learning to travel unaccompanied
- learning to ride a bike
- use of a library
- attending clubs or religious organisations
- sex education
- drugs awareness
- learning to keep safe
- preparing simple meals
- opportunities to form and maintain friendships
- simple household tasks, becoming more complex as the child gets older.

This is far from an exhaustive list and there will be many other ways that individual children can be helped by carers to develop independence skills. Carers should be mindful of such opportunities and embrace them as they arise.

Carers should also be mindful of the need to avoid putting too much pressure on the child/young person, while at the same time ensuring that the child is encouraged to meet achievable goals that will help to develop independence skills, whether independent living itself is imminent or still many years away.

Children's guide

The Fostering Services Regulations 2011 require the fostering service to provide a written children's guide that is issued to all children who are placed in foster care.

The children's guide must include:

- a summary of the Statement of Purpose of the fostering agency;
- a summary of the Representation and Complaints procedure for Children/Young people;
- the address, including email address and telephone number, of the Chief Inspector.

The Children's guide should be shared and given to all children and young people when they start to be care for by the local authority . The guide has been designed in different formats to reflect age groups and abilities. Additional copies are available through your supervising social worker. A children's guide is included in the rucksack provided by the fostering service to foster carers when a child comes to live in their fostering home and these are also given to the social work teams so that they can give out to children who live in alternative accommodation.

Confirmation that the child or young person has received a guide is monitored by independent reviewing officers at the child's first children we care for review.

Children's rights

It is not uncommon for children to talk of their rights, especially when they are in discussion or dispute with people in authority - their parents, teachers, social worker, foster carer etc. Like many other groups in society, they are less likely to be talking about legally enforceable rights and more likely to be asserting their value and worth as human beings.

The rights and aspirations of children are set out in the United Nations Convention on the Rights of the Child, which is ultimately enforceable under international law. The legal framework that applies in England and Wales is contained within the Children Act 1989, which is based on the UN Convention.

Children's rights and parents' rights

In a landmark decision in 1986, the House of Lords ruled that:

"The principle of law...is that parental rights are derived from parental duty and exist so long as they are needed for the protection of the person and property of the child...parental rights yield to the child's right to make his own decision when he reaches sufficient age and understanding and intelligence to be capable of making up his own mind on the matter requiring decision"

This principle is embedded in the Children Act and means that, as children get older and become more capable of making decisions for themselves, the rights of parents

to decide for them diminishes up to the age of 18, when they can make any decision independently of their parents. During the teenage years a sometimes-difficult period exists when there can be conflict between what a child wants and what a parent wants for him or her. The relationship between a foster parent and a looked after child will be much the same.

Children's rights under the Children Act 1989

The principal rights of children under the act are to be protected from harm.

All children have the right to be protected from harm and abuse and this is a key responsibility for parents and carers as well as all child care professionals. As children get older and their lifestyles become more adventurous, they may want to experiment and may engage in risk taking activities. These may be socially approved, such as outdoor pursuits, or socially disapproved - such as smoking, drinking or experimenting with drugs. The role of foster carers is to ensure that a child is well-informed and is encouraged to keep within safe limits. Any concerns for a child's safety should be shared with the child's social worker.

All children have a right to education up to the age of 16 and to further education and training beyond that age. Many children who are cared for by the local authority have educational difficulties and special educational needs. This does not mean that their rights to education are forfeited - but it may mean that there will be difficulties in maintaining their attendance and achievement in education. The support of the virtual school should be sought if a child has any such difficulties.

All children have the right to receive basic health care from birth and their health plans will assist with this. As children get older, their needs change from medicals to promoting healthy lifestyles. The health agenda is no longer about basic "milestones" but more about advice and guidance on smoking, alcohol, sexual development/behaviour, diet and exercise and issues affecting them during their teenage years. It is important that carers promote the role of primary health care and encourage older children to use health advice and information. Older children cannot be forced to undergo medical treatment, nor can any parent or carer prevent a child of sufficient age and understanding from seeking his or her own health advice and giving his or her own consent to treatment - this may be especially true in relation to advice on contraception.

Listening is a vitally important skill for carers. Children often complain that they are not listened to but a child who is cared for's life is characterised by many decision-making processes that he or she has to come to terms with: care proceedings, reviews, case conferences, etc. It is important to the child that their social worker and carers take the time to listen and appreciate what the child thinks and feels and wants for themselves. This does not mean that the adults are duty bound to carry out their wishes but that they must be considered when decisions are made.

When key decisions about a foster child's life are taken, it is important that he or she knows that there is someone independent to turn to if they want: In court proceedings they will have a solicitor and, a children's guardian to represent his or her best interests. In reviews, they may request help from an independent visitor or advocate.

This may not always be easy for a foster carer since it may conflict with their views and judgments - what is important, however, is that a child's right to independent advice and support is taken seriously and, furthermore, that this is a proper part of any decision-making process which, ultimately, leads to better decisions

The right to challenge a decision and to complain when procedures have not been followed is now universal - and all children who are cared for have that right. Many of them will never use it - partly because of a general belief shared by many children that "adults don't listen" or "they won't be believed" or "nothing gets done anyway". Making a formal complaint is usually the final option for resolving a problem and foster child, like all children, would rather problems be resolved at the earliest opportunity and without entering a formal process. However, the children's right to use the formal complaints procedure with support if they so wish, should never be denied them.

Learning to respect the rights of others and to have your rights respected is an important lesson for all children to learn, as they grow older. This is an important way in which children learn about right and wrong and how to take responsibility for their actions.

Confidentiality

When a child comes to live with you, the child's social worker will share sufficient information with you 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 strictest confidence. That means that you should not share the information with anyone else other than those in the household that all documentation you have in relation to any child you foster must be kept in a lockable and secure place.

Who else needs to know

You may need to share some of this information with your children and family members who are likely to have regular contact with the child and may need to know for the benefit of caring for the child safely and sensitively.

You should know how much your own children can cope with, depending on their age and maturity; use your discretion. It is important to emphasise to your children and family members the need for strict confidentiality.

Who does not need to know

Extended family, friends and neighbours – basically it is none of their business. A firm refusal to talk about details of the children who you care for will usually stop questions.

Discussions with other foster carers

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 general advice from them. This would not be breaking confidentiality, but you must not discuss specific details of a child or their background.

If the child tells you a secret

A foster child needs a confidante like any other child. However, if the information they share with you is likely to have an impact on their safety or their future, 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 tell the social worker; it is really important that you don't promise the child that you will keep their secret as they are likely to experience that as a betrayal when you do share their information.

Information on carers

Detailed and personal information that is recorded about carers is shared on a need to know basis only and is subject to a strict code of confidentiality.

Connected persons foster carers

Most children benefit from living with relatives and friends or other connected people known to them because they are likely to provide more continuity than a home with previously unknown carers. Such arrangements preserve a child's sense of belonging to a wider family network; a close attachment is more likely to already exist or to develop. There is also some evidence to suggest that relatives are more likely to provide stability to the child, even when faced with complexities or challenge.

A connected person means an individual who is a relative, friend or other person connected with the child. A person in this last category may be someone who knows the child in a more professional capacity, such as a child minder, a teacher or a youth worker, although these are not exclusive categories. Such people would not fit the term 'relative or friend but nevertheless may be an appropriate person to be assessed to care for the child due to pre-existing connection.

Court attendance

In certain circumstances you may be requested to give evidence to the courts. Records that you have kept while you are caring for a child will be important in helping you prepare and assisting in your responses when in court. Attending court can seem a daunting experience and attending relevant training will help. Before the court date, the child's social worker and your supervising social worker will be happy to give you advice and support.

Culture and language

The word 'culture' refers to the ideas, customs and social behaviour of a particular group of people or society, that is, it describes the way people live their lives. Culture is founded on many different factors, for example memories, common experiences, background, language, racial identity, class, religion and family attitudes.

Culture is part of a child or young person's identity and heritage. It is really important that you respect and value a child's cultural heritage and that you are aware that it is possible that a child whose cultural beliefs and values are very different.

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

Data Protection Act 2018

The Data Protection Act regulates how personal information is used and protects individuals from misuse of personal details collected about them. It provides a common sense set of rules which prohibit the misuse of personal information collected without stopping it being used for legitimate or beneficial purposes.

The details of the Data Protection Act are quite complex, but at the heart of it are six common sense rules known as the Data Protection Principles. These require personal information kept to be:

- fairly and lawfully processed
- processed for limited purposes
- adequate, relevant and not excessive
- accurate
- not kept longer than necessary
- kept secure

All organisations using personal information, such as Councils, must comply with these principles.

The Data Protection Act provides stronger protection for sensitive information about individuals, such as health details.

The Data Protection Act, with some exceptions, gives individuals the right to find out what information is held about them by organisations.

Delegated authority

'Delegated authority' refers to the arrangement for all or some of the responsibilities held by a person with *'parental responsibility'* (PR) being met by you as a foster carer.

Delegating authority to you does not mean that the person with PR surrenders or transfers PR; Foster carers will never assume PR unless they adopt a child. Parental responsibility is defined in law as 'all rights, duties, powers, responsibilities and authority, which by law a parent of a child has in relation to the child and his property.'

A person with delegated authority can only make decisions and do what they are authorised to do; unless it is an emergency in which case the law states that a person who has care for a child may 'do what is reasonable in all circumstances for the purpose of safeguarding or promoting the child's welfare.'

You will need clarity about the range of your decision-making authority in relation to the child/ren you are caring for. The Children Act 1989 Volume 2 Statutory Guidance on Care Planning, Placement and Case Review, which came into force on 1st April 2011, introduced the requirement for a *'Placement Plan'*. The Placement Plan sets out the arrangements for the child to live and be cared by foster carers including arrangements for the delegation of authority by birth parents and by the Local Authority where there is shared PR.

You would usually be authorised to make every day decisions about the child/ren you foster wherever possible, whenever it is safe to do so, and, within the legal and policy frameworks. You being able to make such decisions will increase the likelihood of children remaining stable, of children and young people making more positive attachments to their foster carers and minimise the circumstances in which children who are in care feel 'different.'

It is important to ensure that the most appropriate arrangements are in place for the delegation of authority for all children who are cared for. In order to achieve this, social workers will work sensitively with members of the birth family ensuring that they can contribute fully and freely to the planning processes for their child and provide information to the birth family members about care planning, fostering and the management of delegated responsibility.

You should be treated as co-professionals – this will include providing you with clear written information about the responsibilities you are being asked to undertake and ensuring that they have the necessary training and understanding about the arrangements for delegated responsibility.

Children and young people have the right to contribute to discussions and influence decisions about delegated authority. Difficulties obtaining permission for sleepovers is often highlighted as a particular concern by children who are cared for. Wherever possible, the children we care for should be granted the same permission to take part in normal and acceptable age-appropriate peer activities as would reasonably be granted by the parents of their peers. It should be normal practice for the local authority, in agreement with those with parental responsibility, to delegate to the child's foster carer day-to-day decision-making about allowing a child who is cared for to stay overnight with friends and to state this in the placement plan.

There may sometimes be exceptional reasons that require a foster carer to seek permission or to place specific restrictions on permitting a child to stay overnight with friends. In such cases, the restriction should be clearly stated in the child's placement plan.

In making decisions about whether or not to permit a child who is cared for to stay overnight with a friend or to have a holiday with their friends or with relatives of their foster carers or to go on a school trip, foster carers and responsible authorities should consider the following factors:

- Whether there are any relevant restrictions contained for exceptional reasons in the child's care plan, including the placement plan.
- Whether there are any court orders which restrict the child from making a particular 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.
- What is known about the reasons for the overnight stay, visit or holiday, the length of the stay.

Dinner money

Children's school dinner money or the cost of packed lunch should be paid from the foster care allowance.

Children and young people placed in foster care are not eligible for free school meals. If a child is receiving free school meals when placed with you, ask the child's social worker to inform the school and this will cease.

Disability

The fostering service is committed to the principle that children are children first and that discrimination to children with disabilities within services and organisations is to be challenged.

Social workers from the Disabled Children's Team assess disabled children's needs. Working in partnership with children and their families, the social worker will identify ways of meeting the child's needs by using local resources that promote choice, independence and inclusion. A child care plan is drawn up to address and meet the needs of the child.

Fostering services available to disabled children

- Short-term care
- Permanent care
- Planned short-term respite / short break known as 'Home from Home'

Short-term breaks are intended to meet the needs of the children and families where there is a disabled child to support families to keep children living at home. However, carers of a disabled child also may need time and space and therefore this service is available to them as well.

Fostering a child with a disability

Disabled children have the same rights and needs as all other children. For families of children with disabilities there might be a need for the child to be placed in the care of the local authority for reasons other than concerns about the quality of parenting.

Sometimes parents may require a regular short break so the child may need to stay with foster carers for a few days each week, or each month, to help support them. For other children they may need permanent care. Supporting both the family of a disabled child as well as the child can be hugely rewarding.

A child with disabilities is therefore quite a vague term and will often be used to describe a child with many abilities, which gets forgotten in our attempts to classify what they can't, or are less able to do.

Many of these children will be able to lead independent or semi-independent lives when they are older, whilst others will continue to need the provision of care throughout their lives.

Specialist services for disabled children

Disabled children are entitled to receive services from any of the universal services education, health, leisure etc, that all other children are entitled to.

Specific services for disabled children are provided by Swindon Borough Council's Disabled Children Team.

Contact details:

The Saltway Centre
Pearl Road
Middleleaze
Swindon
SN5 5TD
Tel No. 01793 464240 Services

Safe Lifting and Handling

If you are considering offering to care for a disabled child, this may involve the need for heavy lifting. Discuss this with your Supervising Social Worker who will be able to advise you of any specific requirements.

Before a child is placed with a foster carer the child's Social Worker will start the process of a risk assessment. This will be completed with your Supervising Social Worker once a 'match' has been identified. The process *may* involve other specialist services e.g. a paediatric occupational therapist (OT), dependent on the child's needs.

You will be offered specialist training and will be provided with any necessary equipment.

Intimate Care

The **Intimate Care good practice guidance** has been developed to safeguard disabled children, young people and Carers – both Foster Carers and Short Break Carers. Disabled children and young people can be especially vulnerable. Carers involved in their intimate care need to be sensitive to the child or young person's individual needs. This Intimate Care Policy and Guidelines should be read in conjunction with the Safer Care Policy. The policy is for Carers approved by Swindon Borough Council who have care of children and young people placed by that authority.

In all situations where children receive intimate care a specific agreement needs to be drawn up between the carer(s), child's social worker, supervising social worker and where appropriate child's parents and the child themselves. This should be completed at the Placement Planning Meeting and reviewed at annual review or as necessary.

Occupational Therapy

Paediatric Occupational Therapists (OTs) are part of the Paediatric Therapy Service, and are currently based at the Saltway Centre.

The role of OTs:

- Assess the suitability of the carers home when matching a child or young person to a specific carer.
- Assess the need for any additional equipment or minor adaptations.
- Will undertake a moving and handling risk assessment, where necessary.

- If you have any concerns about equipment or adaptations required for a foster child placed with you, please contact the OT service on 01793 464240
-

Financial assistance for looking after a disabled child

There are 3 main sources of financial help:

1. Disability Living Allowance
2. Allowances
3. Fees

Disabled Living Allowance (DLA)

Please refer to the Foster Carers Financial Handbook

Education

Education - Introduction

Children who are cared for may have experienced disruption in their education due to changes in where they have lived and their lived experiences. This will have a direct impact on their attainment and self-esteem.

Foster carers play an important role in promoting education, including pre-school education and providing a learning environment for the child/young person. As a central person in the lives of the children we care for, foster carers can help the child/young person develop an interest in lifelong learning and in achieving their potential and ambitions. The more supported a child feels, the better they typically do at school and in later life.

It is vital that a child's educational arrangements and needs are discussed with the child's Social Worker and your Supervising Social Worker before the Child is placed in your care

You will be responsible for:

- Keeping nursery, schools, alternative education or college informed of any significant changes and issues including informing them on the day of any absences;
- Help the young person to express their concerns or aspirations and advocate on their behalf;
- Encourage and develop their interests;
- Celebrate any achievements no matter how small;
- Attend open evenings and any school meetings needed and encourage where appropriate parent's involvement;

- Provide uniform, equipment including a computer and appropriate financial support for trips and after school clubs;
- Establish clear expectations and support with attendance, punctuality, uniform, and completion of homework;
- Liaise with the school and other agencies including the child's Social Worker if non-school attendance is an issue;
- Support a child/young person to achieve their education or training goals;
- Encourage a child/young person to look at alternative education/placements, further or higher education or training;
- Have up to date information about progress and attendance;
- Contribute to the on-going assessment of the child's educational needs and progress including the support of the Personal Education Plan (PEP);
- Record any relevant information with regards to the child/young person;
- Speak to the child's Social Worker if you have any concerns.

Education - The Home Environment

The home environment plays a key part in a child's ability to learn and do well at school. You should provide a warm, caring and stable home environment. You should demonstrate the importance of lifelong learning by providing learning experiences e.g. through outings, provision of arts and craft materials and through discussions with the child about subjects of interest and promoting the child's curiosity and aspirations.

You should make use of play as a way of encouraging learning. In its different ways, play encourages social interaction, being part of a team, and problem solving.

You should consider:

- What information is known about the child's early experiences;
- What effects are being seen now as a result of these early experiences;
- Is more information, training required to manage the behaviour;
- Are there particular circumstances in the child / young person's life which may be impacting on their behaviour?

Education - Attendance at School

It is important for you to ensure that children attend school regularly and on time. Dentist, doctor or similar appointments should be made out of school hours where possible. The Children We Care For Service as Corporate Parents will not agree to any children being absent from school to go on holidays.

Failure to attend school, results in poor attainment and disaffection in school which can lead to a circle of disengagement and exclusion.

Good attendance becomes increasingly important in years 10/11 when exam choices have been made. It is important that during these years that the young person is supported and that the impact on any decision related to their welfare is considered

so that the young person does not have to change school whilst undertaking this important stage in their education.

When a child is in key stage 4 (years 10/11) everything possible should be done to maintain the child in her/his existing school and a move should only be made in exceptional circumstances.

Foster Carers provide effective links with the child's educational provision and will be actively involved in discussions with those professionals involved in providing education. This can be achieved through:

- Taking the child to and from school;
- Making contact with the designated teacher;
- Making contact with the individual class teacher or head of year;
- Attending relevant events at school, sports days, school fetes, or school plays;
- Ensuring the child accesses any after school or extra curriculum activities;
- Ensuring the child participates in any school trips;
- You and if appropriate the child's parents should attend the child's parents' evenings.

The child will have an individual class teacher and for those in secondary provision there will be also be a head of year. In addition, there will be other professionals who have specialist roles and these may or may not be involved in providing support to the child.

Holidays and Short Breaks

You should talk to your Supervising Social Worker if you are planning a holiday or short break (including Friday to Sunday). Children should not be taken out of school to go on a holiday.

The Designated Teacher

The Designated Teacher has a number of responsibilities:

- To be aware of the Children Who Are Cared For in the school and to link to all relevant parties;
- To be the Champion for all Children and Young People who are cared for;
- To maintain an overview of the progress of all Children and Young People who are cared for in the school;
- To play an active role in the design and delivery of the PEP (Personal Education Plan), ensuring children/young people are involved in the process;
- To decide, in conjunction with the relevant Local Authority staff, and the child/young person, the approach to sharing sensitive information;
- To be responsible for the induction of the child/young person into the school;
- To promote good home/school links, working with children/young people's carers;

- To liaise with the SENCO if the child/young person has an Education, Health and Care Plan;
- To help children/young people make the transition to a new school/college;
- To ensure the speedy transfer of records when Children who are cared for transfer between schools.

The Designated Governor Role

In addition, one of the governors will have a role to ensure that the school has an overview of the needs and progress of the Children Who are Cared For. Importantly they should ensure that:

- Children who are Cared For take priority for places;
- School policies and procedures are in place;
- Benchmarks are set for exam attainment;
- The school openly addresses issues of emotional health and well-being by enabling the children we care for to understand what they are feeling and build their confidence.

The Special Educational Needs Coordinator (SENCO)

The SENCO is a key person in school. If the child has an identified Education, Health and Care Plan. Their job is to ensure that any identified need is met. It would be expected that they would liaise very closely with the designated teacher, that they would listen to the child and identify how best their needs can be met.

Children with an Education, Health and Care Plan can be supported via school action and school action plus.

Educational Welfare Officer (EWO)

(EWOs) are responsible for investigating absence related concerns, identified by the school for any pupils who have high levels of absence. EWOs offer support for the pupils and their carers to overcome poor school attendance. This includes home visits, meetings in school and liaison with other agencies and professionals.

Educational Psychology

The Educational Psychology Service supports schools to remove barriers to achievement and inclusion for the most vulnerable children. The Educational Psychology Service works mainly within school settings.

The named Educational Psychologist for each school discusses the needs and progress of the Children Who are Cared For during planning meetings held at schools, and consultations are conducted frequently without referral barriers but within a confidentiality framework.

The range of activities includes:

- Participation at multi agency meetings, annual Reviews and Social Care meetings;
- Links with a range of support agencies (CAMHS, School Nurses, private and voluntary sector providers, etc) to promote a holistic approach to children's needs;
- Formulation of plans;
- Supporting carers to understand their child's development and needs and helping them to achieve in school;
- Offering advice about ways to promote children's learning and their emotional wellbeing at school.

The Virtual School

Education is a key priority for the Children Who are Cared For in Swindon. Improving educational outcomes for our children is actively supported by the Corporate Parenting Board. Foster carers are expected to support and encourage children in their education and develop good working relationships with the foster child's school. Swindon has a 'Virtual School' which provides guidance and support to Children who we care for and their carers in relation to education. This team recognises that education is life-long learning, and thus provides training to foster carers on the education of Children Who are Cared For, including pre-school, primary, secondary education, and beyond.

The Virtual School Head teacher

The Virtual School Head Teacher has responsibility for raising the attainment of the Children who are Cared for. The concept of having a "head" with responsibility for the Children who are cared for by the local authority came from Every Child Matters agenda.

The virtual head monitors the educational progress of all children who are cared for being educated within their authority and also those who are placed out of the borough.

The role involves working across the local authority, and with its partners, to ensure high quality support for the education of children who are cared for and to remove any barriers to their learning.

Pupil Premium

In order to support their role, Virtual Schools receive a Pupil Premium Plus (PP+) grant allocation of £2570 per child who is cared for by the local authority, based on the number of children who are cared for by the local authority for at least one day, aged 4 to 15 at 31st August, as recorded in the latest Children We Care For data return.

The Virtual School is responsible for managing the PP+ grant for children who are cared for and for allocating it to schools and alternative provisions. The use of pupil premium in education settings is agreed through the PEP process once an education setting has had the PEP agreed and quality assured by the Virtual School.

PP+ for previously cared for children is allocated directly to and managed by the school, not the Virtual School and the onus is on the parent, carer or guardian of the child to make the school aware. This is also currently £2570 per child.

Your Involvement in Education Planning

As a foster carer you will "know your child" and will be able to identify what interests they have, what their strengths are and be able to identify any concerns.

It is important that you are involved in the planning and completion of the Personal Education Plan (PEP) along with the child/young person, their Social Worker and their parent where possible. Each child or young person has to have PEP before they become cared for or in the case of an emergency within 10 working days. It should then be available for the first statutory review meeting of the Care Plan. The PEP should detail who will take the plan forward and specify timescales for action and review. The young person should be involved at every stage and given an opportunity to make their views known both before and at the meeting. If educational concerns arise, or change of circumstances happen, an urgent PEP meeting can be convened.

As a foster carer you should ensure:

- That you go through the PEP with the child, find out how they feel about it and how comfortable they are about raising any worries;
- That you check with the child if they would like someone to advocate for them in the meeting;
- That any communications need the child has will be met to allow them to participate in the meeting;
- Ensure that you are know how you are going to support the targets set in the PEP within the home environment.

Emergencies

If an emergency arises, for example if a child or young person who you care for has an accident, is missing, in trouble with the police or there is any incident which you feel needs urgent attention, you must let some-one within Childrens services know

During normal working hours you should contact the child's social worker. If they are unavailable, ask to speak to their teams duty worker or team manager. If this is not possible speak to your supervising social worker or a member of the Fostering Team.

If the office is closed contact the Emergency Duty Service on **01793 436699**.

Equipment

It is no longer appropriate or safe for the Fostering Team to provide equipment as all equipment must always meet Health and Safety standards especially in relation to car seats, cots, beds, push chairs and high chairs.

If you need equipment you should talk with your supervising social worker to discuss what it needed, whether allowances for such equipment are already included in the weekly amount you receive or whether additional funding needs to be agreed. You will not be reimbursed for expenditure that has not been previously agreed.

Family Time

Standard 9 of the National Minimum Standards 2011 Promoting and Supporting Family Time – ‘children have, where appropriate, constructive family time with their parents, grandparents, siblings, half-siblings, families, friends and other people who play a significant role in their lives.’

Family time with birth parents and significant people has a fundamental place within the care plans of fostered children and young people. The laws under which Children, Families and Community Health Services and foster carers work, clearly states that local authorities have a duty to promote family time between children who are cared for by the local authority, their parents, relatives and other people who are important to the child.

Although foster carers have a responsibility to promote family time, guidance on good practice clearly states that this is a team effort and the local authority has a duty to ensure that foster carers are in the best position to make contact as safe and enjoyable as possible.

The role of the child’s social worker is essential in terms of providing foster carers with the necessary information including any assessment of risk for those involved. The needs, wishes and feelings of the child are also central to planning family time which should be coordinated by the child’s social worker, including frequency, location and the level of supervision required.

Family time is particularly important for children and young people to ensure children and young people remain connected to specific aspects of their cultural heritage. Children with dual heritage or who may be placed with carers who are not a cultural match, may need to maintain their links with their family, friends and community so that their cultural history is encouraged and valued.

Research suggests that maintaining links between children and their families increases the possibility of the children’s return home to their family successfully if it is safe and in their best interests to do so. Where this is not possible or appropriate, research also suggests that family time enhances children’s sense of identity, as well

as avoiding disruptions in foster placements. This is often an expression of loss for children and positive steps should be taken to re-establish these relationships if it is appropriate for the child. Family time does not have to be face-to-face and can take the form of phone calls, exchanging letters, photographs or cards from holidays or special occasions.

Experienced foster carers know that family time can have its difficulties. In some circumstances it may be clear that direct family time may not be in a child's best interests or could be harmful depending on the risks involved. This, however, is unusual. We may need to think creatively to find ways for family time to be managed in a way that is safe for children.

Sometimes, family time can also cause distress for children and foster carers will often be the person who has to support a child after this. This can be emotionally difficult especially when we are dealing with the sense of frustration if the family lets the child down. There are also many possible reasons why parents and family members find family time stressful. They may feel guilty or angry that their children are being cared for in foster care.

Children often start to be cared for in an emergency, when the family is experiencing overwhelming physical and emotional challenges and loss of control in their lives. Parents may feel angry that their children are living in foster care if this is against their wishes and may resent having to comply with plans they don't fully agree with.

Parents and relatives can also worry that a foster carer will take their place in the child's life. Parents may also feel they have let their children down, which can impact on their motivation and reliability. These reasons and feelings can lead to parents behaving in ways which appear inappropriate during contact. They may be very emotional, give the children unrealistic messages or promise gifts. Dealing with the consequences of this can result in situations that are often hard to manage.

Understanding of the parents' experience can help to make sense of the situation for the child, as well as the family. Planning meetings involving foster carers before or shortly after the child comes to live in their fostering home can help the parents manage their fears and clarify how arrangements can work best for the child. Foster carers can also make invaluable contributions to the plans for children by recording the behaviour of children in relation to family time. This may identify patterns that can contribute to decision making, which may otherwise go unnoticed. It is also important that any observations around family time and the impact on the child are discussed in formal supervision with the carer's supervising social worker so that problems can be identified, shared and hopefully resolved. When it is considered safe and appropriate it can be beneficial for the foster carer to help with, family time either in their home or at an agreed venue. This can increase children's sense of security when the people who are important to the child, are comfortable with each other and it can be less threatening for parents and other family members.

Finance

Refer to the Foster Care Finance handbook

Fire Safety

We have forged a partnership with the Fire Service who offer every fostering household a free Safe and Well visit. <https://www.dwfire.org.uk/safe-and-well-visits/what-issafe-and-well/> <https://www.dwfire.org.uk/safety/safety-at-home/free-downloadableleaflets/>

The Fire Service will contact you by email to arrange a visit. If you do not wish to take advantage of this please notify your SSW who will remove you from the email circulation list

First Aid and Medication

Each fostering household should have a basic first aid kit available to deal promptly with minor injuries and you will need to attend the first aid course within the first 6 months after you have been approved. This applies to both carers if two are approved as part of one household.

If a child, who is placed with you, has particular health or developmental needs, the child's social worker should be able to provide information, give advice or will arrange for a relevant health professional to offer learning to help you to understand the child's needs.

Safe storage of medication is essential; it must be kept in a locked cabinet out of sight and reach of children. Under no circumstances should medication or drugs be left in a place where children can get hold of them.

Foster Carers must have guidance on the administration of prescribed drugs for children and advice on the arrangements where they can administer drugs not on prescription. For a carer to accept responsibility to carry out procedures, such as injections, tube feeding etc the following criteria should be met:

- The supervising social worker should undertake a risk assessment;
 - The child's parents or someone who holds PR has given written consent;
 - You are willing and confident to undertake the task, know what it required and keep detailed records;
 - The foster carer should have been instructed in the technique by a qualified nurse or doctor who is satisfied that the carer is competent to undertake the specific procedure
- It is a requirement that any medication prescribed or over the counter and any medical treatment administered is recorded on a medication form. This should be sent to your supervising social worker.

It is perfectly acceptable for a district nurse to train you to give medical treatment. The nurse is responsible for ensuring that you are competent, confident and willing to give the treatment. You should also be aware of any possible adverse reactions to the medication and the necessary steps to correct this.

If a child or young person suffers an accident or illness, you must notify the child's social worker (or Emergency Duty Service) as soon as possible. You should also complete a foster placement accident or illness record and send it to the fostering team manager.

First Aid Training

All Swindon Borough Council carers are required to attend training and gain a certificate in Paediatric First Aid. They should also attend training updates as required. This is mandatory training for all approved foster carers, not just for the primary carer.

Foster Carer Agreement

All foster carers will be issued with a Foster Care Agreement following approval, at any time their approval status changes and if there is any amendment in law which affects the agreement between the local authority and its foster carers.

If you do not have a Foster Care Agreement please contact the Fostering Services Team Manager without delay.

Foster carer profile

All Swindon foster carers are requested to provide a profile of themselves as foster carers. This will include photographs of their house and home, together with a brief description of them as a family. This will be kept on a database in the fostering team and emailed to social workers of any prospective child who may be placed with you. This will also be used to introduce the child to the foster carer before any move

Kids United/Inspiring Youths

Expectations of the sons and daughters of foster carers are high and while most report that they are happy being part of a fostering family, they also point out that there are many challenges that can be negative or difficult to handle. It is imperative therefore, that sons and daughters are well supported by the fostering service and that they feel that their role in the foster family is recognised and celebrated. Studies have shown that foster carers are more likely to give up fostering if they found that it was a difficult experience for their own children.

We are very proud of the sons and daughters who foster and have an active support group for them here in Swindon called “Kids United” for ages 8 to 11 and ‘Inspiring Youths’ for 12-18 years .

Kids United has been running since 2008. The group have developed their own information A-Z booklet which will be distributed to new Foster Carers with birth children. The group, which meets regularly, alternate between a support session or activity, chosen by the children and young people.

We have children and young people that attend regularly and great interest and enthusiasm has been shown by the group. In addition to discussion, there are on-going activities such as meals out, ice skating, bowling, football, outdoor adventure activities, making pizzas and playing games. Most sons and daughters state that they are happy fostering and recognise the benefits of the experience. There is evidence that a proportion of sons and daughters go on to become foster carers themselves or enter the caring professions and many feel that fostering enhances their social understanding, empathy and skills.

One example of a discussion topic is “How do I cope when a foster child moves on?” It is part of fostering that children will eventually move on. In many cases, this will be a happy event as the child will be going back to their own family, or moving on to a permanent foster home or independent living. If they have become friends with them, or just got used to having them around, they will naturally be sad to see them go:

1. Speak to your parents about being given information about the plan before and while you are caring for a child and that you are advised about plans for a child who is leaving;
2. Make sure you’re able to say “goodbye” properly, and you are able to share your feelings about the child who is leaving with your parents;
3. If you would like to, ask about staying in contact if it is possible. This could be by email/phone. It may also be possible for you to meet up;
4. Keep a scrapbook with photos and information about children who have been to stay. This is a nice way to remember people, and it can also be good to show new people who come to stay, to tell them a bit more about your family;
5. Sometimes you may feel happy that a child has moved on, this is natural if the child has caused problems for you.

Foster Carer supervision

National Minimum Standard 21 – Foster carers receive the support and supervision they need in order to care properly for children who are placed with them.

You will have an identified qualified supervising social worker who will usually visit on at least a monthly basis; additional visits will be made if you or anyone else requests a visit for example, if you have additional support needs. The Fostering Standards

require that, at least once a year, an unannounced visit is made to the foster home. We will always try and do this more often wherever possible.

It is important that you feel you have an open, honest and positive relationship with your supervising social worker and that you both fully understand what you can expect from each other. Your supervising social worker needs to ensure that you accept, understand and operate within all regulations, standards and with policies and guidance agreed by the Fostering service. You should receive either a handbook or electronic resources which cover policies and procedures (including those in relation to allegations), guidance, financial information, legal information and insurance details. Such information should be updated as required.

The key focus in supervision with you is ensuring that you know and are providing the children you have living with you with the best possible care which actively supports the child's safety, health, enjoyment, education and preparation for the future.

The supervising social worker will make notes of the supervision and record details of individual children in your care. For you, it is a time to discuss and reflect upon your current work, how it makes you feel, what is going well and what is more difficult. You and your supervising social worker need to reflect on the progress of the child/ren's care plans, the expectations of the care that you are providing to a child and how these are being achieved.

There is opportunity to reflect on different ways of working, including working within the team around the child, and solving problems. Supervision is a time for you to discuss your own professional development and relevant training opportunities and for your supervising social worker to support you to think about your performance and how to develop your competencies and skills.

It is also a time when you should share any personal or family issues that may have an impact on your ability to care.

You can expect to see the notes of the supervision discussions and to sign the supervision form and you should be provided with a copy.

Fostering Network

Fostering Network is a UK charity working to promote and improve quality of the foster care service. Individual membership of Fostering Network is open to all foster carers, social workers and anyone interested in child care. Local authorities, voluntary organisations and local foster care associations are also eligible for membership. Swindon Council are corporate members of Fostering Network.

Fostering Network provides training on most aspects of foster care and also publishes a wide range of books and leaflets for foster carers including a quarterly magazine. Fostering Network gives advice on practical and legal matters, finance and welfare

benefits. There is also an insurance scheme covering legal costs that might be incurred by foster families.

Upon approval every foster carer is added to the group membership scheme with Fostering Network and Swindon Borough Council will pay the annual membership fee.

Foster Panel

National Minimum Standard 14 – The fostering panel and decision maker make timely, quality and appropriate recommendations/decisions in line with the overriding objective to promote the welfare of children in foster care.

Swindon fostering panel meets at least once a month throughout the year. The fostering service provider (Swindon Borough Council) must hold a central list of people which it considers to be suitable to act as fostering panel members.

Suitable people, who may be included in the fostering panel central list, may come from a variety of backgrounds and experiences, including individuals who are themselves care experienced, those providing foster care, education, health and those with elected membership of the local authority.

When in session, the fostering panel must include:

- a panel chair, who must be independent of Swindon Borough Council;
- one or two people who may act as vice chair in the absence of the panel chair;
- one or more social workers who have at least three years relevant post qualifying experience;
- people who have the appropriate qualifications and/or experience to serve as panel members and are independent of the local authority.

Regulation 24 of the Foster Care (England) Regulations prescribes a quorum which must be met, for a fostering panel to conduct any business. The quorum must always include:

- the chair or a vice chair;
- a social worker with three years relevant post-qualifying experience;
- at least three other members;
- in the event that the chair is not present, a member (who could be one of the people listed above) who is independent of the fostering service.

The statutory functions of a fostering panel, found in regulation 25, are to:

- consider applications for approval and to recommend whether or not a person is suitable to act as a foster carer, and if so the terms on which they should be approved, for example. number and age of children to be placed;
- consider the first review of newly approved foster carers and any subsequent reviews referred to it by the fostering service; recommend whether or not the foster

carers remain suitable to act as such and if the terms of their approval remain appropriate;

- oversee the conduct of assessments carried out by the fostering service;
- advise on and monitor the effectiveness of procedures for carrying out reviews of foster carers;
- give advice and make recommendations on any other matters or cases referred to the panel by the fostering service.

When required, the fostering panel will meet to consider appeals

Disagreement with panel decision:

If you received a decision in respect of your approval status which you disagree with the Agency Decision Maker will inform you in a letter of the options open to you to appeal the decision including making representations to the independent review mechanism. More details on the IRM are available on:

<https://www.gov.uk/government/organisations/independent-review-mechanism>

If you would like to discuss this further please speak with your Supervising Social Worker.

Hair care

If a child in your care needs a haircut, please consult the child's social worker first, as parental permission may need to be sought. This may be agreed at the placement agreement meeting and confirmed on the delegation of authority. Carers of children from African/Caribbean descent should be knowledgeable and competent to take appropriate care of all their physical needs. This will include having information about the appropriate hairdressers and barbers in your area. Hairdressers and pharmacists can advise on a variety of appropriate products available for skin and hair care.

Health and well-being

Promoting the health of children and young people in foster care is important so that they can grow into mature, stable, well balanced adults. Children can have poor health when they come into care as their health may not have been prioritised. Their emotional well-being may also be poor due to the impact of being placed in foster care and what they may have witnessed or been subject to. As corporate parents we have a duty to promote the health, emotional wellbeing and development of children placed with foster carers.

Foster Carers are key to improving and maintaining the health of the children in their care and must provide a healthy environment, where children's good health and wellbeing is promoted, their health needs are identified and prompt access to services is provided to meet their needs. Children and young people's wishes and feelings, in

respect of their health needs, should be obtained and they should be encouraged and supported to understand their own health needs. Where appropriate, young people should be supported to keep and take their own medication. Your supervising social worker, the child's social worker and the CLA health team will support you to carry this role.

All children and young people in foster care must have health assessments. This is a statutory requirement and is monitored by the government. These assessments are able to identify health needs and health neglect that might otherwise have gone unrecognised. On entering care an initial health assessment is carried out by a paediatrician. Review health assessments are then carried out every six months for children under five-years-old and once a year for all children and young people aged from five to 18-years-old. The review health assessments are usually carried out by the Designated Doctor or Health Visitor for children under 5 years, school nurses for school aged children and the Designated and Specialist Nurse for over 16-year olds. The assessments are holistic and cover all areas of health.

You will need to supply the dates of last dental and optical checks and any information on other health services the child or young person may be involved with. A health care plan that will include any health issues, the actions to be taken, who is responsible for the action and time frame in which the action must take place. The health plan forms part of the child's/young person's care plan. Foster carers will need to encourage children to attend health assessments as they are an important part of meeting the health needs and promoting healthy life styles.

You will need to ensure that each child who you care for is registered with a General Practitioner (GP). If the child needs to move GP this needs to be agreed at the placement agreement meeting. Children who are cared for should not be registered as a temporary patient with a GP as this means that their records do not move to the new GP.

Each child will also need to be registered with a local dentist, within two weeks of their placement starting and should start to see a dentist by their second birthday and then at least yearly or more regularly, if required by the dental practitioner.

And you will need to ensure that a child has a vision test with an optician within one month of coming into care and then annually. Children aged under 16-years-old or over 18 who are in full time education are entitled to NHS-funded sight tests.

If a child has complex health needs the fostering service will provide training so that you are able to meet the child's needs.

With support from the fostering service, health professionals and the child's social worker, you are responsible for the day-to-day health of children who you care for. Children and young people should also be encouraged and supported to understand their own health needs and play a part in developing a healthy lifestyle. Specific responsibilities for you should be set out in the child's health plan or short break care plan and the placement plan.

Central to the promotion of a child's welfare is an environment in the foster home, in which all members of the household respect each other's privacy and dignity. This is achieved primarily through the way in which foster carers model respect for the children they care for. It is supported by the physical environment of the home and the way in which children are given their own private space and places to keep their own belongings, do homework, see friends and family, manage personal issues and feel safe. Foster children should be able to have free access to the facilities of the foster home as a good parent would allow their child.

Medical consent

For all children who are cared for under s20 Children Act 1989, the degree of authority to consent to medical and dental examination and treatment delegated to Swindon Borough Council by parent(s) has to be detailed in the Delegated Authority document.

For all children who are cared for under s.20 Children Act 1989, authorisation for delegated consent to regular medical examination and routine treatment, including immunisation, is needed from parents. This should be signed by parents or a person with parental responsibility.

Parents should always be consulted and informed, in advance, of any plans for surgery or treatment, unless in an emergency. Similarly, parents should be kept informed of the progress of the child's health through involvement in reviews and in discussion with social workers and carers.

When a child is the subject of a Care Order, Swindon Borough Council shares responsibility with parents. This means that the council can seek medical treatment and examination for a child in care. In such circumstances the service manager for Corporate Parenting provides consent. However, for all children who are cared for by the local authority it is good practice to seek parents' specific consent to any medical treatment or examination, unless it is against the child's best interests to do so.

Delegation of responsibilities to foster carers aims to meet the principle that children who are cared for by Swindon Borough Council should, as far as is possible, be granted the same permission as other children and young people. Included in this process is a procedure that can seek parental consent for routine health procedures to be delegated to foster carers.

The delegation of responsibilities is processed by the child/young person's social worker.

If a parent refuses to give medical consent to examination or treatment where it is necessary and the child is not of sufficient understanding to decide:

For a child subject to a Care Order, the local authority can give consent by limiting the exercise of the parents' responsibility (or can overrule a parent's refusal) by applying Section 33 (3) (b) of the act, where satisfied that it is necessary to do so, to safeguard and promote the child's welfare. Consent is given by a service manager.

It is important to seek advice from the child's social worker where there is any doubt or dispute with a parent about consent to medical treatment for their child.

Children over the age of 16 can give their own consent or possibly withhold consent to medical treatment. Children under 16 years old may also be able to consent to or possibly refuse medical treatment depending on their age and understanding. Whether or not the child is competent to consent is a medical judgement. In exceptional circumstances the High Court, under its inherent jurisdiction, may override a child's refusal to accept treatment.

It is important to seek advice from the young person's social worker if they are refusing treatment thought to be necessary.

When a child first becomes cared for by the local authority they must have a medical examination within 20 working days from the date of placement. The request for the medical examination will be activated by the child's social worker. Following the request for the medical examination, you will receive an appointment in writing and the child's social worker will be informed of the outcome. After that, a child under two years-old must have a medical examination with a written assessment at six monthly intervals.

Children over the age of two must have an annual medical examination.

If you have not got delegated responsibilities you cannot sign medical or dental consent forms and so must have the consent form signed by the person with parental responsibility (this would usually be a parent or senior manager) giving their agreement to medical treatment.

You cannot organise non-emergency medical treatment, including dentists and opticians, except at the request or with permission of the person with parental responsibility. If the person with parental responsibility believes a child needs nonemergency medical treatment, they should make the necessary arrangements.

However, if you feel that the child is not getting the treatment they require, you need to speak to the child's social worker or your supervising social worker.

If the child needs emergency treatment, you should make the necessary arrangements and then contact the child's social worker. If the treatment is urgent, the attending doctor will generally treat the child first and then deal with the issue of consent. It is expected that you record any medication the child is given/taking, whether it is prescribed by the child's GP or not.

If you are not informed during the placement discussion; when a child arrives at their home for the first time, you should find out from the child's social worker if the child is taking any medication, what it is, when it is taken and how often, if the child suffers from any allergies etc.

Health Care Plans

A health care plan will be drawn up by health professionals and the child or young person. This will be reviewed alongside the annual medical examination health assessment with the child, their social worker parents and foster carers.

A health care plan will be written following a health assessment and will be reviewed at the child's review.

The health care plan will give an overview of the child's current health and set out what needs to happen to ensure the child stays healthy or their health improves. Many of the actions will be for you and you should ensure that they have a copy of the current health care plan and carry out the actions allocated to them. If they don't have a copy of the current health care plan or need support they should contact the Designated Nurse for children in care.

The Health Care Plan must include the following:

- The child's health including physical, emotional and mental health.
- The child's health history including, as far as possible, the child's family health.
- The effect of the child's health and health history of on his or her development.
- Existing arrangements for the child's medical and dental care including:
 - Routine checks on the child's general state of health including dental health.
 - Treatment and monitoring for identified health or dental care needs
 - Preventative measures such as vaccination and immunisations
 - Screening for defects of vision or hearing;
 - Advice and guidance on promoting health and effective personal care.
 - For young people their plan may include lifestyle choices including exercise, smoking, alcohol and sexual health and health advice provided.
- Any planned changes to arrangements
- Your role as the foster carer in promoting the child's health and specific actions for you to achieve within realistic timeframes.

Its purpose is to ensure that all children are registered with a GP, dentist and optician and may identify health care needs, such as therapy and counselling services. The health care plan will also focus on the need for a healthy diet and information essential for promoting a healthy lifestyle and sexual health. The health care plan will ensure that children and their carers have accurate information about the child's health history, including knowledge and understanding of any significant health problems in their family. It will also act as a source of information to identify the wider health needs of the children in foster care and is aimed at improving the overall health and services needed.

Appropriate to their age, children and young people who are cared for are given their own health book, which contains information, guidance and opportunity to maintain a personal record of their health.

Care experienced young people will be given a Health Passport which will contain all the medical history that has been recorded from their health assessments and health care plans whilst they have been cared for alongside their birth, childhood and family health history.

This allows the young person to understand their health history and be able to make reference to it in subsequent health appointments. It also signposts them to health services and support.

Useful links:

<https://www.meningitisnow.org/meningitis-explained/signs-and-symptoms/signsandsymptoms-video>

<https://www.nhs.uk/conditions>

Emotional well being

Foster Carers have an important role in promoting the emotional well-being of the children who you care for. Key to this is providing a safe secure home where the child feels valued and listened to. Training is provided to support foster carers to carry out this role.

We use the Strength and Difficulties Questionnaire to screen a child's emotional wellbeing and foster carers are asked to complete these short questionnaires on a regular basis. These questionnaires help to identify if a child needs extra support.

Some children require extra support to manage their emotional health. They can be referred to Child and Adolescent Mental Health Services (CAMHS). If you feel that a child who you care for needs this extra support speak to the child's social worker or your supervising social worker. The Young Minds Charity has an excellent web site with advice for children and parents and carers. www.youngminds.org.uk

Health Promotion

Foster Carers have an important role in promoting and encouraging healthy lifestyles. Some children who are cared for may have been exposed to a poor diet, experience poor hygiene or may have been exposed to parental substance misuse. Some young people may have also developed unhealthy behaviours. The CLA health team can be contacted for advice and there are specialist services that children may be referred to. NHS Choices is a very useful web site for health information and advice www.nhs.uk

Smoking

Foster carers must not smoke in front of children who they care for. There is support and advice for children who want to stop smoking and GPs can give advice and prescribe nicotine replacements to children over the age of 12 years. For children under the age of 12 please contact the Designated Nurse who will arrange one to one support. There is also support and advice through: Swindon Stop Smoking Service

Freephone: **08003892229**

Tel: **01793 465543** Text: **07881281797**

Email: besmokefree@swindon.gov.uk

HIV/AIDS and Hepatitis

When children and young people first become cared for, their medical history/status is often patchy or unknown. Their parents may not have accessed relevant medical services, for themselves or their children.

Some of the family history, may indicate that parents are at risk of carrying HIV or Hepatitis, but this may not be apparent at the point of children becoming cared for.

Both viruses are spread through exchange of body fluids from an infected person. It is extremely important that carers practise universal hygiene precautions to ensure cross infection does not take place (see the section on universal hygiene practices).

HIV

HIV stands for Human Immunodeficiency Virus - the virus that sometimes develops into AIDS (Acquired Immune Deficiency). HIV is a viral infection that attacks and infiltrates cells in the blood and the immune system, leaving our defence mechanism impaired and unable to fight off illness. Initially the carrier will feel well, only a blood test will confirm the virus is present and this is usually done when the person starts to feel persistently unwell.

AIDs

There is currently no cure for AIDs, and once it has developed, the impaired immune system has no defence against disease and is open to serious illness, and often premature death. However, the retro-viral drugs that have been developed for the treatment of HIV positive patients has significantly slowed the onset of AIDs and many carriers of the HIV virus have good life expectancy.

For more detailed information please ask your supervising social worker for a copy of the leaflet: [Fostering Network HIV and AIDS](#).

Hepatitis

There are three types of Hepatitis - A B and C. The word hepatitis means inflammation of the liver.

Hep B is one of the most common infectious diseases globally. It is passed on via blood and body fluids for example, unprotected sex and needle sharing. Vaccination against Hep B is available through three injections. These must be given before the virus is contracted and is usually less effective in raising immunity in people aged over 40-yearsold.

Hep A virus is most commonly found in countries where sanitation and sewage disposal are poor. The virus is found in the faeces of an infected person and can be transmitted where hand washing procedures are absent or poor and by sexual activities which involve oral/faecal contact. There is a vaccination available as a preventative measure.

Hep C is found mainly in blood and also saliva, seminal and vaginal fluids. There is no available vaccine for Hep C.

With all three types of virus, prevention is better than cure. If suspected, early medical advice should be sought.

Caring for children/young people who are HIV or Hepatitis carriers

Maintaining confidentiality is important, so that the child/young person is not stigmatised. Close liaison with medical professionals to ensure the child gets the right medical attention is paramount to their continued health. It is important that carers maintain good hand washing/hygiene routines as a matter of course, and communicate these to other members of the household.

Maintaining universal hygiene procedures will offer a high degree of protection against cross infection. Basic care should ensure that every child/young person has their own towels/flannels/toothbrush/razors etc.

Carers may need to have a strategy to make sure that these personal items are not left in the bathroom to be used by others.

Education about safe sex - see also section on sexual health. Carers are encouraged to consider vaccination against Hep B. This can be arranged through their GP

Healthy Eating

You need to provide and encourage a healthy diet for the children you care for. Some children will have a restricted diet and be reluctant to try new foods. There has been an increase in the number of children who are obese or very obese due to their poor diet. Encouraging a healthy diet and exercise is very important.

Eating disorders

Rarely children who are cared for will have an eating disorder such as anorexia or bulimia or compulsive eating disorder. Eating problems, which frequently show during adolescence, should be taken seriously. As well as having an adverse effect on a young person's physical health, eating disorders are often a sign that something may be troubling them emotionally.

It is not always easy for foster carers to spot the signs of an eating disorder. Below are some pointers which do not necessarily indicate an eating disorder, but may indicate the need for further discussion/follow up:

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

Eating disorders affect many more girls than boys, but it is important to remember that boys do suffer from them too. If foster carers are concerned about the eating habits of a child placed with them, they should contact the child's social worker to discuss.

Children vary a great deal in the way that they eat. Some eat a lot or will eat anything, others are more particular. These differences are to be expected, and would not always be a cause for concern.

Further information can be found at <https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/> or you can discuss with the CLA health team if you have any questions or concerns.

Head lice

Head lice prefer clean heads, so do not assume it could not happen to your family.

Check all members of your family weekly for head lice, using a head lice detector comb. If any person is infected, check everyone they have come into contact with. All people infected with head lice should be treated. Foster carers should seek advice from the CLA health team or their pharmacist if head lice becomes a persistent issue.

Schools do provide information for carers and your Supervising Social Worker can help you access support.

It may be helpful to consult the CLA nurses or NHS Direct <https://www.nhs.uk/>

Immunisations

Immunisations are an important way of protecting a child's health and all children who are cared for should be up to date with their immunisations. You should ensure that they have permission to take a child to have immunisations; this will be discussed at the placement agreement meeting and in the delegated authority form. If you are unsure if a child's immunisations are up to date check the child's health care plan or speak to the CLA health team.

The immunisation programme is updated regularly so for the most up to date information see <https://www.nhs.uk/>

Self-harm

Self-harm can be very distressing for a carer to manage. A child may self-harm to help them cope with negative feelings, to feel more in control or to punish themselves. If you are worried about a child in your care self-harming then speak to your supervising social worker or the child's social worker. You can also get information from www.youngminds.org.uk.

Sexual Health and Contraception

It is important that you encourage children to have a health body image and form healthy relationships.

You need to be able to talk openly, honestly and in an age appropriate way about a child's developing body, sexual health, sexuality and relationships. You can and should sign post children to sexual health and contraceptive services but need to be thinking about whether or not the sexual relationship the child is having, or is planning to have, is healthy and appropriate - be aware of sexual exploitation.

The age a young person can consent to have sexual intercourse is 16. Some young people will be sexually active before that age. Sexual activity with a child under the age of 13-years-old is not ever considered consensual. If a child is under the age of 13 and wanting to access sexual health and contraceptive services this must be discussed with the child's social worker and your supervising social worker.

A young person's decision to become sexually active can raise strong feelings in carers - some of a negative nature, for example fear disappointment etc. Supervising social workers will offer carers an opportunity to explore these feelings, so they are

not transferred to the young person, who should be free to form their own sexual identity.

Some carers will be uncomfortable about discussing sex with the young people in their care, and may need guidance from their supervising social worker to tackle sensitive issues.

Sexuality

Happiness for all of us depends on being accepted for who we are, not living our life according to the wishes of those who care about us. If a young person you are caring for thinks they are lesbian/gay/bi-sexual/transgender or they are not sure of their sexuality, then they should be supported to talk to somebody who understands, without feeling pressurised. Most importantly they need to have the support, acceptance and understanding of those who are caring for them.

Information and advice can be sought from Public Health Team at Swindon Borough Council.

Universal hygiene practices

You will need to establish and maintain good hygiene practices when you are fostering.

The following guidance will help you set up good hygiene routines, though is not exhaustive:

- Hand washing routines should be followed after going to the toilet and before touching or preparing food. Smokers should wash their hands after smoking.
- Remember to wear protective gloves when dealing with wounds, major and minor, or when clearing up -body fluids. Explain to the child this is to prevent infection.
- Cover open wounds - carer or child's - with a dressing. Use kitchen blue plasters if involved in the preparation of food.
- Clear up body fluids as soon as they are spilled, Wipe with household cleaner and bleach diluted one to 10 with water. Use latex gloves.
- Soiled bed linen should be washed on a hot setting in the washing machine.
- Soiled items for disposal should be double bagged and put out with household rubbish.
- Assign different colour cleaning cloths for different tasks, so that you can see at a glance if floor cloths are finding their way into the washing up bowl for example.
- Make sure everyone has their own towel/toothbrush/flannel/comb/razor (if age appropriate).
- Remember to top up the first aid box regularly - including one in the car.

Practising these routines will help to maintain good hygiene and avoid the risk of cross contamination and will also help the children placed to learn to protect themselves.

Holidays and outings in the UK

Delays and missed opportunities for children who are cared for as a result of poor planning, can inhibit children experiencing a fulfilling and happy childhood. This can impact them feeling part of the foster carer's family. Children who are cared for say that problems obtaining parents' and local authorities' consent to everyday activities can make them feel different from their peers, causing them embarrassment and upset. It is important to have early agreement about who can make which decisions, that such agreements are understood by all key parties and reviewed regularly. This should be confirmed as part of the delegated authority process.

Swindon foster carers are given the maximum appropriate flexibility to take decisions relating to children they care for, within the framework of the delegated authority document.

Foster carers should always know what authority you have to make decisions about everyday matters involving the child. Arrangements for delegating authority from parents to Swindon Borough Council Social Services and/or from Swindon Borough Council Social Services to foster carers, must be discussed and agreed as part of the care planning process, particularly the placement planning meeting or children we care for meetings, and agreements should be recorded in the delegated authority document for each child.

Difficulties obtaining permission for sleepovers is often highlighted as a particular concern by the children who are cared for. Children should, as far as possible, be granted the same permission to take part in normal and acceptable, age appropriate peer activities as would reasonably be granted by the parents of their peers. It should be normal practice for the responsible authority, in agreement with those with parental responsibility, to delegate to the child's foster carer day to-day decision making about allowing a child to stay overnight with friends.

Parents make judgements on whether or not there are known risks to staying in a particular household or visiting relatives, and similar judgements should normally be made for children in foster care by their responsible foster carers. Judgements should be based on a reasonable assessment of risks.

There may sometimes be exceptional reasons that need foster carers to seek the permission of either the responsible authority or a person with parental responsibility for the child, or to place specific restrictions on permitting a child to stay overnight with friends. In such cases, the restriction should be clearly stated in the child's placement plan.

It is expected that any child/young person placed with foster carers should be treated as a member of the carer's family and be included on family holidays. However, in some circumstance's permission is necessary before a child/young person can be away from the foster carer's address overnight, even if they are accompanied by the foster carers. This could include school trips. Before foster carers make any

arrangements, they should contact the child's social worker to discuss their plans. It should be expected that in most cases this sort of decision making be delegated to the foster carers.

Holidays abroad

If foster carers are thinking of taking a holiday abroad with a foster child, the carer must give the child's social worker plenty of notice of their plans.

The particular legal status of the child/young person can have an effect on whether it is possible for a child/young person to leave the country. There may also be other reasons why a holiday abroad might not be in the best interests of the young person.

If it is possible for the young person to leave the country; obtaining a passport can be a lengthy process, so can obtaining the permissions and agreements required by the law. Therefore, carers should make sure that they inform the child's social worker in plenty of time to avoid any disappointment. Swindon Borough Council will pay the cost of the child's/young person's passport. A letter of delegated consent will also be needed when taking a foster child outside of the UK. Do not be put off by this list of apparent difficulties. Carers and the children they care for, have wonderful foreign holidays but, like most holidays, make sure you make your arrangements in plenty of time.

A foster carer's wish to take a child abroad on holiday, if known at the time of the placement match, should be raised with the child's social worker and discussed at the placement agreement meeting and/or children we care for review

It is important to note that children should not be taken on holiday during school/college term time

Insurance

Buildings and contents

As soon as you are approved as a foster carer you will need to inform the insurance company covering your buildings and contents that you are fostering. You need to clarify exactly what is covered in your insurance policy. You need to ask what else you might need to do to ensure that you have the best possible insurance cover.

In the event of an incident involving your work as a carer you should:

- Inform the child's social worker and/or your supervising social worker;
- Consider whether or not you need to file a claim with your own insurance company dependent on the nature of the incident.

Please refer to the Foster Carers Financial Handbook for more information.

Car insurance

You will need to notify your car insurance company that you are fostering and ensure that you have business cover

Internet, social networking and communication

The internet has become an important tool for communication, information, entertainment and shopping. All schools are now connected to the internet and children are expected to have access to a computer and to be competent and confident users of computers and the internet.

Caution needs to be exercised to ensure that children do not access unsuitable adult material on the internet:

Swindon foster carers are advised that:

- Internet material to be used for schoolwork should be previewed;
- Home/school internet contracts should be in place;
- Computers should be placed in public areas and screen content should be visible to everyone;
- Children and young people should be taught how to use the internet safely and be warned of the potential dangers of unsuitable sites and chat rooms;
- Young people should be advised to never give out personal details on the internet;
- House rules, which have clear consequences in place for misuse of the internet, should be made clear;
- It is important to monitor the time children spend online;
- Buying and applying safeguarding/ filtering software is essential.

While it is right that children use the internet to keep in touch with friends, find material for homework or buy such things as music and books, it is vital that carers keep their children and young people safe from the abuse of social media.

It is possible to get software to block or filter the material that comes on to your computer. There are a number of other safety tips that can be used, all of which are contained in booklets issued to all carers:

Internet Safety: A Parents' Guide by NCH and Keep Your Child Safe on the Internet from the Home Office.

ChildNet International is a useful organisation/website, with considerable facts, information and tools, which can help foster carers in internet and phone safety.

www.childnet.com

Other useful websites:

<http://consumers.ofcom.org.uk/2009/10/parental-controls-for-mobile-phones/>
<http://www.childnet-int.org/> <http://www.getsafeonline.org/>
<http://www.thinkuknow.co.uk/> /
<http://www.chatdanger.com/>

Social Media is a significant part of social networking. Swindon foster carers may well use Social Media, as well as the children and young people who you care for, so there are some general principles that you should adhere to:

- Do not upload any photos of the children you care for on to social media.
- Do not refer to any names of the children you care for or locations you go to with them or activities you do with them.
- Ensure your own children and other family members follow the same principles and do not upload pictures of children who are cared for or refer to activities or locations they have been to with them.
- Advise your friends also not to upload photos of the children you care for
- Do not refer to yourself as a foster carer on your social media profile.
- Ensure that you set your privacy settings to Friends Only.
- Remember that friends can access your profile and from that find out a lot of information about you and your friends.

Leisure Activities

National Minimum Standard 7 – Outcome: Children are able to enjoy their interests, develop confidence in their skills and are supported and encouraged to engage in leisure activities. Children are able to make a positive contribution to the foster home and their wider community.

It is expected that all children will be able to develop their emotional, intellectual, social, creative and physical skills through the accessible and stimulating environment created within the foster home as well as being supported to take part in school based and out of school activities (NMS 7.1)

You will need to ensure that there is clarity about what delegated authority you hold in relation to decision making about leisure activities pursued any child or young person while in your care. This includes activities, outings, overnight stays with friends, holidays etc. DBS checks are not normally sought as a precondition.

There is a certain element of allowance that has been identified for you to use towards leisure activities – you will need to check what this is for the age of child you have living with you. In certain, exceptional circumstances, it may be possible to obtain some additional monies e.g. if the hobby / interest is particularly costly. You will need to discuss this with your supervising social worker.

Life story Work

Life Story Book

All children who are cared for by Swindon Borough Council are entitled to, and should have, a life story book which will give the child a realistic and honest account of their circumstances, their family history, identity and an age appropriate understanding of the reasons why they are in care. Life story documentation should follow the child if they move home and should be continually updated and added to throughout the time the child is cared for. Information gathered to develop and/or add to a child or young person's life story work will be stored in a safe lockable place to protect the child or young person's confidentiality. You will be encouraged and expected to keep photos and other memorabilia that will form a history/memory for the child/young person you are caring for and which may be included in a formal life story book or simply for the child/young person to keep in a memory box/book

Some suggestions for the content of a child's life story book:

- Birth certificate or a copy, information about the child's birth and photographs of the child's birth hospital.
- Photographs of the child/young person.
- Photographs of birth parents, siblings, grandparents, extended family and any details or information available.
- An explanation of why the child is separated from their family.
- Information about visits with birth parents.
- A flow chart to help clarify the moves and changes in the child's life.
- Photographs of previous foster carers, residential children's homes and previous schools.
- Photographs of favourite activities, significant incidents, holidays, birthdays and Christmas.
- School reports.
- Examination records
- Health / Medical information.
- Anything else that you and / or the child feels is important.

Life story direct work

Life story work is an integral part of the child's journey and is intended to help children who are cared for to make sense of their situation; it should attempt to answer the following questions:

- Who am I?
- Who is my birth family?

- How did I get here?
- Where am I going?

As well as ensuring the child or young person

- Has a better understanding of who they are and their life journey
- Increase his/her sense of self-worth
- Refresh her/his memories
- Help understand why he/she is not living with their birth parents

Children who live with their birth families have plenty of opportunity to know and learn about the events in their lives. They tend to grow up surrounded by their family; they accept and feel secure about their place within the family structure. Children separated from their birth families can be denied this opportunity; they may have lived with a number of different families and they may have changed social workers, homes and neighbourhoods. Their past may be lost, confused and much of it, forgotten.

All children are entitled to accurate information about their past and their family. When children lose track of their past, they may well find it difficult to develop emotionally and socially. If adults cannot or do not discuss this past with them, it is reasonable for children to assume that it may be bad. Life story work is an attempt to capture some of the past for children separated from their family and to help them form an understanding of their identity.

Compiling facts about the child's life and the significant incidents and people in it, helps children to begin to understand and accept their past and move forward into the future.

Many children separated from their families blame themselves and believe they must be unlovable or worthless, but a suitably worded version of the truth can increase a child's sense of self-worth and identity. The child's social worker has the primary responsibility for ensuring that life story work is undertaken but they will need the input of foster carers. Contributing to life story work will give you an opportunity to show children why they should be proud of themselves and this positive attitude should be evident in any life story work.

Listening to children

The Children Act 1989 states that it is essential that we 'ascertain the wishes and feelings of children.' Children in Swindon fostering placements should know that their views, wishes and feelings are taken into account in all aspects of their care; are helped to understand why it may not be possible to act upon their wishes in all cases and know how to obtain support and make a complaint.

All children in foster care should also have access to independent advice and support from adults who they can contact directly and in private about problems or concerns, that is appropriate to their age and understanding. Children should be made aware of their rights to advocacy and how to access an advocate

The wishes, feelings and views of children are considered in monitoring and reviewing foster carers and developing the fostering service.

Swindon foster carers are encouraged to listen to the children and young people placed in their care and to take account of what they say, even if decisions made are not exactly what the child wishes. Making notes of children's wishes and feelings is really important – please make sure that you include their voices, using quotes regularly, in your regular recording.

It is important for a fostered child to know that they have a voice which will be heard by all relevant people, especially those they live with.

LGBTQ+ Foster Carers

If foster carers identify as part of the LGBTQ+ community and wish to contact a gay/lesbian carer's group, information and advice can be requested from Stonewall Parenting Group.

All Swindon LGBTQ+ carers can access membership of New Family Social, which is a charity representing and promoting LGBT carers and adopters. Your Supervising Social Worker will be able to provide you with details of how to contact them.

Foster carers or the young person themselves can contact one of the organisations for confidential advice and support from those who can relate and sympathise.

Stonewall – the lesbian, gay and bisexual charity www.stonewall.org.uk

The Albert Kennedy Trust www.akt.org.uk

New Family Social <http://www.newfamilysocial.org.uk/>

Missing from foster care

Research shows that children who are cared for are more likely to go missing than other children. Running away is usually a sign that something is not right in a child's life but the reasons can be complex. Sometimes, children who are cared for are running back home rather than away from foster placement.

Swindon and Wiltshire have a joint multi-agency protocol in place for supporting children who go missing and foster carers must be aware of their role in preventing children going missing and locating and safeguarding missing children. This means foster carers need to be involved in planning to reduce the risk of the children we care for going missing and responding when a child goes missing from placement.

Reasons for running away

Push factors include:

- Abuse or neglect
- Family breakdown
- Poor relationships with parents/carers
- Domestic violence
- Parental substance misuse or mental health problems
- Bullying and harassment
- Young person's own mental health or substance misuse
- Teenage pregnancy

Pull factors include:

- Running back home from care placements
- Running away to be nearer friends or family members
- Being persuaded to leave home by adults as part of the exploitation process.
- Previous incidents of going missing

Prevention

As part of the care planning process, the risks of a child going missing from their home will be made clear to carers and the placement plan will set out agreed strategies to reduce this behaviour and state what action needs to be taken in the event the young person goes missing.

It is important that foster carers talk to children they care for to gain some understanding as to why a child may wish to run away from their foster home; it may be that something can be done to address the factors that trigger running away behaviour.

Where there is concern that a child may go missing from their foster home, a plan should be made in advance about what action will be taken and this will be explained to the child. The foster carer will also be clear on what action they should take.

Responding to incidents or Actions to be taken when a Child is Missing

Foster carer must immediately inform the child's social worker (or Duty Team Worker if the child's SW is not available) and their supervising social worker. If child goes missing out of office hours the FC must immediately inform the Emergency Duty Service.

Whenever a child goes missing, foster carers need to carry out a risk assessment

To determine the level of concern, consideration would need to be given to:

- The child's age or understanding
- Any predetermined plan of action to be taken should a child go missing
- The physical and mental health of the child
- Their Child Protection status

- Whether they pose a risk to themselves or others
- Legal status
- Their knowledge of the area
- The prevailing weather conditions and clothing the child is thought to be wearing
- The immediate circumstances to the child going missing
- Whether there is any premeditation (e.g. money, food, clothes missing. contact with others)
- Reference to any other existing risk assessments

Categories of missing

Absent: This refers to children who absent themselves from their foster home for a short period and then return, their whereabouts are known or can be quickly established through contact with family or friends, **and the children are not considered to be at risk.** Generally, these children should not be reported as missing unless there are concerns highlighted in the risk assessment above.

When the foster carer first becomes aware of the child being missing, they should carry out their own search and enquiries to try to locate them. While the children remain absent the situation should be continually monitored. If they do not return to placement within a designated period of time, they may be deemed to be missing.

All incidents of absences must be reported to the child's SW.

Missing: This refers to children whose whereabouts are unknown and who are considered to be at risk. Where a child is missing the FC should make reasonable enquiries (as they would with their own child) as to his/her whereabouts and inform and consult the SW or EDS. If the child cannot be located the police should be informed.

The police will require the following:

- A description of the child
- When child last seen and with whom
- Family addresses and known acquaintances
- The reason the child is considered at risk
- The name and address of the child's GP
- The police may also want to search the house and see the foster child's room.

Return

All children who go missing in Swindon will be offered a return home interview with a person other than their carer (usually their social worker) Giving children the opportunity talk allows them to discuss any concerns that they may have and looks at why they run away. This can contribute to a putting a plan/strategy in place that aims to prevent missing episodes. It is also an opportunity to explain the risks of going missing. If a child has concerns about the foster placement these can be addressed if necessary. The child's IRO will be notified of the missing episodes and may decide to convene a planning meeting to look at why they run away. Children will also be interviewed by the police to make sure they are safe and well.

Missing: "Anyone whose whereabouts cannot be established will be considered as missing until located and their well-being or otherwise confirmed." **College of Policing Authorised Professional Practice 2017**

Missing Aide Memoire

1. When and where were they last seen?
2. What were they wearing?
3. Is the person cared for by the local authority, what is their legal status?
4. What has been done so far to trace this individual?
5. Is this significantly out of character (has there been a recent change in the person's behaviour)?
6. Do they need urgent medical attention or essential medication that is not likely to be available to them?
7. Are they likely to be subjected to any other crime?
8. Are they likely to be the victim of any other form of abuse?
9. If under 18, are they currently at risk of child abuse including child exploitation?
10. Are they likely to self-harm or attempt suicide?
11. Do they pose a danger to other people?
12. Is there any other information relevant to their absence?
13. Is the person detainable under any mental health legislation?
14. Is the person vulnerable due to other factors?
15. Is the person particularly at risk of harm due to physical disability, fragility, or memory loss?
16. Does the person lack the ability to interact safely with others in an unknown environment (mental illness, learning disability, and/or sensory impairment)?
17. Has the person been involved in any violent, homophobic, or racist incident immediately prior to their disappearance?
18. Any child safeguarding concerns (subject to child protection plan, known to social care / PVP, and/or specific PNC warning flag triggered)?
19. Is the person experiencing substance misuse issues?

Wiltshire Police missing protocol can be accessed at:

<https://www.wiltshire.police.uk/SysSiteAssets/foi-media/wiltshire/2024/05-may-2024/missing-persons-procedure.pdf>

Missing – useful telephone numbers

Child Line Tel: 0800 1111

Missing People Helpline: Call or Text 116 000 or Email:

116000@missingpeople.org.uk

<https://kooth.com> A free, safe and anonymous online support for young people

Swindon Borough Council Website for missing and child sexual exploitation:

www.swindon.gov.uk/cse

www.childrenssociety.org.uk

www.barnardosrealloverocks.org.uk

Safe Call – 0208 392 5710

Safecall@missingpeople.org.uk

A confidential support service for children who are being exploited/involved in gangs/county lines. Will support carers too.

Runaway Helpline

116 000

1-2-1 web chat & website www.runawayhelpline.org.uk

Confidential call or web chat service for children who run away.

Mobile phones

It is important to monitor the use of mobile phones, particularly by younger children and to try to discourage frequent and lengthy use. Foster carers should also be aware of the possibility of unplanned contact with parents or family members and with the advancing development of mobile phones, some children and young people could become involved with online chat sites etc.

Any queries you may have about a child or young person having a mobile phone or their use of one, should be discussed with their social worker.

Long term foster placement

The Care Planning, Placement and Case Review (England) Regulations 2010 were amended by Care Planning and Fostering (Miscellaneous Amendments) in 2015 and these amendments provided a definition of a 'long term foster placement'.

A long term foster placement is where:

- The child's plan for permanence is long term foster care – this will be agreed within the Care Plan and ratified at the children we care for reviews;
- The foster carer has agreed to act as the child's foster carer until the child is no longer cared for.
- The local authority (so for you Swindon Borough Council) has confirmed the arrangement / plan with the child, the foster carers and the parent
- A permanency matching assessment will be completed, this will be presented to Foster Panel for a view. Foster panel will make a recommendation which will be sent to the ADM for a Decision.
- For children who are aged 14+ years then the placement to independence policy will apply.
- Foster carers will need to have been approved to offer long term fostering

Ofsted

Ofsted is the single inspectorate service for Social Care Services in England.

Inspection and the National Care Standards Commission which previously inspected Fostering Services. Ofsted is a single, independent inspectorate which provides rational, integrating systems with a total overview of Social Care Services.

The legislation, regulation and guidance, used as a framework for its inspection of fostering agencies, includes the Fostering Services (England) Regulations 2011; the Children Act 1989 and the Fostering Services National Minimum Standards.

As well as the inspection and registration of fostering services, Ofsted also works to promote the overall improvement of social care and management of services received by children, their families and carers. The inspectors assess the standards of services by interviewing foster carers, young people and members of fostering teams. Records, policies, procedures and the information, provided by the service, are also examined and processes, such as the fostering panel or training events are also observed.

The inspectors also check that the premises and financial requirements are appropriate and that all team members are suitably qualified, trained, supervised and vetted for the task. Social workers placing children with Swindon's foster carers and carers themselves will also be asked to contribute to the inspection by completing a questionnaire they receive from Ofsted.

Ofsted inspectors, having gathered information, read case files and policy documents, and met a variety of key people, including children and foster carers make judgements on:

- overall effectiveness;
- outcomes for children and young people;
- the quality of service provision;
- safeguarding children and young people;
- leadership and management.

Inspectors make judgements against the evaluation schedule using a four-point scale: Inadequate, Requires improvement, Good and Outstanding.

Requirements and recommendations from the report form the basis of a service action plan to address areas for development, which Ofsted has raised and will continue to monitor.

Ofsted also deal with complaints from the general public and foster carers and their contact details are:

Ofsted National Business Unit
Royal Exchange Buildings

St Ann's Square
Manchester
M2 7LA
Phone: 08456 404040

Out-of-Hours support

The formal help and support for Swindon approved foster carers outside of office - including weekends and bank holidays - is provided by the emergency duty service EDS

The role of the Out-of-Hours Service is to provide information and support, as well as take responsibility for decisions involving the emergency, crisis and complex care of Swindon children and young people outside of office hours.

Emergency Duty service contact details Tel 01793 436699

Email Emergencyduty@swindon.gov.uk

Parental responsibility

Parental responsibility means all the rights, duties, powers, responsibilities and authority which, by law, a parent has in relation to a child and the child's property. Birth mothers automatically have parental responsibility and also married fathers. An unmarried father may acquire parental responsibility by means of a formal agreement with the mother or through an application to court. In some circumstances other people acquire parental responsibility including when they are granted a Special Guardianship Order or Adoption Order.

Pets

We recognise the value of pets in the family however, our paramount consideration is the safety and welfare of a child or young person who you care for.

Swindon Borough Council will not approve a carer where there is a dog living which is listed under the Dangerous Dogs Act 2014 or where there is a pet which comes under the Dangerous Wild Animals Act 1976 licensed list.

All new carers are asked to complete an animal and/or dog questionnaire as part of their form F assessment and at any future time that an animal is introduced to the home. Continuing information about the safety of an animal(s) will be assessed at each annual foster carer review. If you are unsure about the implications of buying a dog or animal then please liaise with your supervising social worker first.

Health, safety and hygiene in relation to pets

It is important to be aware of the health risks associated with pets.

Cats: Scratches and bites which can cause Toxic Plasmosis.
Dogs: Campyloctacter or Toxocarid Canis infection.
Parrots: Psittacosis.

Dogs and cats should be wormed and given regular flea treatment, with all vaccinations kept up-to-date and supported by a certificate or letter from the vet.

All outside areas should be kept clean of fouling and, where cats are kept, babies should be protected by using a net on cots, prams or pushchairs. If a dog or other pet injures a child, the carer must:

- remove the animal from the house;
- give the child first aid and seek medical attention immediately;
- notify the child's social worker and supervising social worker immediately.

Physical environment

National Minimum Standard 10 – Outcome: children live in foster homes that provide adequate space, to a suitable standard; the child enjoys access to a range of activities which promote her/his development.

It is important that children and young people live in a foster home which has enough space, is clean, warm, adequately furnished, decorated and in good order throughout. The rooms need to be kept at a good standard of cleanliness and hygiene with any avoidable hazards removed. Where appropriate, suitable aids, adaptations and safety measures should be used or fitted to ensure optimum safety in your home.

You will already know that the physical environment of your home was checked as part of your Form F assessment. You are likely to be asked by the child's social worker and the supervising social worker on occasion for them to see the whole house and the child's bedroom particularly; this could be during supervising social worker supervision visits, unannounced visits, child's social work visits and at the foster carer annual review.

Attention to safety in the home environment includes any vehicles used by the foster carer to transport foster children. It is important that your car has an up to date MOT and business insurance at all times. If car seats or boosters are required then they must be correctly fitted specifically for your car.

Placement information record

The child's placement agreement record sets out the agreed arrangements for the care of the individual child you care for. It also serves as a confirmation of what is expected from the foster carers and Children, Families and Community Health services and what has been agreed with the child's parent. Different requirements apply when a child is placed in an emergency. The placement information record will cover: essential information necessary to care for the child, for example:

- The arrangements for the child.
- The objectives of the placement.
- The child's personal history, religion, cultural and linguistic background and racial origin.
- The child's state of health and any need for health care and surveillance.
- The child's educational needs.
- Placement matching-additional needs/issues.
- Placement risk assessment.
- Need for extra support for carer.
- Authority for school trips/staying outside the foster home.
- Arrangements for the financial support of the child during placement.
- Arrangements for delegating medical consent for examination and treatment of the child.
- The circumstances in which it is necessary to obtain the approval for the child to live, even temporarily, away from the foster carer's home.
- The arrangements of the social worker visits and reviews of the child's progress.
- The arrangements for the child to family time with parents and others.
- Compliance by the foster carer with the terms of the child information record and the carer's co-operation with any arrangements made by the responsible authority for the child.

Placements (Homes for Children)

National Minimum Standard 15 – Outcome: the fostering service has the information and support from the fostering service which it needs to facilitate an appropriate match and between the carer and child; capable of meeting the child's need; so, maximising the likelihood of a stable placement.

Social workers from the operational teams will ensure sufficient information is provided to enable an appropriate match to be made with the child/young person and carer. They will be responsible for completing the 'Matching Assessment' which will provide at least basic information, including:

- child/young person's background;
- reasons for requiring care;
- legal status;
- preferred location of placement;
- educational needs;

- health needs;
- significant behaviour;
- contact arrangements;
- child's ethnic identity – cultural, religious and linguistic needs;
- any other placement needs;
- leisure activities;
- potential placement risk assessment;

If a foster family are proposed as a match to care for a child and they already have an existing child in their care, the Fostering team duty worker will inform and seek approval from that child's social worker or their line manager. The Fostering team duty worker will discuss the potential home with the carer's supervising social worker or their line manager.

The child's social worker and supervising social worker will ensure that the carer is provided with initial information; taking care of practical needs to ensure they are able to meet the needs of the child, until the placement information record and delegation of responsibility form has been agreed.

If the matched foster family's approval does not meet the needs of the child then it is the responsibility of the supervising social worker to complete the exemptions and variations documentation and to obtain approval from the agency decision maker. Depending on the length of the placement it may be necessary to seek recommendation for a change of approval from the next Fostering panel. If there are any other gaps in relation to matching, these will be discussed at the placement agreement meeting.

Planned placement

- It will be the responsibility of the child's social worker to provide detailed information on the child(ren) and conditions of placement required by completing the Matching Assessment exemplar.
- The Fostering team duty worker will collate information and reports and identify vacancies on the daily availability register.
- The Fostering team duty worker will discuss with the child's social worker details of possible matches and organise visits to prospective carers within the timeframe, where possible.
- The child's social worker will discuss the match with the carer's supervising social worker and may refer to the most recent assessment on the proposed foster carers.
- The child's social worker will be responsible for ensuring that, when practical, each child is consulted about the fostering options available and, if possible, have at least one introductory visit to the carer before they move in
- The Fostering team duty worker will ensure that each child/young person is carefully matched with a carer and any other children in the home and is capable of meeting

his/her assessed and actual needs as presented by the child's social worker. Any shortfalls will be shared with the child's social worker and foster carer. Arrangements to address identified gaps will be taken and raised at the placement agreement meeting.

- Prior to the child moving in the foster carer should be provided with all the information that the fostering services has to enable them to care for the child. It is the responsibility of the supervising social worker to follow up on any gaps in the information.
- Once placed, a child should not be moved if you are willing and able to continue to care for the child, unless it is their best interest and decided through the child's care planning process (unless in an emergency). The child's wishes and feelings must always be taken into account.

Expectations of carers

National Minimum Standard 11 details the expectations of preparing for a placement.

One of the most important aspects of preparing for a child to come to live in your home is recognising how difficult, overwhelming or scary it may be for the child. Welcoming the child in a planned and sensitive way so that he or she feels valued and safe is vital.

It is important the you show the child around your house, explain house rules and develop a safe caring agreement with them – this will need to be written down although not necessarily immediately. The child needs to understand what is expected of him/her and what she/he can expect of you. And it is fundamental that the child feels that they are treated in the same way as all/any other children living with you.

Play and toys

Play is vital to any child's development; it is one of the ways that young children learn and are stimulated to develop their intellectual skills. Play needs objects, space, time and companionship. In a child's early years, they are hopefully stimulated and encouraged by their parents and family members. As they grow older, they are more reliant on their peer group. Children will use their imagination to fill many gaps in equipment and their creativity is stimulated as they exchange ideas with others. Some children who are placed in foster care may not have experienced any positive stimulation or encouragement. Such children may have little or no incentive to explore or to play; they do not see their world as an interesting place where fun is enjoyed and skills can develop. Their understanding of the physical world is limited, compared with their peer group and the child does not know how to relate to people appropriately or conform to expected behaviour.

Research has shown that by giving disadvantaged pre-school children a one-to-one relationship for play, affection and conversation, even for short periods every day, can make all the difference to their future performance at school.

You have a very important opportunity to help children in your care through conversation and play. It does not need expensive toys or equipment to stimulate a child/child; often simple household items can encourage a child to use their imagination. For many children, what is most important is that they are given the attention they have previously lacked and they are encouraged to play and learn and develop through play. If you are unsure in this area, or you feel that a child may need some special toys or equipment, then please discuss this with your supervising social worker.

Pocket money

In order to learn about money and to develop a sense of self-worth, children in foster care need to be provided with regular pocket money. The arrangements for this should be in line with any other arrangements you have with children living in your home, however, it may be necessary to make some specific arrangements for some children. It is expected that pocket money will be discussed in the placement planning meeting and agreed within the delegated authority document.

There is also an expectation that each child has an opportunity to save money and you are key in achieving this. The amount, purpose and method of saving will vary according to the age, nature and needs of the placement – again this should be discussed as part of the delegated authority.

Police interviews

If the police ask to interview a child who you care for, you need to speak with the child's social worker or your supervising social worker.

You should not perform the role of representing a child or young person in police interviews unless you have completed the 'appropriate adult' training.

Private fostering

This applies when children under the age of 16 (18 if disabled) are placed by their parents for more than 28 days with a family not related to them and by private arrangement. The carer, parent or any other person involved in the arrangement has a duty to inform the local authority of the proposed placement.

Local authorities have to be satisfied that the welfare of such children in their area is being safeguarded and promoted.

Requirement can be placed on carers who are also restricted to the usual fostering limit. If a person or their premises are found unsuitable, they can be disqualified from acting as private foster carers

It is the duty of the parent, private foster carer or anyone who is aware of a private fostering arrangement, to notify Children's Services of the arrangement so that assessments can be undertaken.

Further information is available at [Private fostering | Swindon Borough Council](#)

Racism

Each individual will have a different understanding, awareness, experience and attitude about racism. However, as foster carers of black/minority ethnic children it is important to be able to recognise racism and to be able to distinguish between different types of racism. This is vital if you are to effectively challenge racism to benefit and protect the global majority children we care for. It is important to understand what exactly constitutes racism and similarly, understand labels associated with people of colour.

Everyone working with the children we care for, including foster carers, social workers and managers, has a responsibility to actively promote racial equality and inclusion, and plays a vital role in challenging injustice. Being aware of the impact of discrimination and inequality, and developing the knowledge, skills and confidence to tackle racism can shape good practice to make sure that everyone involved in fostering feels supported, valued and empowered.

Race discrimination is illegal in the UK yet many children and young people in foster care, the families caring for them, the social workers supporting them, and others in the team around the child are affected by the deep-rooted racial inequality and prejudice that exists in our society. To make foster care the very best it can be, and to enable every child and young person to reach their full potential, everyone involved in fostering needs to recognise that racial discrimination exists and take proactive steps to challenge, embed and champion anti-racist practice

Records

Records - Foster Carer

Swindon Fostering Service maintains a register of all foster carers approved by the authority. Every approved foster carer has a file, which is kept and maintained by the Fostering Team. You are entitled to have access to your file and can make a subject access request at any time.

When your approval as a Swindon Council foster carer ends, your file is kept for. A minimum of 10 years EXCEPT where fostering record pertains to child in which case 75 years or if child dies before attaining age of 18, for 15 years beginning with date of child's death

All records on the fostering file are the property of Swindon Fostering Service.

Records are kept by Children's Services on every child in foster care and every foster family. These records are separate from the records that foster carers are asked to keep.

More information can be found at [Make a Subject Access Request | Swindon Borough Council](#)

A record is held of information about foster carers, which will include a copy of their approval report and all relevant checks and references and foster carer reviews. There will also be a record of all the children placed with the foster carers together with:

- details of all visits and actions involving the carers;
- correspondence, including panel and terms and conditions letters;
- training courses completed and any non-attendance;
- foster carer profiles that are retained on an electronic file to enable them to be copied to relevant social workers to share with a child before visiting a foster home.
- Contact your supervising social worker about access to records if you would be interested in seeing your file.

Records – the child

All children who are care for by Children's Services will have a complete set of records which will be kept up-to-date by the child's social worker.

When a child is placed with a foster carer, the carer should receive a copy of the child care plan from the child's social worker. As the placement progresses the foster carer will receive copies of reviews they have attended regarding the child. Copies of all these documents should be kept as part of the child's records.

Record keeping

Foster carers should keep a daily record of the child/children who they care for. It does not have to be a long document; a diary of short precise notes will be sufficient. It is important to keep a record of any significant events and behaviour for a number of reasons. Some are suggested below:

Recording the behaviour of a child - including the dates any particular incidents - of positive and negative behaviour could help to identify a behaviour pattern. A diary can help to monitor a child's progress; it will help to record the child's life in foster care and aid in the completion of their life story work.

A diary of events, health and education appointments/visits and incidents can help a foster carer to remember, at a later date, things that have happened, for example an accident to the child, failure to attend a contact visit, medication given and why etc.

An accurate diary can help decision-making at children we care for reviews, planning meetings and case conferences. They can be directly used in court proceedings.

A Separate incident sheet should be completed if there is significant incident relating to the child e.g. an accident, a disclosure of abuse

A diary of incidents can support a foster carer's application for additional support.

A diary can reduce the risk to you and your family if a complaint or allegation is made against you, particularly if the complaint is made a long time after the event.

In summary, write it down and then you will not forget. It can be short, but note the time, the date and names, because that may be important later.

The UK National Minimum Standards 2011 for Foster Care, Standard 26 says that:

Each authority has a written policy on case recording which establishes the purpose, format and contents of files and the means of safely storing them; all records are retained for a minimum period statutorily required.

An individual case record is maintained for each child in foster care; this is maintained separately from both the family's and the foster carer's records.

The child, her or his parents and the foster carer know the nature of the records maintained, the arrangements for their safe storage and confidentiality, and which records they may access and the procedures involved.

The ethnic, religious, cultural and linguistic background of each child in foster care is accurately recorded, as are details of any disability and other information related to the child's identity; the child's care plan and any placement agreement include proposals for necessary support work in these areas and record progress.

The child's social worker, in consultation with the foster carer and the child's family, ensures information about the child's past and heritage is conveyed to the child in a manner sensitive to his or her age, understanding, needs, feelings and circumstances; appropriate support is available to help the child deal with this information.

The child, her or his family and foster carer know why the child is in foster care and understand the basis for the current placement, its intended duration and purpose, and the details of the child's legal status.

The child's social worker has received training in case recording; this should include consideration of the child's achievements and development which should be recorded for her or his later use and information.

Case records distinguish between fact, opinion and third-party information.

Case records include the wishes and views expressed by the child and evidence exists to show that these have been taken into account when decisions are made.

Both the child's social worker and foster carer encourage the child to reflect on and understand her or his history, according to the child's age and ability and to keep appropriate memorabilia.

The carer has access to all relevant information to help the child come to terms with her or his past.

The carer is provided with the necessary training and equipment to record significant life events for the child, and to encourage the child to make such recordings.

In Swindon, all carers must keep an individual record on each child or young person placed with them.

Recruitment of foster carers

Swindon Council's Fostering Team is committed to the continued recruitment of foster carers. Foster carers can play an important role in the recruitment of other foster carers. Foster carers can take part in recruitment campaigns and are involved in preparation groups. Many people who become foster carers are initially referred to the Fostering Team by other foster carers, and the council now recognises this is a valuable source of recruitment. If you know somebody who may be interested in becoming a foster carer, the Fostering Team will be happy to speak to them. You could be eligible for up to £750 if you refer a friend to us. Please speak to your supervising social worker for more details.

Religion

It is important for a child's identity and possible reunification with his/her birth family that a child's religious practices and beliefs are represented during a period of separation from their birth family. Foster carers cannot change a child's religion. Although you may not have strong religious convictions, the foster child or his/her birth family may have. Under these circumstances it is part of your role to encourage the child placed with you to practise their religion. Alternatively, you may have strong religious beliefs, but the foster child and their family do not. It would be inappropriate to insist that the foster child observes your religious practices. If you are unsure about

a child's religious practices, speak to the child's social worker or we may need to clarify the position with the child's birth family.

Issues about the religious beliefs of the child/young person should be addressed in the written information record and agreed and understood by all, including the child/young person, their family, the foster carers and the child's allocated social worker.

Request for a fostering placement

Deciding to accept a child

Initially you may be contacted by the Fostering team duty worker or your Supervising Social Worker to ask if you are willing to care for a child in your home. You should be given whatever information you need about the child that is necessary to enable you to make an informed decision.

You are under no obligation to accept a child and it is your decision whether or not to agree to care for a child. At the time of the request, take into account your own family situation, for example abilities, family plans, needs, space, finance, the effect on family relationships etc.

The child's social worker will contact you with further details if you decide that you wish to be considered to care for a child. Some of the information received is also useful in preparing your family to welcome the child into your home.

Remember to ask

When you are contacted about a possible placement for a child these are some of the questions it may be useful to ask:

- What is the child's full name – what do they like to be called?
- What is the child's age, sex, religion, race, language? Does the child have any disability, dietary, religious, cultural or linguistic needs?
- What is the child's legal status?
- Why is the child being cared for by the local authority?
- What is the child's lived experience? Do they present with any challenging behaviours?
- What is the plan for the child?
- Is it an emergency or planned placement?
- How long is the placement expected to last?
- What is the family situation?
- Where are the parent/s, brothers and sisters or other people who are important to the child? Could they present any difficulties/risks?
- Will the parent/s or other family members visit or have contact? How often? Where will it take place; does it have to be supervised? If so, why?

- Is the child in good health; has the child had a health assessment? Does the child have any allergies or medical needs? Who will give medical consent?
- What school is the child attending? Are there any problems? Are there any plans to change schools? How will the child get to school?
- How does the child get on with other children? Are there any potential risks from the child/young person's behaviour?
- Does the child like animals?
- Who will bring the child and with what clothes and belongings?
- What equipment will you need that is available from the department?
- Has the child been cared for before?
- Is the child able to dress and feed herself/himself?
- Does the child have any special comforts or toys?
- Does the child use any special words?
- What is the child's usual bed time?
- Does the child have any disabilities? Does she have any special needs arising from this?
- What support will you need from the social workers and other community resources?

Preparation of the child

The social worker will discuss with the child why they are coming to live with you, how long it will last, what contact they will have with their family and friends and some things about their new home, school and neighbourhood.

The foster carer profile is an important introduction for the child/ young person to a potential carer and this should be shared with the child.

Where possible arrangements will be put in place so that the child can meet and talk to the foster carer before they move in to live with the Foster carer. The child's social worker is responsible for helping the child to understand the reasons why they are moving.

An emergency placement

Often children become cared for at very short notice, for example within hours of the request being made. These are known as emergency placements. There will not be time for really thorough preparation and the child may arrive at very short notice.

Children placed in an emergency may not understand why they are with you. They may appear to settle well initially, but may require additional support as they start to settle and make sense of what has happened.

Placement stability meetings and disruption meetings

Stability meetings:

The request for a Placement Stability Meeting can be made by the Foster Carer, the SSW or the child's SW and every effort will be made to arrange the meeting within two weeks of identifying the need. It is the joint responsibility of the SSW and the SW to make this happen.

The meeting should be carer led with the help of a chair person. Best practice would for a team manager from the social work team or the fostering team takes on this role.

It is intended:

- To hear and understand the child's wishes and feelings (it would be unusual for the child to be present at the meeting; it is the role of the social worker to represent the child's view)
- To demonstrate support for the carers and the child
- To enable parties to move on and not get stuck
- To share and acknowledge feelings rather than apportion blame
- To identify issues leading to the placement difficulties
- To agree the child and carer's current needs
- To address needs and acknowledge any that cannot be met
- To set time limits for action and dates for monitoring and reviewing progress
- To leave the door open for continuation or disruption

Copies of the minutes of the meeting should be forwarded promptly to all parties to the meeting with a copy to the Home Finding Team Manager (a member of the home finding team should be invited to attend).

Disruption meeting

A disruption meeting will be held in the following circumstances:

- Where a child was living in a long term fostering arrangement (including Connected Persons) or residential home, and the care arrangement breaks down;
- Where a child has had a number of short term or interim homes which have broken down.
-

The purpose is

- To enable participants to share information and feelings about the care arrangement and the disruption without attributing blame;
- To identify factors that have led to disruption To interpret the current needs of the child, the carers, the birth family and the agency or agencies;
- To formulate future plans for the child based on what has been learned from the disruption
- To highlight areas for development in policy and practice.

The Disruption meeting should take place within 5-10 weeks of the disruption but should take place once all involved have had the opportunity to reflect on the circumstances that led to the disruption.

It is important to strike a balance between a meeting taking place too soon, when there may be a lack of clarity about key issues and too late, when issues may have become cloudy or distorted and momentum for learning is lost.

A Disruption meeting would usually be agreed and convened by the child's Team Manager to be held between five to ten weeks (recommended by BAAF) following the disruption where this is not possible due to the availability of key attendees or other exceptional circumstances, this must be agreed by the Service Manager.

If a disruption occurs because of a specific event, for example the illness of the foster carer, it may be that there is limited value in holding a Disruption meeting. In these circumstances the child's social worker and supervising social worker should prepare a short report on the reasons for the placement ending and submit this to the Service Manager for Corporate Parenting for a decision as to whether a Disruption meeting should be held or not.

Disruption Meetings are not used as a substitute for other decision-making forums (i.e. children we care for reviewed or foster carer's reviews) though the contents of a Disruption meeting

Safer care

Safe care is an essential focus of fostering for Swindon Borough Council. The welfare and protection of children who live in foster care and that of the carer and their family are addressed through:

- A home health and safety check is carried out as part of the assessment of all Swindon Borough Council carers. This is reviewed at least annually at the foster carer annual review;
- Every foster carer must draw up a safer caring policy for their own home. This is monitored at the carer annual review;
- The safe care policy is reviewed and an individual safe care plan is adapted for each child in placement;
- All foster carers are required to adhere to Swindon Council's Fostering Smoking Policy. Each household will have an individual smoking policy that refers to the foster carers (where applicable) and the proposed practice for a placement who smokes.

Children are naturally inquisitive so you will have to strike a balance between encouraging a child's wishes to explore and preventing them from hurting themselves. Carers should check the safety of their home, which includes the width between

railings, banisters and balconies. Window locks or safety catches should be fitted to stop windows opening more than four inches.

Once children can crawl they can also climb, which means they are at risk from falling. You will need to move any furniture such as beds, sofas, chairs and large toys which might allow a child access to a window. Fit a safety gate at the top and bottom of the stairs; also use a gate to prevent small children from getting into the kitchen.

The kitchen can be a particular source of danger to young children. Hot water can scald a child up to 30 minutes after it has boiled. Hot drinks should be kept out of the reach of children. Flexes on kettles and other electric kitchen appliances should be short curly flexes and should not hang where a child can reach them. Avoid tablecloths; young children can easily pull hot food and drinks down on themselves by grabbing at a cloth.

When you are cooking it is better to keep young children out of the kitchen altogether; oven doors can become very hot to the touch. Always try to cook on the rear hobs of the cooker and keep pan handles turned away from the edge. Small children's skin is delicate and injuries caused by burns and scalds can be horrific.

You need to turn thermostats to below 49C to avoid scalds from hot water taps and when filling the bath, always run the cold water first.

Small children and toddlers appear to be compelled to run around at top speed, but their coordination rarely equals their speed. This makes them particularly vulnerable to falling into a fire. If you have an open fire, you should always use an appropriate fireguard for all fires whether they are solid fuel, electric or gas. In the event of a fire in the home, just a few seconds warning can make all the difference. You should fit smoke alarms on each floor in their homes – this should already have been discussed with you during the assessment process. The alarms should be checked on a weekly basis. You need to be prepared and have a fire escape plan should the worst ever happen.

If you have a gas boiler or gas appliances, you will need to have a carbon monoxide detector fitted.

Bath time can be fun, but it can also be a hazard for small children. Children can very quickly drown in just a few inches of water. Children under five-years-old should never be left unattended in the bath; do not assume that an older child is enough to supervise a smaller brother or sister.

Garden ponds and paddling pools can also be a hazard for children. Empty out paddling pools when not in use and cover or fence off ponds. Never leave children alone near a swimming pool or any open water.

By the time the average toddler is 18-months-old they can open containers and some children can open child resistant tops by the time they are three-years-old. You will

need to keep household and garden chemicals, medicines, alcohol and even cosmetics in a place where children cannot reach them - in a locked cupboard. You will need to be aware that when visiting other people's homes, they may not have taken the same precautions and children must be supervised at all times.

As toddlers and small children begin to develop, they want to experiment and explore the world they live in. You will want to encourage this natural curiosity and desire to learn but, as responsible adults, carers should minimise the risk of injury. Low glass doors and windows should be fitted with safety glass or replaced with hardboard. Keep tools and knives out of reach; prevent fingers being trapped by using door guards and use protectors on the corners of sharp furniture.

While most accidents to young children happen in the home, you should also take necessary steps to ensure a child's safety when outside the home. When travelling by car, the correct child seat must be used. Never use a rear facing seat in the front passenger seat if an air bag is fitted. Help children in and out of a car on to the pavement; use reins or a harness when taking toddlers out walking. Children should be introduced to road safety rules as soon as they are able to understand them.

Children's skin is delicate and can easily be burnt by the sun. Most children would like to spend a lot of time playing outside in the sun, but too much sun can cause skin damage and be a major risk factor for skin cancer in later life. It is advisable to keep children out of the sun between 11am and 3pm. Dress them in loose clothing; bright and deep rich colours give greater protection than bright white or pastel shades. The deep colours absorb the ultra-violet rays preventing them reaching the skin. Shirts and tops should have sleeves at least to the elbow. An upturned collar can help to protect the neck; a hat should also be worn.

When in the sun children should always wear a hat that has a wide brim and covers the back of the neck. Avoid a white underside to the brim as this reflects the sun on to the face. Baseball hats should also be avoided because they leave the neck and sides of the face and ears unprotected. Babies should be kept out of the sun at all times. When younger children are exposed to the sun apply a high factor protective sun cream or lotion, not oils. The higher the factor number, the greater the protection. Remember swimming and sweating washes away cream, so re-apply cream frequently. Carers should be especially careful at the seaside; white sand and water reflect the sun and increase sun burning, as do sea breezes.

Car seats

Children must normally use a child car seat until they're 12 years old or 135 centimetres tall, whichever comes first.

Children who are over 12 or more than 135cm tall must wear a seat belt.

More information can be found at: [Child car seats: the law: Using a child car seat or booster seat - GOV.UK](#)

Safe sleeping

The Lullaby Trust link provides up to date and good advice:

<http://www.lullabytrust.org.uk/?gclid=CPXOk5PNwswCFYEy0wodep8BTA>

School trips – please also see delegated authority section

The parental responsibility for a child who is subject to a Care Order rests with the Corporate Director of Children's Services and is delegated to the service manager for Corporate Parenting in Swindon or their foster carer.

For children, who are subject of a Care Order and are cared for by the local authority, the responsibility for signing for medical treatment, school trips, school admission papers and holidays rests with the service manager for Corporate Parenting. It is important before agreeing that a child should take part in an activity or trip it is agreed with their social worker and the consent form signed by the service manager.

For children, who are cared for under s.20 of the Children Act 1989, the parent must be asked to sign a delegated responsibilities agreement allowing foster carers to arrange for routine medical care, for example the dentist or attendance at the GP and in care medicals. However, for school trips, school role papers and hospital surgery the parent (person with parental responsibility) must sign.

Smoking and Vaping

As a result of the inherent dangers of passive smoking to all children, foster carer(s) who smoke must have a home smoking policy. Swindon Fostering Service's policy is that foster carers who smoke will not be considered for placements for children up to five years old.

Supervising social workers will give advice to foster carers and new applicants of the dangers of smoking and more particularly on the specific dangers of passive smoking to babies and children. The number of cigarettes applicants smoke will be recorded in their report, which is considered by the fostering panel. Although it may not prevent applicants being approved, they will not be considered to care for young children under five-years-old.

Fifteen per cent of the smoke from a cigarette is inhaled by the smoker, the rest goes into the surrounding air and other people breathe it in. Passive smoking is breathing in other people's tobacco smoke. If you have a health problem, such as asthma, chronic bronchitis or certain allergies, passive smoking can make it worse. Babies and children who cannot avoid smoke where they live and play are at particular risk. Babies

whose parents smoke are much more likely to be taken to hospital with chest related illness in their first year of life than the children of non-smokers.

Children with a parent who smokes have more chest, ear, nose and throat infections than non-smokers' children. In addition, the more cigarettes smoked at home, the greater the risk to the child. Children exposed to passive smoking are more likely to develop breathing problems as adults.

If a foster carer is a smoker, the department would advise that they smoke well away from children, outside the home (garden or yard); The children that we are caring for should be living in a smoke free environment. If you want to give up smoking and need help you can contact QUIT Helpline or ask your fostering social worker for information.

Swindon Borough Council Fostering Service stance on the use of e-cigarettes:

The Fostering Network considers that the current research evidence provides no compelling reasons for restricting the use of e-cigarettes. Therefore, foster carers should not be prevented from fostering or applying to foster because of their use of e-cigarettes. Nevertheless, we consider that good practice should be applied and therefore e-cigarettes should not be used in front of children and young people.

This policy statement applies until more evidence is gained about the effects of e-cigarette use on the smoking behaviour and health of children, young people and adults. It will be reviewed in 12 months' time. You can seek support/more information from:

QUIT
Helpline Agency
Freephone
0800 002 200

Social worker visits

When a child is placed with foster carers, the child's social worker should discuss the frequency and timing of future visits, which should be convenient for you and your family and which will enable the social worker to see the child alone and with the rest of the foster family (the Fostering Regulations require that on each visit, so far as is reasonably practicable, the child should be seen alone).

The child's social worker should visit you within the first week of the placement, then at intervals of not more than six weeks. However, any carer or child should feel able to request a visit from the social worker whenever they feel it is needed. If there is anything you wish to urgently discuss with the child's social worker you should request a visit and the social worker should respond promptly. The social worker's visit is an opportunity to discuss any significant information about the child.

Special guardianship

Special Guardianship is a way of providing a permanent, stable home for a child when they are unable to live with their birth parents. A Special Guardian is typically a family member, friend or someone connected to the child.

Special Guardianship can only be granted by a judge in a family court via a Special Guardianship Order (SGO). Becoming a Special Guardian gives that person overriding parental responsibility for a child (over any other people with parental responsibility) and the authority to make decisions in the best interests of that child

Application may be made as of right by:

- A guardian of the child who was appointed by the parent or special guardian to raise the child after they died
- A person who already has a child arrangements order (or a residence order) saying that the child should live with them
- A foster carer who is approved by children's services and who has had the child living with them for at least one year before applying for the special guardianship order
- A grandparent, aunt, uncle, sibling, stepparent who has had the child living with them for one year immediately before applying for the special guardianship order
- A person who the child has lived with for at least 3 out of the last 5 years up until 3 months before making the application
- A person who has the consent of:
 - Any person who has a child arrangements order saying the child should live with them (or a residence order)
 - Children's services if the child is already in care under a care order
 - In any other case, the consent of each person who has parental responsibility (usually the parents, but may also include stepparents, guardians, children's services)

Special Guardianship Orders can be varied or discharged. Local authorities must set up special guardianship support services.

For more information ask your supervising social worker or contact. The SGO post Order support on 01793 465700

Email -sgosupportduty@swindon.gov.uk

Staying Put

The staying put policy allows a young person who has been living with their foster carer just before their 18th birthday to continue living with them after they turn 18yrs.

A staying put arrangement is not the same as a foster placement. The young person staying put, who must be a former relevant child, is no longer a child who is cared for. They are a young adult and a care experienced young person. They are entitled to support as a care experienced young person and will be allocated a pathway advisor.

The foster carer is no longer acting in the capacity of foster carer for that young adult; they are their 'former foster carer'. The foster placement becomes a 'staying put arrangement' and is not governed by fostering services regulations.

The 'former foster carer' offering a staying put arrangement may at the same time be offering foster homes to children who are cared for.

For more detailed information about the financial and support offer to foster carers, please see the staying put policy for more information.

Substance Misuse

We know that some young people experiment with substances. At times this use can become problematic. If you have concerns that a young person you are caring for is misusing substances please discuss this with their social worker in the first instance.

You can also contact Uturn, the young person's substance misuse service for any advice or support. Uturn are a specialist service in Swindon who work with young people and their families.

Further information and contact details can be found at [Alcohol, drugs and substance abuse support for children and young people | Swindon Borough Council](#)

Here is a brief introduction to some of the substances that may be used by young people:

Cannabis – Class B

Cannabis is the most widely-used illegal drug in Britain, although the numbers of people using it are falling.

- Cannabis is naturally occurring - it is made from the cannabis plant.
- The main active chemical in it is tetrahydrocannabinol (or THC for short).
- THC is the ingredient in cannabis that can make the user feel very chilled out, happy and relaxed.

- THC can also make the user hallucinate, meaning that it can alter the senses, so that the user might see, hear or feel things in a different way to normal.
- Users feel relaxed and may have sharper sense of colours and sounds. Some feel urges to eat. If taken in food, effects can be stronger and harder to control.
Short-term risks: Impairs ability to concentrate and conduct complex tasks. Can lead to tiredness and lack of motivation.

Long term risks: Regular heavy use can lead to development or worsening of mental health problems including paranoia. Smoked with tobacco, it increases health risks associated with tobacco use and can lead to nicotine addiction. Very heavy use can lead to withdrawal symptoms. Can lead to heart and breathing problems.

Ecstasy/MDMA – Class A

Ecstasy (also known by its chemical name, MDMA) is often seen as the original designer drug because of its high-profile links to dance music culture in the late 80s and early 90s. Clubbers took ecstasy to feel energised, happy, to stay awake and to dance for hours. The effects take about half an hour to kick in and tend to last between 3 to 6 hours, followed by a gradual comedown.

The main effects and risks of ecstasy include:

- An energy buzz that makes people feel alert, alive, in tune with their surroundings, and with sounds and colours often experienced as more intense.
- Users often develop temporary feelings of love and affection for the people they're with and for the strangers around them.
- Short-term risks of ecstasy can include feeling anxious or getting panic attacks, and developing confused episodes, paranoia or even psychosis.
- Some people have been known to take another 'E' when they haven't yet felt the expected 'high' of their first 'E'. The danger then is that both Es kick in at once and you've got a double dose of effects to deal with.
- Short-term effects of use can include anxiety, panic attacks, confused episodes, paranoia and even psychosis.
- Physical side effects can include dilated pupils, a tingling feeling, tightening of the jaw muscles, raised body temperature and the heart beating faster.

Amphetamines (Speed/Base) – Class B

Speed/Base is the street name for the Class B drug amphetamine sulphate. Sometimes speed is used to refer to other types of amphetamines. Speed is generally a powder where Base is a putty like substance

Speed is a stimulant and people take 'speed' to keep them awake, energised and alert. Other key effects and risks of taking speed are:

- Feeling 'up', excited and chatty.

- People take it because it gives them the energy to do things for hours without getting tired, things like dancing, talking, and going out.
- It can make people overactive, agitated or even acutely psychotic (this is a mental state when you see or hear things which aren't there and have delusions).
- The high is generally followed by a long slow comedown, making the user feel really irritable and depressed.
- Speed puts a strain on the heart and can cause heart problems – some people have died from taking too much speed.
- Speed use can lead to agitation, panics or even a psychotic episode (this is a mental state when you see or hear things which aren't there and have delusions).

Cocaine – Class A

Powder cocaine (also called coke); freebase and crack are all forms of cocaine. They're all powerful stimulants, with short-lived effects – which mean that they temporarily speed up the way the mind and body work, but the effects are short-lived. Both 'freebase' cocaine (powder cocaine that's been prepared for smoking) and 'crack' cocaine (a 'rock' like form of cocaine) can be smoked. This means that they reach the brain very quickly, while snorted powder cocaine gets to the brain more slowly.

All types of cocaine are addictive, but by reaching the brain very quickly freebase or crack tend to have a much stronger effect and be more addictive than snorted powder cocaine. Injecting any form of cocaine will also reach the brain more quickly but this has serious additional risks, including damaging veins and spreading blood borne viruses, such as HIV and Hep C. It is very uncommon for young people to use crack.

Here are the main effects and risks of taking cocaine:

- It can make the user feel on top of the world, very confident, alert and awake, but some people can get over-confident, arrogant and aggressive and end up taking very careless risks.
- It raises the body's temperature, makes the heart beat faster and reduces the appetite.
- When the effects start to wear off, people experience a long 'comedown', when they feel depressed and run down. This crash can happen for days afterwards.

Mephedrone – Class B

Mephedrone is a stimulant drug belonging to the chemical family of the 'cathinone's' group of drugs. Cathinone's are a group of drugs related to amphetamine compounds like speed and ecstasy. It was originally sold over the internet as a 'legal' alternative to drugs like speed, ecstasy and cocaine. To get around the law, dealers often described mephedrone as plant food, research chemicals or bath salts, and not for human consumption. Mephedrone was made illegal in 2010.

The effect of mephedrone is often described as a mix between amphetamines, ecstasy and cocaine. The effects of mephedrone last for about an hour, but this can vary. It can make users feel alert, confident, talkative and euphoric and some people will temporarily feel strong affection for those around them. It can reduce the appetite, so users don't feel hungry and it can also cause anxiety and paranoid states in some

Legal Highs

New psychoactive substances, often known as so called 'legal highs', are substances designed to produce the same, or similar effects, to drugs such as cocaine and ecstasy, but are structurally different enough to avoid being controlled under the Misuse of Drugs Act. 'Legal highs' cannot be sold for human consumption so they are often sold as bath salts, research chemicals, plant food or advertised as 'not for human consumption' to get around the law.

There are thousands of names for different legal highs these can include 'Spice', 'Cherry Bomb', 'Annihilation', 'Purple Kush' and 'Lemon Kush' to name but a few.

More and more 'legal highs' are being researched to see what the dangers are and if they should be made illegal. Some drugs sold as 'legal highs' actually have been found to contain one or more substances that are, in fact, illegal.

Just the fact that a substance is sold as legal, doesn't mean that it's safe - we can't really be sure what's in a 'legal high' that's been bought, or what effect it's likely to have on the taker. 'Legal highs' include lots of different substances and what's in them can change and often the immediate effects can vary. There is the possibility of accidental overdosing as the strength of some substances is unknown.

The main effects and risks of almost all 'psychoactive' drugs, including 'legal highs', can be described using three main categories:

- Stimulants
- 'downers' or sedatives
- Psychedelics or hallucinogens.

Whilst drugs in each of the categories will have similarities in the kinds of effects they produce, they will have widely different strengths.

- Stimulant 'legal highs' act like amphetamines ('speed'), cocaine, or ecstasy, in that they can make you feel energised, physically active, fast-thinking, very chatty and euphoric.
- 'Downer' or sedative 'legal highs' act similar to benzodiazepines (drugs like diazepam or Valium), and like cannabis or GHB/GBL, in that they can make you feel euphoric, relaxed or sleepy and reduce inhibitions and concentration, making you feel forgetful, and can slow down your reactions.

- Psychedelic or hallucinogenic 'legal highs' act like LSD, magic mushrooms and ketamine. They create altered perceptions and can make you hallucinate (seeing and/or hearing things that aren't there). They can also induce feelings of euphoria, warmth, 'enlightenment' and being detached from the world around.

Legal highs also include substances like Nitrous Oxide (NOS). Nitrous oxide is a colourless gas. Some people say that it has a slightly sweet smell and taste. It is normally brought in pressured canisters, varying in size depending on what it will be used for. It may be sold in balloons from which you can inhale the gas.

For further information on any other substances then please contact:

Uturn,
Clarence House,
Euclid Street,
Swindon, SN1 2JH

Telephone: **01793 464662**
or email us at uturn@swindon.gov.uk

You can also obtain further information from the following websites:

www.talktofrank.com www.drugwise.org.uk

www.knowthescore.info

Support groups

Regular Foster Carer support groups are organised throughout the year. These are:

- Designed to allow foster carers to provide each other with mutual support and discuss issues and topics.
- Held during mornings, with an additional evening group arranged, to provide all carers with the opportunity to attend.

The Fostering Service values the purpose of support groups and requires all Foster Carers to attend a minimum of three per year. Support Groups are advertised through the monthly Foster Carer Newsletter and are bookable via the online learning platform, LearnForYou.

There are also regular foster carer events organised by Swindon Foster Care Association. With dates and venues published in its newsletter, these events give an opportunity to get together informally with other foster carers and their children.

Television

Children today are exposed to more violence, sexually explicit images and sexual violence on the screen than ever before. Television, videos, films and computer games, as well as the internet all provide scenes and images that can be considered unsuitable to children/young people.

Although research is not yet able to prove or disprove a link between violence or sexually explicit material and the subsequent behaviour of children, we believe it is the responsibility of all carers and parents to supervise children's access to screen images. There are no legal rules or specific departmental guidelines about what are acceptable levels of violence on the screen. This is partly because standards of what is acceptable change with time, and partly because children react differently to stories and images they see depending on their age and maturity. While it may be difficult to be precise about acceptable levels of screen violence, this is not the case with sexually explicit and sexually violent images, all of which are unsuitable viewing for children/young people.

Below are some things you can do to protect the children in your care:

- Follow the television watershed and film classification systems. Remember that these are only a guide. It is your responsibility to decide if material is suitable for children/young people.
- Check television guides, not only for the film classification but also for explanation of the classification, such as contains scenes of violence or contains scenes of a sexually explicit nature.
- Watch out for warnings that a programme may cause upset or distress. Consider the experiences and history of the child who is placed with you and be sensitive about what may be distressing for that child.
- If you are not sure about the suitability of a video, watch it yourself first.
- Don't leave unsuitable material around where children may see it and keep any unsuitable material locked in a safe place.

Termination of approval

When a person or couple are approved as foster carers the details and information about their approval status are kept on a register known as the Foster Carer Register.

If a foster carer is considering resigning they should in the first instance have this discussion with their Supervising Social Worker. Foster carers can always put their "intent to resign" in writing to the Fostering Manager so this can be explored in more detailed.

If a Foster Carer subsequently decides that she/he no longer wishes to foster, they should submit their resignation in writing to the fostering team manager. In accordance with Fostering regulations their approval will be terminated 28 days after the resignation was received. The Foster carers name will then be removed from the register. We are unable to accept a retraction of a resignation once it has been submitted.

In certain circumstances, it might be necessary for the fostering service or children's social work teams to initiate investigations that may lead to the decision to recommend to the Swindon Foster Panel that a foster carers approval is terminated; for example, if there were concerns about the standard of care being given by the foster carer. Any investigation must be handled fairly, quickly and consistently.

If termination of approval is being considered, then following any investigation, a review will be undertaken by the independent fostering reviewing officer. If this happens to you, you will be given every opportunity to express your views on the matter. The review will be presented to the fostering panel for their consideration – you will be invited to attend and given the opportunity to express your views at the panel.

If the Agency Decision Maker (ADM) is no longer satisfied, considering any recommendation from the Fostering Panel, that a foster carer or the household is suitable then s/he must:

- Give written notice to the foster carer that it proposes to terminate the approval with the reasons why and a copy of the recommendation made by the fostering panel, and
- Advise the foster carer that within 28 days of the date of the notice the foster care may submit any written representation s/he wishes to the fostering team manager or the service manager, or apply to the Secretary of State for a review by an independent review panel.

Training and development

Swindon Council's Fostering Service is committed to offering a high-quality fostering service. To achieve this, we endeavour to provide an extensive training programme for foster carers.

Introduction

Foster care is a difficult and demanding task. It is also a personalised one in comparison with other aspects of providing a service for children in the public arena. Foster carers will have initial and continuing, training and support. This is necessary to ensure that all children placed in foster care are given the quality and type of care they need and deserve, with carers who are equipped to understand and work to meet their needs.

Training is offered throughout the time that a foster carer remains approved with Swindon Borough Council. There is an expectation that you will attend all the training identified for you to develop and sustain the very best practice as a foster carer. All training will aim to enable foster carers to understand and respond to the needs of the children we care for in the context of a multi-cultural society and will ensure that

foster parents are encouraged to value diversity and develop a positive non-discriminatory approach to disadvantaged groups.

Foster carers will have an individualised personal development plan which should be regularly reviewed and updated. Foster carers will hold a copy of their PDP and will be responsible for keeping it updated. Carers should regularly discuss their training needs during their supervision with their Supervising Social worker

Induction standards:

The Training, Support and Development Standards ensure that those working in children's social care develop an appropriate knowledge and understanding of their role. Carers must be able to demonstrate that they will meet the standards within 12 months of their approval, 18 months for connected carers

Each of the seven standards contains a number of topics, or areas of knowledge and foster carers need to supply evidence that they have met them through a portfolio and work book that will be signed off by their supervising social worker.

Preparation training and the Form F assessment can be used as evidence of competency.

Usual fostering limit

Foster carers can only care for a maximum of three foster children, unless the children are from the same family; there are special circumstances when an 'exemption' may be given to enable you to care for more than three children. This could be more likely if there are two sets of brothers and sisters who live with you or where a child has a particular relationship with a foster family. While, in certain circumstances, they can be granted in an emergency situation all exemptions have to be presented to the fostering panel.

Exemptions and short-term approvals will be for the household and do expire when the child moves on. Following the panel recommendation and ratification, you will be given written notice of any change to the terms of your fostering agreement and the period to which it applies.

Welcoming a child to your home – some useful tips

All Swindon foster carers are requested to provide a profile of themselves as foster carers. This will include photographs of you, your family, your home and pets; together with a brief description of you as a family. This will be kept on a database in the Fostering Team and emailed to social workers of a prospective placement to introduce the child to you before any move.

Where possible, before moving into a foster home, the child/young person will be encouraged to visit and meet you and your family.

It is important that the child brings with them as many personal possessions as possible, for example toys, clothes, photographs and comforters and that they have their own personal space in your home.

The following information can be useful for helping the child adjust during the first few weeks. It can be gathered from the social worker, the child's parents or the child:

- Name by which the child likes to be called.
- Food – likes; dislikes; routine.
- Bedtime ritual; problems, for example fear of the dark, bedwetting, comforters.
- Clothing – favourite colours, style.
- Animals, likes and dislikes.
- Hobbies, for example music, drawing.
- Fears.
- Friends' names.
- Any cultural/religious needs, for example clothing, hair care, diet, skin care, attendance at religious ceremonies.

Settling in

It will help to make the child feel more secure, particularly during the first few weeks, if you can prepare some food they like and try to continue as much of their usual routine as possible, for example meal times, bathing, sleeping and clothing.

To help ease your foster child's adjustment to a new pattern of living, it is useful for you to make them aware of your family's routines.

Setting limits

Each family has its own everyday habits, routines and expectations, for example bed times, chores and meal times. These have evolved as your family has grown together and are taken for granted, but hardly ever spoken about and often go unrecognised. They will be unfamiliar and maybe even strange to your foster child. It is important to give clear messages about what is expected of them.

Each family has certain limits or rules that are not negotiable. They usually concern the safety and emotional well-being of the family, for example no swearing in the house. You will need to make your limits and rules clear to foster children and try to explain the reasons for them. Experience has shown that the fewer limits there are and the more clearly it is explained why they are there, the more likely it is that they will be taken seriously. There will need to be a safe care agreement written for each child who you care for – this is a good way of detailing what the rules and limits are and for the child to signing up to respecting these.

Youth Justice Service (YJS)

Swindon Youth Justice Service (YJS) is staffed by a multi-agency team working with children and young people who have involvement in the criminal justice system. The team includes officers from Wiltshire Police, The National Probation Service, Child and Adolescent Mental Health Services, as well as staff from Swindon Borough Council's Children's Social Care Services.

The team works closely with young people and their families to deliver out of court disposals and statutory court orders to help reduce the likelihood of re-offending. It helps victims of crime and where appropriate, includes them in the youth justice process to take part in a restorative justice programme.

YJS workers also provide intensive supervision and surveillance programmes for persistent young offenders and operate effective plans for preparing young people to return into the community from custody and reduce the risk of them re-offending.

The parenting worker provided by Swindon YJS offers practical support and advice to enhance the skills of parents and reduce the risk of their children offending or reoffending. This includes those receiving out of court disposals, supervision while on community-based court orders and the support of young people who had been sent to custody.

Foster Carer Diary Sheet



A Blank Diary
Sheet.docx