

# Foster Carers' Handbook 2023

A guide for carers in Swindon



## CONTENTS

	Page
• Welcome.....	5
• Values.....	6
• Foster Carers' Charter.....	7
• Guidance for Foster Carers.....	8
• Principles & Values of the Fostering Service.....	9
• These are the qualities of a successful Foster Carer from a child's point of view.....	11
A-Z Topics.....	12
• Access to Personal Files.....	12
• Accidents.....	12
• Accommodated and Looked After Status.....	12
• Adoption.....	13
• Allegations, Complaints and Concerns.....	13
• Complaints by children & young people in Placement.....	15
• Allowances.....	17
• Annual Foster Carer Review.....	17
• Anti-Discriminatory Policy.....	19
• Baby sitting and staying with friends.....	19
• Bed wetting.....	20
• Behaviour Management.....	20
• Belongings.....	21
• Benefits and Fostering.....	21
• Birth Certificate.....	22
• Bullying.....	22
• Care Planning, Placement and Case Review (England) Regulations 2010.....	23
• Carer representations and Complaints Procedures.....	23
• Case Conference.....	27
• Changes in circumstances – foster carers.....	29
• Changing a child's name.....	30
• Child Abuse.....	30
• Child Benefit.....	31
• Child Care Planning meetings.....	31
• Children's Guardian.....	31
• Child Protection Plan.....	32
• Children Act 1989.....	32
• Children in Need.....	33
• Child Sexual Exploitation.....	33
• Child Criminal Exploitation.....	34

• Court Orders and Police Protection.....	35
• Children & young people leaving care.....	36
• Children's Guide.....	44
• Children's Rights.....	45
• Confidentiality.....	47
• Connected Person Foster Carer.....	48
• Contact.....	48
• Corporal Punishment.....	50
• Court Attendance.....	50
• Culture and Language.....	51
• Data Protection Act 2018.....	51
• Delegated Authority.....	52
• Dinner money.....	53
• Disabilities.....	53
• Disabled Living Allowance.....	54
• Education.....	54
• Emergencies.....	61
• Equipment.....	61
• Finance.....	61
• Fire Safety.....	61
• First Aid & Medication.....	61
• First Aid Training.....	62
• Foster Carer Agreement.....	62
• Foster Carer Profile.....	62
• Fostering a child with a disability.....	63
• Kids United.....	65
• Foster Carer Supervision.....	66
• Fostering Network.....	67
• Foster Panel.....	67
• Hair Care.....	68
• Health & Wellbeing.....	69
• Holidays & outings in the UK.....	80
• Holidays Abroad.....	81
• Insurance.....	81
• Internet, social networking & communications.....	82
• Leisure Activities.....	83
• Lifestory Books.....	84
• Lifestory Work.....	85
• Listening to Children.....	85
• LGBTQ+ Foster Carers.....	86
• Mentoring Scheme.....	86
• Missing from foster care.....	87

## Swindon Borough Council Foster Carers' Handbook

• Mobile Phones.....	91
• Long-Term Fostering Placements.....	91
• Ofsted.....	92
• Out of Hours Support.....	93
• Parental Responsibility.....	93
• Pets.....	93
• Physical Environment.....	94
• Placement Information Record.....	95
• Placements.....	95
• Play & toys.....	97
• Pocket Money.....	98
• Police Interviews.....	98
• Private Fostering.....	99
• Racism.....	99
• Records.....	100
• Recruitment of Foster Carers.....	103
• Religion.....	103
• Request for a fostering placement.....	103
• Respite Care Policy.....	105
• Reviews.....	105
• Placement Stability Meetings and Disruption Meeting.....	107
• Safer Care.....	108
• School Trips.....	111
• Smoking & Vaping.....	111
• Social Workers visits.....	112
• Special Guardianship.....	113
• Staying Put Policy.....	113
• Substance Misuse.....	113
• Support Groups.....	118
• Television.....	119
• Termination of Approval.....	119
• Training and Development.....	120
• Usual Fostering Limits.....	121
• Welcoming a child to your home – useful tips.....	121
• Youth Offending Team (YOT).....	123
• Glossary and Definitions.....	129

### Appendices

• Foster Carer Diary Sheet.....	124
---------------------------------	-----

### 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 in care, 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 carers that so many children from Swindon can benefit from living with local foster families.

Successful placements 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 the changes and to know when and where to get help. In order to support you we have designed this handbook.

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 to get help.

Fostering is a huge subject and so although we have tried to include everything that is really important 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 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.

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

We hope that with the support of all 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 reach their optimum potential.

### VALUES

We all want the very best for the children we work and live with, that is why, we are totally committed to the values outlined within the National Minimum Standards 2011. These are the ones that you will have received a copy of when you were first visited by a member of the Recruitment Team, for those of you who are quite new to fostering and hopefully, others of you will have discussed them with your supervising social workers.

- 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 contact for looked after children, and of maintaining relationships with birth parents and the wider family, including siblings, halfsiblings 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 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 looked after child.

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.

In making placements, 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 placement 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 appropriated 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 of 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 his or her potential. Support their foster child to help them to counter possible bullying and discrimination as a result of their carer 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 agencies and with the parents. The role of the corporate parent is to act as the best possible parent for each child it looks after and to act by speaking out on their behalf, arranging for appropriate services to meet their needs and standing up for them and representing them as needed - to ensure they grow up in the best way possible.

Fostering services must ensure that the welfare, safety and individual needs of looked after children are central to the care provided by foster carers, so that each looked after child 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 looked after children 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 foster care 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 looked after children 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 looked after children 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 take 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 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 the council to offer a child or young person care, 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 return to the child's 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 placement which has been identified to meet their specific and assessed needs.

Wherever possible, this will be with friends or family, connected persons placement. Foster care must be a partnership between carers, social workers and the placing agency, all working together in the best interests of children and young people. Wherever possible, this partnership should extend to children or young people in care and their parents or interested relatives/friends

If a fostering placement is not possible or appropriate, adoption will be the preferred option to ensure that the child is offered legal security throughout their childhood.

Some children's needs will mean that they are offered support through permanent or long-term fostering; for others, care in a residential unit will be a positive option.

When Swindon Council looks after a child, its social worker will work in partnership with parents, the child, foster carers and other professionals from the range agencies to meet his or her needs. We will endeavour to ensure that children are only moved between placements in a planned and purposeful way.

Where young people remain in the council's care 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 looked after by the council.

**Principles:** The following principles are fundamental to all social work practice on behalf of looked after children.

- 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 looked after by the council.
- Children and young people have the right to continuity in their lives so that their identity can be maintained and developed, their physical and mental well-being promoted and their full potential achieved.
- Contact between looked after children, their parents and other members of their family will be encouraged and supported, unless there are reasons that such contact would not be in the child's interests.
- The aim of looking after 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 public care, will promote their health, education and involvement in constructive leisure, sporting and cultural activities.
- The plan for the care of every looked after child will be reviewed on a regular basis – no less than is required by the Children Act 1989.
- Every looked after child 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 placements.
- 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 and should be made aware of the procedures so they can exercise their right of challenge.

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 Swindon 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/data-protection-act-2018-0>

### Accidents

It really is important for you to keep records of any accidents, injuries, illnesses the child has and 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 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 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**.

### Accommodated and looked after care status

'Accommodated' and being 'looked after' are two legal terms which describe children who are in the care of the local authority. In both cases the children can be placed with foster carers.

A child who is being looked after is defined in Section 22 of the Children Act 1989 as ‘a child in the care of the local authority, under an Interim Care Order or Care Order, or a child who is being provided with accommodation by the authority for more than 24 hours, or on remand or away from home following an Emergency Protection Order.’

The act states that, if reasonably practical, a child should be placed with the person, who is connected with them, or found a carer near their home and remain placed with any brothers and sisters.

A child who is accommodated will normally not be the subject of a court order, but is looked after by the local authority with the consent of parents. This accommodation is provided on a voluntary basis and intended to be a service for parents and children to help them through a difficult time. The aim is to return the child/children to their family as soon as possible.

Young people over the age of 16-years-old can choose to remain in local authority accommodation against the wishes of someone with parental responsibility.

## 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](http://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 other areas of your care 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.
- When dealing with young people who are sexually aware, avoid situations where you are left alone and vulnerable.
- Discuss safe caring 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 looked after.

A child might make an 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 placement.

### **What can carers do to help prevent accusations 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 comfort from an adult without clinging to them;
- avoid tickling and wrestling games;
- children who are old enough should be able to bath and wash themselves;
- young children should be helped by carers of the same sex;
- carers should not walk around in their underwear or nightwear;
- all children in the house should have dressing gowns and slippers and should wear them when walking around 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 to avoid any suggestion of the child saying they were touched.

### **What happens if a child makes accusations of abuse against you?**

It is an unrealistic idea for you to believe “this can’t happen to me”. 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 or 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. 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 then that the carer’s support network needs to be contacted, to provide support and advice. Where allegations of abuse are made, it is likely that the police will be involved in the investigation. At this stage that foster carers may choose to seek legal advice.

If this ever happens to you it is important to keep written records as it is easy to forget details 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.

The most difficult situation happens when there is no clear conclusion either way. The foster carer is then left in a very unsatisfactory position, neither accused, found guilty, or completely exonerated - unless cleared it is unlikely that future placements will be made.

## **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.

### 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 off line from 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 / 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

- Some people will be attracted to fostering because it provides the opportunity to abuse children (especially sexual abuse).
- 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).
- Children, who have been abused, behaving in ways that appear to invite abuse because they may expect to be abused again.
- 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 placement 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 finance section 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".

The fostering services' provider must refer its report, of the foster carer's first review, to the authority's fostering panel.

In circumstances where the fostering service provider finds it necessary, for example following an allegation, standard of care concern or complaint investigation, a review may be referred to the fostering panel outside of the usual timescales.

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;
- Looked after children 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, 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 is any significant change 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 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 your approval process. The assessment report must include comments on your suitability to care for children in a 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 and where they include both black and white children, a family should be sought which can meet the needs of both 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 looked children 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. Looked after children 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 Looked after child, and that this is understood by all key parties and reviewed regularly.... foster carers should be given the maximum appropriate flexibility to take 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 looked after 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 information record meeting.

The placement information 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 with you 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 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 Children Looked After Designated Nurse based at the Lyndhurst 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 in the carer's or the child's best interest.

### **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 he/she is not perfect but is 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 a tantrum 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 the wrong messages. There is little point in threatening that which you cannot implement.
- Do not impose lengthy or disproportionate sanctions that will lose their effect/be difficult to manage.

### **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 when / if the child moves on. It is never acceptable to use dustbin bags or carrier bags etc.

### **Benefits and fostering**

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

For further information visit: [www.gov.uk](http://www.gov.uk)  
[www.direct.gov.uk/en/MoneyTaxAndBenefits/index.htm](http://www.direct.gov.uk/en/MoneyTaxAndBenefits/index.htm)  
[www.fostering.net](http://www.fostering.net)

## Birth certificate

All children's births should be registered and when they are 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 to 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 pointers 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 moody 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](http://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 looked after by a local authority in England, regardless of the type of placement they are in - whether, for example, a placement with a parent, with a local authority foster parent, in a children's home, or in other accommodation. This includes eligible children - children who are looked after by a local authority, are aged 16 or 17-years old and have been looked after 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 looked after children are responsive to the full range of children's needs and the outcomes for looked after children are improved.

### Impact of regulations

The timescales for convening looked after 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 looked after, and the circumstances when an additional looked after review may be convened have been amended, for example before a decision is taken to stop looking after a child.

There is a significantly extended role for independent reviewing officers, (IROs) giving them a more effective and independent oversight of children's cases, for example monitoring a child's case 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 new requirement that care plans must be prepared before a child's first placement, or, if it is not practicable to do so, within 10 working days of the child's first placement; and placement information records must be completed by the child's social worker within five working days of the child being placed, with a copy being forwarded to the home.

There is a new provision that a senior manager in the placing authority must be consulted before a child at Key Stage 4 (Years 10 or 11) moves from one placement to another

### 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 promote a child's welfare. The forum for making decisions about future plans for the child will be the Children Looked After (CLA) 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 make their point 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 looked after children.

### **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 as note previously in the section on complaints. Foster carers will understand that making a complaint should 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 will include incidents of 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 looked after children 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, Family and Community Health.

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 Looked After 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.

You 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 CLA review meetings. When you receive these you and the child need 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 looked after children. 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 looked after children 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 him/her.

### **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 the law lays down time limits for reviews to take place (see above). Additional review meetings should be arranged, if significant changes to plans are 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 your 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 placement 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 placements, for example when the foster placement 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 informed. Obviously, social workers should inform children and you 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 in placement. 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 yourself 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, and having the responsibility for looked after children on a day-to-day basis. They should be open and transparent in their dealing with you and should respect the fact that when they are visiting the child in placement they are guests in your family home. Understandably, there may be times when social workers might be late or cancel an appointment or seem harassed and inattentive when they arrive. 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 please 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. It is possible that circumstances, unknown to you, are affecting the social worker's performance. The team manager will listen to you and attempt to respond appropriately to your concern. 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, who 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. If the complaint involves the quality of service to a looked after child, you could also consider informing the service manager for looked after children of your concerns. 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 how concerns might be resolved.

There are many ways you are able to register a formal complaint with Children's, Families & Community Health. A complaint can be raised online via our website [www.swindon.gov.uk](http://www.swindon.gov.uk). 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 their 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 looked after children. 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 because of the conflict of interests involved. 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:

**Voice of the Child in Care Freephone**

**0808 800 5792**

Email: [info@vcc-uk.org](mailto:info@vcc-uk.org)

**Childline**

**Freephone 0800 1111**

Email [www.childline.org.uk](http://www.childline.org.uk)

You could also contact:

**Ofsted 4<sup>th</sup> Floor**

**Royal Exchange Buildings**

**St Ann's Square**

**Manchester M2 7LA**

**Tel: 08456 404040**

Email: [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)

**Case conference**

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 1<sup>st</sup> 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 Child Protection Chairs. The Child Protection Chair 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, has been placed 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 uneasy about attending a case conference, they should contact their supervising social worker.

### **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. This is done by scoring on a scale of 0 -10, where 0 is that professionals are very worried and 10 is things are OK. If the scores are 5 and below it is very likely the child

will have a child protection plan. 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. If the scores are 5 and above, the plan will be one of support to the child and their family.

4. Planning - based upon the decision, a child protection or support plan is outlined with you and all professionals, based upon the child's needs and the outcomes that are required.

Normally parents should be invited to attend the case conference. If the parents(s) have been excluded from a 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.

### **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 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 done.

## 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 placed 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 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 in a planned way involving the Children's

Assessment and Protection Team and through established child protection procedures. 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 benefit

You will not be entitled to claim or receive child benefit for the foster children living with you. However, if the child's status changes and the child is placed for adoption, the prospective adopters can claim child benefit.

## Child care planning meetings

All children being looked after by Swindon Borough Council must have a written plan which clearly states what plans will be made for them in the future – this is called a Care Plan. These plans will be regularly reviewed at looked after children reviews, chaired by an independent reviewing officer (IRO). The following are some of the people involved in making plans for a child's future:

- the child/young person;
- child's social worker;
- parents and other significant family members;
- foster carers;
- supervising social worker;
- residential social workers;
- education staff;
- medical advisors.

## 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 there 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. However, the guardian must tell the court any information that is relevant to the welfare of the children.

Although a guardian always considers the wishes and feelings of the children, their report will specify what they think is best and this may not be the same as what the child/ren want.

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

It is the court that decides what will happen, but the court takes careful notice of what the guardian says. If a court disagrees with what a children's guardian has recommended, it will explain why.

## **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 also in care.

You 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 Act 1989**



The Children Act 1989 came into force in October 1991. At the heart of the Children Act is the belief that:

- the best place for children to be looked after 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 care. A child in need is defined as: one whose health or development is likely to be 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)

Sexual exploitation is a form of sexual abuse that affects thousands of children and young people every year in the UK, when young people under 18 receive 'something' (Food, accommodation,

drugs, alcohol, cigarettes, affection, gifts, money) in exchange for performing, and/or others performing on them, sexual activities. It can happen to any young person from any background and affects boys and young men as well as girls and young women.

CSE can occur through the use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and /or economic or other resources.

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 present, this could be to a third party and not always to the child themselves.
- Sexual acts or the exchange of sexual images is present.

If you have concerns about a child you are caring for talk to the social worker or 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 you or a young person you care about is in immediate danger, dial 999.

## Child Criminal Exploitation (CCE)

Child criminal exploitation (CCE) is when children or young people are manipulated or coerced into committing crimes on behalf of criminal gangs or individuals. Historically these children have been criminalised and seen to be making a choice, however, we are starting to see a welcome shift in perception as seeing these young people as victims of their circumstances and of those who exploit them.

'County lines' is a term used to talk about gangs of drug dealers who operate a mobile phone remotely, sending texts to know addicts in the target city./ These are usually gangs from cities such as London, Liverpool and Manchester. These gangs force people – including children as young as 14 – to become street dealers and runners in target cities/towns.

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>

## Court orders & Police Protection

Under the Children Act legislation, court orders are to be used as a last resort. 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 of the case.

### Care Order

The court will make a Care Order if it believes that a child is suffering significant harm or is likely to suffer significant harm, or if the care being given is not what a parent should give, or the child is beyond the parent's control, if making the order will help the child.

The order will state that the local authority must look after the child and provide somewhere for him/her to live. A Care Order gives shared parental responsibility to the local authority and the child's parents. It lasts until the young person reaches the age of 18 years old, or until the child is adopted, or a Child Arrangement Order or Special

Guardianship Order is made, or the court discharges the order. It is presumed that under a Care Order the child/children will remain in contact with the family unless the court states otherwise.

### 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 during which time you would need to comply with directions given by the court if a child living with you was made subject to a CAO.

### Contact Order

This order directs that certain person/s should have contact with a child. It will also state how often that contact should take place and possibly what form the contact should take. A Contact Order lasts until the child/young person is 16 years old or until the court agrees it is no longer necessary. In exceptional circumstances, it may last until the young person is 18 years old.

### **Child Arrangement Order**

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 on a 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 concern the powers of the individual local Police forces 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**

### **Our Vision**

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

We will seek to provide looked after children with the support and help that they need to reach their potential during childhood and into adult life. We provide our looked after children with good quality placements 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 brought up in care, 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 care placement.

To do this we provide every young person aged between 16 and 25 who qualify for leaving care services with a social worker or Personal Advisor (all those under 18 will be allocated to a qualified social worker), who will provide support and guidance, and work with other agencies to help the young person gain access to wider support services. These may include services from adult social care and health services for care leavers who have learning difficulties or mental health problems.

### **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 leavers 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:

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

## Eligible young people are entitled to:

- All the normal services provided to a looked after child;
- A needs assessment;
- A pathway plan;
- A personal advisor.

Looked after children must not move from accommodation regulated under the Care Standards Act 2000 to other arrangements without a statutory review of their care plan chaired by their Independent Reviewing Officer (IRO).

## Relevant

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

- is a young person aged 16 or 17 who have left care
- previously looked after 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 Personal Advisor
- A needs assessment
- A pathway plan
- Provision of suitable accommodation
- Financial support/personal 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 - new duty now up to 25 years for PA support;
- either (b) has been a relevant child and would be one if he were under 18,
- or (c) immediately before he ceased to be looked after at age 18, was an eligible child.

## A Former Relevant young person is entitled to:

- A personal adviser
- A needs assessment
- A pathway plan
- Contact from the local authority
- Assistance to achieve the goals identified in the pathway plan concerning: - Education
- Training Employment General advice, support and assistance
- Vacation accommodation for higher education or residential further education if needed.

## 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 looked after immediately before the making of the order.
- Became looked after over the age of 16 and do 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 leavers 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 personal adviser (PA) appointed by the local authority previously responsible for providing their leaving care support.

## 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 adult living.

Further requirements are imposed including the provision of written guidelines to carers in terms of what is expected of them in preparing children and young people for independent living ensuring 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 leavers have been identified in and supported by a substantial body of research findings. In summary, these are to:

- Provide stable placements, continuity of carers and the maintenance, wherever possible, of positive links whilst young people are 'in care'
- Look after 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 leaving care to fulfil their potential and aspirations in education, training and employment.
- Ensure young people leaving care 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 leavers in the event of a crisis, including arrangements for respite care.
- Provide or enable on-going personal support. This may include specialist leaving care scheme support, support by carers and social workers, and support by mentors or volunteers.
- Ensure that young people leaving care receive their full entitlements to welfare benefits, where they are entitled to claim.
- Involve young people in all assessment, planning, review and decision-making for leaving care.
- Inform young people leaving care of the available services—including the provision of accessible leaving care guides—and of their right to access their own records.
- Monitor and evaluate the outcomes of the above.

While each young person placed with a foster carer is a unique individual with their own specific needs, all share some common characteristics.

These include the facts that all will grow and develop from childhood to adulthood and all will leave the care system. While these are shared characteristics, the implications for each young person will depend on many factors and could be dramatically different from one young person to the next.

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 with severe learning disabilities 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.



Young people placed with our carers also share the common characteristic that case responsibility remains with the placing authority. Our carers and staff share a duty to plan for the young person's care in partnership with others including the young person.

Whenever a child or young person becomes looked after, social workers should be planning from the outset for their eventual discharge 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. 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 Personal Adviser**

The key roles of the Personal Adviser are:-

- To provide advice (including practical advice) and support
- To participate in developing pathway plans going forward as the assessment will have been done at 15 ½ years.
- 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 leavers' progress and wellbeing
- To co-ordinate the provision of services and take reasonable steps so that care leavers make use of services
- To keep full, accurate and up to date records of contacts with the care leaver and services provided.

### **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 looking after them and when they have ceased to look after them.

The needs assessment will then 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 looked after child, 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 required under the 2000 Act.

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 timetable for the actions required to do so.

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

The 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 this.

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

For looked after children, the Pathway Plan will complement and be part of the Care Plan.

The Pathway Plan will, however, 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 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 ambitions as well as 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 personal adviser how the local authority will help 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 and will be in place beyond that where the young person is in a programme of education or training which takes them past that age.

The new duty to provide support to young people up to the age of 25 regardless of being in education is now in place and it is deemed good practice to complete a pathway plan but is not essential. Qualifying young people require a plan of support but again this does not have to follow the pathway plan format but we consider it good practice to do so.

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

- The nature and level of contact and personal support to be provided, and by whom, to the young person.

- Details of the accommodation the young person is to occupy.
- A detailed plan for the education or training of the young person.
- How the responsible 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 personal 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 take them as they arise.

Carers should also be mindful of the need to avoid putting too much pressure on the child, while at the same time ensuring that the child is encouraged to meet achievable challenges 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 looked after children 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.

Each social work team has been issued with copies of the guide so they can be shared and given to children and young people before they come into care. 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 is placed and these are also given to the social work teams so that they can give out to children who are not placed with in-house carers.

Confirmation that the child or young person has received a guide is monitored by independent reviewing officers at the child's first LAC 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 over them - 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.

Nevertheless, children do have certain legally enforceable rights and many more moral claims against being excluded on the grounds of age.

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 the Children Act 1989, which is based on the 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 is 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 1989 Children Act

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 will want to experiment and may well 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 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 looked after have educational difficulties and special needs, some of which can lead them to be excluded from school. This does not mean that their rights to education are forfeited - but it probably means that there will be difficulties in securing a return to the same, or an alternative, school.

The support of the virtual head and her team should be sought if a child has any such difficulties.

All children have the right to receive basic health care from birth and the 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 required to have 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 looked after child'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 their self. This does not mean that the adults are duty bound to carry out his or her wishes but that they must be considered and 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, perhaps, a children's guardian to represent his or her best interests. In reviews, they may request help from an independent visitor

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 children in care have that right. Few of them ever 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

without having to make a formal complaint. 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 them respect the rights of a foster carer 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. During their early years, the rights of many children will have been ignored or worse and their experiences of foster care can be invaluable in helping them to overcome this.

## **Confidentiality**

When a child is placed, 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 strict 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 looking after 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 in your care 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's case 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 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 placement 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 less likely to reject a child if difficulties arise.

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 with whom to place a child because of this pre-existing connection.

### Contact

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

Contact with birth parents and significant people has a fundamental role in 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 contact between children who are looked after, their parents, relatives and other people who are important to the child.

Although you have a responsibility to promote contact, guidance on good practice clearly states that this is a team effort and the local authority has a duty to ensure that you 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 you 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 contact, which should be coordinated by the child's social worker, including frequency, location and the supervision required.

Contact is particularly important for children and young people who are at risk of losing their sense of identity with 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. Where this is not possible or appropriate, research also suggests that contact enhances children's sense of identity, as well as avoiding disruptions in foster placements. It is not unusual for children to ask to have contact with relatives and friends they may have lost touch with before being looked after. 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. Contact 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 contact can have its difficulties. In some circumstances it may be clear that contact will not benefit children or could be damaging depending on the risks involved. This, however, is unusual and family law courts have the power to restrict contact if they decide it is not in the child's best interests.

Contact can also cause distress for children and you will often be the person who has to deal with this when a child feels confused or disappointed. This can be emotionally difficult especially dealing with the sense of frustration about the family letting the child down, but there are many possible reasons why parents and family members find contact stressful. They may feel guilty or angry that their children are being looked after in foster care. Children are often placed in an emergency when the family is experiencing overwhelming problems 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 resent having to comply with plans they don't fully agree with.

Parents and relatives can also worry that you will take their place in the child's life and affection and they may have heard in the media about foster carers wanting to keep their fostered children. Parents may also feel they have failed their children, 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 problems that can result is often hard to manage, but understanding the parents' experience can help to make sense of the situation for the child, as well as the family. Planning meetings involving you before or shortly after the placement is made can help the parents deal with their fears and clarify how arrangements can work best for the child.

You can also make invaluable contributions to the plans for children by recording the behaviour of children in relation to contact. This may identify patterns that can contribute to decision-making, which may otherwise go unnoticed. It is also important that the issue of contact is 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 you to help with contact, either in your 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.

## Corporal punishment

Swindon Borough Council does not accept the use of corporal punishment in a foster carer's home. This means that a foster carer should **never** physically chastise a child in their care. Many of the children being looked after by the local authority have suffered injury and physical abuse, so physical punishment merely reinforces the belief that adults hurt children. It is our belief that corporal punishment is not an appropriate method of changing a child's behaviour; it will merely teach a child what is not desired, not what is acceptable.

Corporal punishment tends only to work when the threat of further punishment is present and the child will quickly learn how to avoid punishment, rather than how to behave in an acceptable way. Everybody can get angry or irritated with a child at some time and although this is understood it is never acceptable for you to take out your feelings on a child you are fostering.

If you feel yourself becoming angry with a baby, then place them somewhere safe and leave the room until you have calmed down. With older children, removing yourself means the child no longer has your attention and, in some cases, that in itself can be a punishment. If a child's behaviour is really annoying, try clapping your hands together as loudly as possible; the noise will distract the child and hopefully relieve your tension.

Try not to join in with the child's tantrums or take part in a shouting match. Instead consider ignoring their antics. If you cannot ignore the behaviour that is making you angry, then tell the child. 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 carer, friends, relatives or supervising social worker.

## Court attendance

In certain circumstances you may be requested to give evidence to the courts. Records kept you have during a placement 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 or 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; you will never have PR unless you 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 of the case 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 looking after. The Children Act 1989 Volume 2 Statutory Guidance on Care Planning, Placement and Case Review, which came into force on 1<sup>st</sup> 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 should 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 placements 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 for the delegation of authority in all cases. 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 looked after children. Looked after 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 looked after child to stay overnight with friends and to state this in the placement plan.

There may sometimes be exceptional reasons that require you 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 looked after child 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 with you 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.

## **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 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 in which case this service is available to them as well.

## Disabled Living Allowance (DLA)

Please refer to the Foster Carers Financial Handbook

## Education

### 1. Introduction

Looked After Children may have experienced disrupted education due to changes in their placements. This will have a direct impact on their attainment and self-esteem.

You 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 a looked after child's life, you can help the child/young person develop an interest in lifelong learning and in achieving their potential and ambitions. The more supported a looked after 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 placement starts.

You will:

- Keep 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.

## 2. 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.

## 3. 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 and Young Peoples Service as corporate parents will not agree to any children being removed 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.

At Key stage 4 the Local authority has a duty to sign off a Placement Plan if it involves a change of school or to an out of area placement.

Where 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.

You will 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.

#### **4. 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.

#### **5. The Designated Teacher**

The Designated Teacher has a number of responsibilities:

- To be aware of Looked After Children in the school and to link to all relevant parties;
- To be the Champion for all Looked After Children and Young People;
- To maintain an overview of the progress of all Looked After Children and Young People 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 Looked After Children transfer between schools.

## **6. 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 Looked After Children. Importantly they should ensure that:

- Looked After Children 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 Children Looked after to understand what they are feeling and build their confidence.

## **7. The Special Educational Needs Coordinator (SENCO)**

The SENCO is a key person if the child has an identified an 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.

## **8. Educational Welfare Officer (EWO)**

(EWOs) are responsible for investigating cases, identified by the school of 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.

## **9. 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 Children Looked after 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.

### **10. The Virtual Head**

The Virtual School Head has responsibility for raising the attainment of Looked After Children. The concept of having a "head" with responsibility for Looked After Children came from Every Child Matters agenda.

The virtual head monitors the educational progress of all children in care being educated within their authority and those Children Looked After 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 in care to remove the barriers to their learning.

### **11. The Virtual School**

Education is a key priority for Looked After Children in Swindon. Improving educational outcomes for Looked After 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 Looked After 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 Looked After Children, including pre-school, primary, secondary education, and beyond.

### **12. Pupil Premium**

In order to support their role, Virtual Schools receive a Pupil Premium Plus (PP+) grant allocation of £2300 per looked after child, based on the number of children looked after for at least one day, aged 4 to 15 at 31st August, as recorded in the latest looked after children data return.

The Virtual School is responsible for managing the PP+ grant for currently children Looked After 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 looked after 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 £2300 per child.

### **13. Involvement in 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 looked after 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.

When a Looked After Child reaches 15 and 6 months, a referral should be made by the child's Social Worker to the Leaving Care Team (Action for Children) to enable the Pathway Planning process to begin. The Pathway Plan is put into place when they turn 16.

The Pathway Plan replaces the PEP. The Pathway Plan looks at the young person's education, training and employment needs. You will play a key role in pathway planning and review, advocacy and support in the same way as you contributed to the PEP. See Moving Towards Independence. You should help the young person to think about what's next and whether they want to stay in education or consider a placement.

#### **14. Support in Getting a Looked After Child back into Education**

If a young person is excluded from school for a fixed period it is the duty of the school to inform the carers and the reasons for the exclusion and the number of days the exclusion is for. If a child has an exclusion of more than 5 days, the responsibility for the first 5 days lies with the carer/parent for ensuring the child is properly cared for.

If the child is found in a public place without appropriate adult supervision the carer/parent will be subject to a penalty notice. From the 6th day it is the school's responsibility to provide full time education.

The school must then:

- Provide appropriate work for them to do at home;
- Look at how to prevent future exclusions;
- Provide you with the name of the contact person should you wish to appeal against the exclusion.

You should speak to the child's Social Worker if the child/young person receives a fixed or permanent exclusion as soon as possible.

### **15. If a Young Person Becomes Pregnant**

Becoming pregnant is not in itself a reason to stop attending school, nor to cease education. Where a young person becomes pregnant, the social worker must ensure that the young person remains in education if at all possible. This should be discussed with the young person taking into account their wishes and feelings. This should be discussed with the Designated Teacher for Looked After Children at the school to ensure an appropriate plan is in place.

### **16. Training for those Involved in the Care and Education of Looked After Children**

Under section 22 (3A) of the Children Act 1989, local authorities have a duty to promote the educational achievement of Looked After Children. Section 99 of the Children and Families Act 2014 requires an officer be appointed to take on this duty – this is sometimes referred to as a 'Virtual School Head' ('VSH'). The VSH should ensure that there are appropriate arrangements in place to meet the training needs of those responsible for promoting the educational achievement of Looked After Children. This includes carers, social workers, Designated Teachers and IROs.

The training will cover information about school admission arrangements; Special Educational Needs; attendance and exclusions; homework; choosing GCSE options; managing any challenging behaviour in relation to education; promoting positive educational and recreational activities and supporting children to be aspirational for their future education; training and employment, and the importance of listening to and taking account of the child's wishes and feelings about education and the PEP process. You should speak to your Supervising Social Worker about this.

You can access all educational documents in relation to Children looked after through the link below.

<https://www.gov.uk/topic/schools-colleges-childrens-services/looked-after-children/latest>

## Emergencies

If an emergency arises, for example if a child or young person placed with you 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 children, Families and Community Health know.

During normal working hours you should contact the child's social worker. If they are unavailable, ask to speak to his / team manager. If this is not possible speak to the duty social worker and / or 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.

## Finance

**Refer to the Foster Care Finance handbook**

## Fire Safety

This is an action arising from the CL and CLA partnership board. Please can you ensure that you reference that 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-is-safe-and-well/> <https://www.dwfire.org.uk/safety/safety-at-home/free-downloadable-leaflets/>

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 and give advice.

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.

You 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, administering rectal medication, tube feeding etc the following criteria should be met:

- The supervising social worker should do a risk assessment;
- the child's parents or someone who holds PR has given written consent;
- you are willing to do the task, know what it required and make detailed records;
- you 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 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 in placement 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 First Aid. They should also attend training updates as required. This is mandatory training for all foster carers, not simply 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 a perspective placement to introduce the child to the foster carer before any move

## **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 care for reasons other than concerns about the quality of parenting. Sometimes the demands are such that the parents may require a regular short break 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.

Some of these children have learning difficulties such as those with Down's syndrome whilst others may have been physically disabled from birth or have suffered an accident or injury that has resulted in them being disabled. A child with disabilities is therefore quite a vague term and will often be used to describe a child with a lot of 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 to be cared for 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 Integrated Services for Disabled Children Team who also will be managing the Home from Home Short Breaks Scheme by the end of 2018

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 a placement to a disabled child, this may involve you in heavy lifting. Discuss this with your Supervising Social Worker who will be able to advise you of any specific regulations.

Before a child is placed with a foster care, 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 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 cases 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 now part of the Paediatric Therapy Service, Services for Disabled Children Team, based at the Saltway Centre.

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 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

### **Short Breaks (The Home from Home Scheme)**



## Kids United

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 their 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 two active support groups for them here in Swindon called “Kids United” for ages 8 to 12 and “Inspiring Youths” for ages 12 to 17. There is an Acronym for Y.O.U.T.H.S.

Y – YOUTH  
O- ORGANISATION  
U – UNITED  
T – TOGETHER to  
H – HELP and  
S – SUPPORT

The children and young people came up with the names for the groups.

Kids United has been running since 2008 and Inspiring Youths since 2017. 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 approximately once a month, alternate between a support session or activity, chosen by the children and young people.

We have around 15 children and young people that attend regularly and great interest and enthusiasm has been shown by the groups. 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. If you have become friends with them, or just got used to having them around, you will naturally be sad to see them go:

1. Speak to your parents about being given information about the plan before and during placements 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 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 there are any difficulties with the placement to address. The Fostering Standards require that, at least once a year, an unannounced visit is made to the foster home.

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 placement. 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 placement 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 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 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 former looked after individuals, 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 information 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 have been neglected. 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 well-being and development of children placed with foster carers.

You 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 sought; they should also be encouraged and supported to understand their own health needs and, where appropriate, keep and take their own medication. You will be supported to carry this role by your supervising social worker, the child's social worker, the Designated Nurse and Specialist Nurse for children in care and the Designated Doctor for children in care.

All children and young people in foster care are 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 Dr or Health Visitor or 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 in placement with them 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 in care 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 placement 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 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 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 placed with them. 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.

### **Child development**

As a foster carer you should ensure you know and understand normal child development as well as understanding the impact of interrupted development or when developmental milestones are missed. Some of this is covered on the Skills to Foster training course as well as in some of the other training modules available.

### **Medical consent**

For all accommodated children in care under S20, 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 accommodated children 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 gives consent. However, for all children in care 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 all looked after children 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.

For accommodated children; if parents refuse consent, the local authority may have to apply to a court for leave to make an application for a Specific Issues Order under Section 8 of the Children's Act 1989, or apply for an Emergency Protection Order or a Child Assessment Order or care proceedings. Emergency treatment may be given in any event.

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.

A child placed in foster care must have a medical examination within 14 days from the date of placement. The request for the medical examination will be activated by the child's social worker. Children looked after can be examined by a looked after children's nurse, so this may not have to take place with the child's or foster carer's GP. 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 non-emergency 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 (see Accidents). 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 care health 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 (when appropriate) 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 looked after are given their own health book, which contains information, guidance and opportunity to maintain a personal record of their health.

As a care leaver a young person 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 in care 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/signs-and-symptoms-video>

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

**Emotional well being**

You have an important role in promoting the emotional well-being of the children in your care. Key to this is providing a safe secure home where the child feels valued and listened too. 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 as decide if a child needs extra support.

Some children require extra support to manage their emotional difficulties. They can be referred to Child and Adolescent Mental Health Services (CAMHS). If you feel that a child in your care 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](http://www.youngminds.org.uk)

### Health Promotion

Foster Carers have an important role in promoting and encouraging healthy lifestyles. Many children when they come into care have poor diets or smoke or use drugs and alcohol or neglect their health through poor hygiene or self-harm. The Designated Nurse and Specialist Nurse for Children in Care 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](http://www.nhs.uk)

### Smoking

Foster carers must not smoke in front of children they care for, see section on smoking. 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](mailto:besmokefree@swindon.gov.uk)

### HIV/AIDS and Hepatitis

When children and young people first enter the care system, 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, for example sex workers or drug users may indicate that they are at risk of carrying HIV or Hepatitis, but this may not be apparent at the point of placement.

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 no cure currently 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. Some children will have a restricted diet and be reluctant to try new foods. There has been an increase in the number of children coming into care who are obese or very obese due to their poor diet before coming into care so a healthy diet and encouraging exercise very important.

Rarely children in care 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 is 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 suggest a problem:

- Regularly skipping meals and obsessively counting calories.
- Eating only low-calorie food.
- Avid interest in buying or cooking food for others.
- Wearing very loose clothes to hide the 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.

### **Eating disorders**

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 usually should not be a cause for concern. Some eating problems are serious and can have a damaging effect on physical and emotional health. The most common of these eating disorders are Anorexia, Bulimia and Compulsive Eating Disorder.

#### **Anorexia Nervosa:**

People who suffer from Anorexia Nervosa have an extreme fear of normal body weight and feel fat, even when they have lost so much weight that it becomes obvious to others. They may starve themselves by only eating tiny quantities of food. Some stubbornly and angrily resist attempts to get them to eat or will pretend to have eaten when they have not.

#### **Bulimia:**

This tends to affect slightly older people; although adolescents do suffer from it. People with Bulimia gorge themselves with food on binges and then make themselves sick to get rid of the food. They may also take large amounts of laxatives. They may not look overweight or underweight, which can make problems difficult to detect.

#### **Compulsive Eating Disorder:**

People, who eat compulsively, consume much more food than their bodies need over a long period, or use food to comfort or distract themselves. They may become very overweight, which can lead to serious medical problems.

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 is 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 suggest a problem:

- Regularly skipping meals and obsessively counting calories.
- Eating only low-calorie food.
- Avid interest in buying or cooking food for others.
- Wearing very loose clothes to hide the 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 the matter.

### 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 Children Looked After Nurse 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 looked after children nurses or NHS Direct <https://www.nhs.uk/>

### Immunisations

Immunisations are an important way of protecting a child's health and all children in care 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 Designated or Specialist Nurse for Children in Care.

The immunisation programme is updated regularly so for the most up to date information see [www.nhs.net](http://www.nhs.net)

### 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](http://www.youngminds.org.uk).

### Sexual Health and Contraception

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

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. 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 considered consensual and would be subject to the Sexual Offences Act 2003.

A young person's decision to become sexually active can raise strong feelings in carers - some of a negative nature, for example disgust, 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 need 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 to prevent any potential cross infection 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 looked after, as a result of poor planning around delegation of authority, can inhibit children experiencing a fulfilling and happy childhood and feeling part of the foster carer's family. Children in care 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.

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

You 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 looked after review 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 children in care. 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 circumstances 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. Many carers, and the children placed with them, 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 child's looked after children 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 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 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](http://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.dangerspot.co.uk/chat.htm>

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

[http://www.thinkuknow.co.uk /](http://www.thinkuknow.co.uk/)

<http://www.chatdanger.com/>

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

- Do not upload any photos of looked after children on to your Facebook profile.
- Do not refer to any names of looked after children 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 looked after children or refer to activities or locations they have been to with them.
- Advise your friends also not to upload photos of looked after children.
- Do not refer to yourself as a foster carer on your Facebook 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 book

All children who are placed in the care of the 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 to every placement and be continually updated and added to throughout the time the child is in care.

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 who is placed with you and which may be included in a formal life story book or simply for the child/young person to keep.

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, children's home 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 work

Life story work is an integral part of the child's journey in care and is intended to help children in care 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 are often 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 your input. 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, how to access an advocate and how to contact the children’s rights director.

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 LGBT carers are automatically members 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](http://www.stonewall.org.uk)

The Albert Kennedy Trust  
[www.akt.org.uk](http://www.akt.org.uk)

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

## **Mentoring Scheme**

A mentoring scheme is being developed however there is no timeline for this to be in place but it is expected this would be ready for 1<sup>st</sup> April 2019. This will be developed in the Task & Finish Group which is the six weekly meeting with members of the SFCA and managers from SBC.

## Missing from foster care

Research shows that looked after children 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, looked after children are running back home rather than away from placement.

Swindon and Wiltshire have a joint multi-agency protocol in place for dealing with children who go missing and foster carers must be aware of their role in preventing running away behaviour and locating and safeguarding missing children. This means foster carers need to be involved in planning to reduce the risk of looked after children running away 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 grooming process □ previous incidents of going missing

### Prevention

As part of the care planning process, the risks of a child running away from a placement 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 look after to gain some understanding as to why a child may wish to run away from placements; 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 placement, 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 the basis this plan 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 Family Placement SW. 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 the placement 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 care 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 independent of the home of foster carers. Giving children the opportunity to 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 stop the behaviour, 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 Aide Memoire

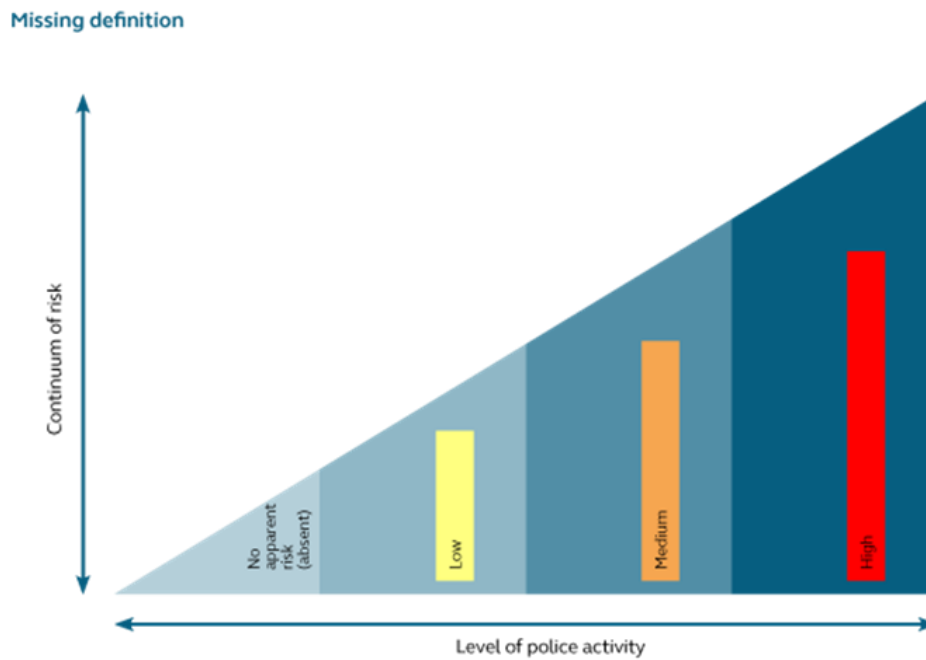
**Missing: "Anyone whose whereabouts cannot be established will be considered as missing until located and their well-being or otherwise confirmed."**

*College of Policing Authorised Professional Practice 2017*

## Missing question set:

1. When and where were they last seen?
2. Is the person a cared for or a looked after than by their family? In what way?
3. What is the specific concern that has caused you to call the Police?
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 sexual exploitation?
10. Are they likely to 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, frailty, 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 suffering from a drug and / or alcohol dependency?



- 20. Any social concerns (family / relationship / employment / financial / school / college)?

No apparent risk (previously absent)	
There is no apparent risk of harm to either the subject or the public.	Actions to locate the subject and/or gather further information should be agreed with the informant and a latest review time set to reassess the risk.
Low risk	
The risk of harm to the subject or the public is assessed as possible but minimal.	Proportionate enquiries should be carried out to ensure that the individual has not come to harm.
Medium risk	
The risk of harm to the subject or the public is assessed as likely but not serious.	This category requires an active and measured response by the police and other agencies in order to trace the missing person and support the person reporting.
High risk	
The risk of serious harm to the subject or the public is assessed as very likely.	This category almost always requires the immediate deployment of police resources – action may be delayed in exceptional circumstances, such as searching water or forested areas during hours of darkness. A member of the senior management team must be involved in the examination of initial lines of enquiry and approval of appropriate staffing levels. Such cases should lead to the appointment of an investigating officer (IO) and possibly an SIO, and a police search adviser (PoSA).
<b>Serious harm is defined as:</b> 'A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible.'	

Where the risk cannot be accurately assessed without active investigation, appropriate lines of enquiry should be set to gather the required information to inform the risk assessment.

*(Home Office 2002 and Offender Assessment System 2006)*

There should be a press/media strategy and/or close contact with outside agencies. Family support should be put in place where appropriate. The MPB should be notified of the case without undue delay. Children's services must also be notified immediately if the person is under 18.

## Missing – useful telephone numbers

Child Line Tel: 0800 1111

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

[116000@missingpeople.org.uk](mailto: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](http://www.swindon.gov.uk/cse)

[www.childrenssociety.org.uk](http://www.childrenssociety.org.uk)

[www.barnardosrealloverocks.org.uk](http://www.barnardosrealloverocks.org.uk)

Safe Call – 0208 392 5710

[Safecall@missingpeople.org.uk](mailto: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](http://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. Carers should also be aware of the possibility of unauthorised 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'.

- The child’s plan for permanence is foster care – this will be agreed within the Care Plan and ratified at the child’s Child Looked After reviews;
- the foster carer has agreed to act as the child’s foster carer until the child ceases to be looked after; and
- the local authority (so for you Swindon Borough Council) has confirmed the arrangement / plan with the child, the foster carers and the parent.

## Ofsted

Ofsted is now the single inspectorate service for Social Care Services in England. Effective since 2007, Ofsted replaced various inspection services, including the Commission for Social Care 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 users, 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: Requires improvement, Adequate, 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 Fostering services Out of Hours Service. 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.

Swindon Out-of-Hours is a local scheme provided by a rota of Social workers in the Fostering Team. The scheme provides:

- on-call phone contact to Swindon approved foster carers;
- offer carers help, support and advice;
- assist in contact with Out-of-Hours Service.

Please note this scheme will not be able to take responsibility for childcare decisions or have access to carer resources, such as emergency foster care, day care and respite/short break care.

## **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 throughout their placement with you.

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 you 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 information record sets out the agreed arrangements for the care of the individual child placed. 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 have contact 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

**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 selected match foster family already has an existing child in placement, the Placement team worker will inform and seek approval from that child’s social worker or their line manager. The Placement team worker will discuss the potential placement 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 the placement can function successfully, 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 a service manager in the first instance and then depending on the length of the placement seek recommendation for a change of approval from the next Fostering panel. If there 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 Placement team worker will collate information and reports and identify vacancies on the daily Placement Register.
- The Placement team worker will discuss the child's social worker of possible matches and organise visits to prospective carers within the time framework, 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 placement options available and, if possible, have at least one introductory visit to the carer before the placement.
- The Placement team workers will ensure that each child/young person is carefully matched with a carer and any other children in the placement 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 planning meeting.
- Prior to the placement, you should be provided with all the information that the fostering services has to enable you to look after the child. It is the responsibility of your 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 that 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 in your care, 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 in that area.

## 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 black/minority ethnic children we care for. It is important to understand what exactly constitutes racism and similarly, understand labels associated with black people.

### Personal racism

A belief, attitude or feeling that people of another race are less equal or inferior.

### Organisational racism

A system that is structured and functions to the detriment of black/minority ethnic people. An organisation that fails to actively ensure that black people are fully and equally represented, including promotion and development.

### Prejudice

A belief or pre-conceived idea about issues such as individuals, cultures and agencies. An idea that is usually based on non-factual evidence and influenced by negative images.

### Direct racism

Direct racism is usually extremely obvious; insulting or abusive name calling or labels, clear exclusions from services or events, humiliation, fear and threats.

### Indirect racism

This is usually subtle and sometimes difficult to detect. It is often incorporated into systems and organisations and although individuals are indirectly racist in their actions, ideas and thoughts; sometimes people do not realise just how indirectly racist they are.

### The impact of racism on young people

The effect of racism on young people differs with each individual. The impact on their lives is dependent on many factors, including the level of security and support young people have. However, there are definite areas in which the impact of racism can affect individuals and their human needs in dramatic and serious ways.

## Records

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 should submit a written request to the Fostering Team manager, if you wish to do so.

When your approval as a Swindon Council foster carer ends, your file is kept for 50 years. 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.

### Records – foster carers

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 looked after 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. Foster carers do not have an automatic right to receive the minutes of a Child Protection Case Conference.

### Record keeping

Foster carers should keep a daily record on the child/children placed with them. 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 during a placement; it will help to record the child's life in foster care and aid in 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 otherwise might be disputed, 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 child care 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 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.

## 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 her/his religion. Alternatively, you may have strong religious convictions, 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 will be contacted by the Placements Team or your Supervising Social Worker to ask if you are willing to accept a child for placement in your home. You should be given whatever information you need about the child necessary to enable you to make a decision.

You are under no obligation to accept a child and it is your decision whether or not to accept a placement. 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 and whether you need a break from fostering.

The child's social worker will contact you with further details if you decide to accept the 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 these are some of the questions it may be useful to ask:

- Who is making the request?
- Is the case allocated to a social worker? If not, who is dealing with it?
- 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 accommodated/in care?
- Has the child been abused? If so, in what way, in what circumstances, by who or who is suspected? Do they exhibit any sexualised behaviour?
- What is the plan for the child?
- Is it an emergency or planned placement? Permanent or non-permanent?
- 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 problems? 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?
- Are there any special behavioural problems or unusual habits?
- 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 looked after 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 the placement is necessary, 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 the placement begins. The child's social worker is responsible for helping the child to understand the reasons why they are moving.

### **An emergency placement**

Many children need to be looked after at very short notice, for example within hours. 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. It may be an idea to write this down for them. They may appear to settle well initially, but may react after a couple of days.

### **Respite Care Policy – (Being updated please refer to your SSW for information)**

## **Reviews**

There are three different reviews in which foster carers may be involved: The foster carer's review, the child's review and a disruption review/placement assessment.

### **The Foster carer's Annual Review**

All foster carers will have their approval to foster reviewed annually. It will be arranged with the carer in advance and require, where applicable, both carers to be present. The review is conducted with the Independent Foster Carer Reviewing Officer. According to their age and wishes, foster carers' own children will be encouraged to add their views verbally or by completing a feedback form.

The primary functions of the process are to appraise the standard and competency of the carer, relate the care provided against the child-focused standards, re-establish the circumstances and health and safety/safe care in the home and record the carer's personal progress and development.

These factors contribute to the overall purpose of the review, which is to assess whether the carers and their household are suitable to continue to foster.

The review is also an opportunity for all participants to express their views and discuss fostering experiences and difficulties. Foster carers, their family and current placements are encouraged to complete a feedback form to record their individual views. All carer feedback comments are recorded to provide an overall appraisal carer satisfaction of the service they receive. Negative remarks are responded to at the time of the review.

Feedback is also sought from:

- placing social workers;
- Independent reviewing officer;
- Looked after children nurse;
- supervising social worker; plus any other people nominated by the foster carer

Where it is agreed that the foster carers should seek an alteration to their approval status, the department may decide that a full re-assessment will be necessary. Any changes to a carer's approval status will mean that they accept and sign a revised carer agreement.

The review should take into account the views of the foster carers, which can be submitted in writing before. The contents of the review will be recorded and the foster carers will be notified in writing of the outcome and any decisions taken. If it is decided that the foster carers are no longer suitable, it should be discussed with the carers and the approval terminated.

Where there is a disagreement, a representation procedure is available. If foster carers wish to resign or transfer to another authority, they should notify the local authority of their decision and their approval must be formally terminated.

### **Children Looked After reviews**

The Children Act 1989 places a duty on local authorities to draw up plans, in writing, for each child they accommodate or look after. 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 placed, is of sufficient understanding, they should 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. The presence of senior social workers is intended to ensure that careful consideration is given to all aspects of the child's welfare, health and education needs etc. The contents of the review are recorded 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.

## 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 Placement's Team Manager (a member of the placements team should be invited to attend).

A disruption meeting will be held in the following circumstances:

- Where a child was placed as part of a Permanence Plan in a foster (including Connected Persons) or residential placement, and the placement breaks down;
- Where a child has had a number of short term or interim placements which have broken down, especially where three or more placements have disrupted in one year.

The purpose is

- To enable participants to share information and feelings about the placement 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

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, and it is considered that there would be limited value in holding a Disruption meeting the child's social worker and residential key worker/supervising social worker should prepare a report on the reasons for the placement ending and submit this to the child's Service Manager 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. child's Looked After Review, 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 placed 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 home 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. Small children can squeeze their bodies through a small gap, but they can get their head trapped. Carers should

check the width between railings, banisters and balconies. Board them up if necessary and fit window locks or safety catches that 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 co-ordination rarely equals their speed. This makes them particularly vulnerable to falling into a fire. If you have a 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 padding 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

- All children under three-years-old must use a child restraint (car seat or booster) appropriate for their weight and specifically fitted to your car type; please ensure that the car seat you buy is appropriate for your car
- Children aged three-years-old and over, up to 135cm in height (approximately 4ft 5ins) whatever their age, must also use an appropriate child seat.
- Rear facing baby seats must not be used in the front seat of a car protected by an airbag unless it has been deactivated.

## Safe sleeping

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

<http://www.lullabytrust.org.uk/?gclid=CPXOk5PNwswCFYEv0wodep8BTA>

## School trips – please also see delegated authority section

The parental responsibility for a child on a legal order rests with the director of Children's Services and is delegated to the service manager for looked after children in Swindon or their foster carer.

For children, who are subject of a legal order and are looked after by the local authority, the responsibility for signing for medical treatment, school trips, school admission papers and holidays rests with the service manager. It is important before saying that a child should take part in an activity or outing it is agreed with their social worker and the consent form signed by a service manager.

For children, who are accommodated, 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.

Swindon Council operates a no smoking policy in all its workplaces and buildings and council employees are banned from smoking inside council property. This ban has not been extended to foster carers; however, all 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 trouble in their first year of life than non-smokers' children.

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 smoke 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); if this is not possible at least in a separate room. 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 during the first year and then at intervals of three months, if agreed at a child's looked after review. 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.



The social worker should keep foster carers informed about any developments within the child's family and any forthcoming legal proceedings. If there are any changes in a child's placement being considered they should also be discussed with the carers. Foster carers should keep the social worker informed about the child's day-to-day progress; your diary will help your memory, particularly records of the child's reactions to contact with parents, progress at school, relationships with other children and with you and your family.

## Special guardianship

From January 2006 the Children Act 1989 was amended to include special guardianship. This will allow one or more individuals - no requirements are to be made as to marital status - but they cannot be the child's parent, and must be over 18-years-old.

Application may be made as of right by:

- any guardian;
- anyone with a Residence Order in respect of the child;
- anyone the child has lived with for at least three years;
- anyone with consent of those with a Residence Order or local authority (if the child is in care) or those with parental responsibility;
- a local authority foster carer who the child has lived for at least one year.

At least three months' notice of intention to apply must be given to the local authority, which must then prepare a report for court.

A special guardian acquires parental responsibility and is entitled to exercise parental responsibility to the exclusion of any other person with parental responsibility for the child (apart from another special guardian). They cannot change the child's surname.

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 Adoption Team.

## Staying Put Policy – (Being updated please refer to your SSW for information)

## Substance Misuse

We know that young people experiment with substances as part of growing up. 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 Upturn, the young person's substance misuse service for any advice or support. Upturn are a specialist service in Swindon who work with young people and their families.

Signs to look out for that a young person may be misusing substances:

Physical Change:

- Bloodshot eyes
- Fast heart rate
- Sleepy, lethargic
- Lack of coordination
- Increase cravings for snacks
- Reduced appetite

Change in Actions:

- Confusion and lack of focus
- Unusually talkative
- Dropping studies or usual activities
- Misjudging time
- Secretiveness
- Erratic behaviour

Paraphernalia:

- Shredded leafy debris
- Cigarette rolling papers
- Grinders
- Small plastic baggies
- Small baggies with powder in them
- Bongs or pipes

It is important not to jump to the wrong conclusions and if you are unsure of how to approach the subject of substance misuse use with a young person then either speak to your social worker or contact U-turn.

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](mailto:uturn@swindon.gov.uk)

You can also obtain further information from the following websites:

[www.talktofrank.com](http://www.talktofrank.com) [www.drugwise.org.uk](http://www.drugwise.org.uk)

[www.knowthescore.info](http://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. Take into account 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, taking into account 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 looked after children 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. This could be more likely if there are two sets of brothers and sisters placed 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 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 smoking in bed or 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 in placement – this is a good way of detailing what the rules and limits are and for the child to signing up to respecting these.

## Youth Offending Team (YOT)

Swindon Youth Offending Team (YOT) is staffed by a multi-agency team working with children and young people who have demonstrated criminal behaviour. 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.

YOT 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 YOT offers practical support and advice to enhance the skills of parents and reduce the risk of their children offending or re-offending. 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

**Updated April 2020**

Record on a diary sheet regardless of type or length of placement.

1. Complete all sections on the form.
2. Sign and date on the last page.
3. Email the completed diary sheet to your Supervising Social Worker. If you handwrite a diary sheet, this can be passed to your Supervising Social Worker at the next supervision visit.

Diary sheets should be kept confidential and access to information on the child is restricted to you. Always password protect your documents and do not keep information unnecessary (General Data Protection Regulation). All information on a child in your care must be removed from your electronic devices when the child is no longer living with you.

<b>Child</b>	
<b>Foster Carer(s)</b>	
<b>Child's Social Worker</b>	
<b>Supervising Social Worker</b>	
<b>Date commencing</b>	
<b>Date ending</b>	

## **1. Be Healthy**

Dates of health appointments scheduled or completed; any actions identified or follow-up required? (consider physical, mental, emotional and sexual health)  
Is the child physically healthy? Following an active lifestyle and eating a healthy diet.  
Any comments re. developmental progress, personal care, hygiene, substance misuse, etc.

--

**2. Stay safe**

Any safeguarding issues such as missing episodes, absent without permission, concerns about criminal or sexual exploitation, accidents, illnesses, injuries, use of physical intervention? Has an incident sheet been completed? (if not, please attach)

--

**3. Enjoy and achieve**

Attendance at meetings such as PEPs, EHCPs, etc. Feedback from school about child's needs, progress, school attendance. Activities to support learning within placement. Any issues re educational provision.

--

**4. Make a positive contribution**

Membership and attendance at any clubs, activities in the community. Feedback regarding social, emotional, behavioural development and positive behaviour.

--

**5. Economic wellbeing**

Amount of pocket money received and how is this used. Development of independence skills such as personal care, household chores, budgeting, use of public transport, etc. How is DLA used? Savings, clothing allowance, toys, equipment purchased. For age 16+, are they engaging in further education, employment or training?

**6. Contact arrangements**

Dates and arrangements for contact. Any comments regarding behaviour before and after contact both positive and challenging.

**7. Movement in and out of the home**

Any adult visitors, professionals, staying guests or babysitters. Sleepovers, visits to friends, friends visiting the home. Foster carers' working hours and arrangements.

### **8. What is working well?**

Include details of what you are doing to support, enable and encourage the child/young person's progress.

### **9. What are we worried about?**

Include details of any concerns within placement, issues regarding the child/young person's wellbeing and any factors impacting upon placement stability.

### **10. What needs to change?**

Include any needed support, actions and follow-up requested or agreed with Fostering Team and/or children's social work teams.

--

<b>Summary</b>

<b>Signature</b>		<b>Print name</b>	
		<b>Date</b>	



# Glossary and definitions

## Agency Decision Maker

- ADM is the person within the local authority that makes a considered decision about foster carers approval considering all the documentation available including the final set of minutes and recommendation from the Fostering Panel and, if applicable, the independent review panel, within 7 working days of the receipt of the final set of minutes and recommendation.

## Child

- a person aged less than 18 years old

## Distance placement

- Defined as a placement outside the area of the responsible authority, (in your case Swindon Borough Council) and not within the area of any adjoining local authority. Any such placements must be agreed by the Director of Children's Services.

## Education, Health and Care Plan

- Newly introduced in The Children and Families Act 2014 the EHC creates a new 'birth to 25 years old' plan for children and young people with special education needs.

## Eligible child

- A child who is looked after aged 16 or 17 who has been looked after for a total of at least 13 weeks which began after s/he reached 14 years of age and ends after s/he reaches 16 years old.

## Former relevant child

- A young person aged 18 or over who was either an eligible or a relevant child (the local authority has duties in relation to this group until they reach 21 or 25 in the case of those who are pursuing a programme of education or training.

## Foster Carer

- A person who is approved under the Fostering Services Regulations and includes a person with whom a child is placed under regulation 24 of the Care Planning Regulations – temporary approval of a relative, friend or other connected person.

## Fostering Service

- A fostering service means a local authority fostering service or a private or voluntary organisation that carries out fostering functions of a local authority.
- An independent fostering agency discharges the functions of local authorities in connection with placing of children with foster carers.

### **Fostering Service provider**

- In relation to a fostering agency, a registered person
- In relation to a local authority fostering service, a local authority

### **Independent Reviewing Officer**

- Often referred to as an IRO – this is a professional qualified social worker who is line managed or works independently of the social work teams and is responsible for chairing the Children Looked After reviews and for monitoring the progress of the local authority's care plan.

### **Long term foster placement**

- An arrangement made by the responsible authority (in your case, Swindon Borough Council) for a child to be placed with foster carers where the plan is for permanence, where the foster carer has agreed to act as the child's foster carer until the child is 18 years old and where the local authority has confirmed the arrangement with the child, the parents and the foster carers.

### **Looked After**

- A child who is 'looked after' (CLA) by a local authority may be 'accommodated', 'in care' or 'remanded or detained.'
- 'Accommodation' is a voluntary arrangement. The local authority does not gain parental responsibility and no notice is required for removal of the child.
- 'In care' means that a court has made the child subject to a Care Order which gives the local authority parental responsibility (PR) and some authority to limit the parents' exercise of their continuing parental responsibility.
- The local authority has specific authority to detain those who fall into the third category who may do so because of:
  1. Remand by court following criminal charges
  2. Detention following arrest by police
  3. An emergency Protection Order or Child Assessment Order

(With the exception of emergency Protection Orders, the local authority does not gain parental responsibility when detaining a child.)

### **Parent**

- Any person who has parental responsibility for the child.

### **Parent and child arrangements**

- These are any arrangements where the local authority organises for a parent and their child to **live** with a foster carer, whether or not the parent or child is **placed** with the foster carer.

### **Registered manager**

- The person who is registered as the manager of the fostering agency.

**Registered person**

- Any person who is the registered provider or the registered manager of the fostering agency.

**Relevant child**

- A young person aged 16 or 17 who was an 'eligible child' but is no longer looked after.

**Responsible Authority**

- The local authority that looks after the child.

**Staying Put**

- An arrangement made for a 'former relevant child' and a former foster carer of that child immediately before the child ceases to be looked after (by virtue of them having reached 18 years of age) by the local authority for the child and foster carer to continue to live together when the child stops being looked after.

**Supervising Social Worker**

- A qualified social worker who specialises in working within the Fostering Service whose role and responsibilities are to provide regular support and supervision to foster carers.