

# Practice Guidance for the Support, Supervision and Training of Foster Carers

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### 1. Parental responsibility and day to day decision making by foster carers

Fostering, including short break care, is about looking after someone else's child and involves making a lot of routine decisions. Although foster carers carry a lot of day to day responsibility, they do not carry it alone. Some decisions are not routine, they are formal which means that they can only be taken by someone who holds *parental responsibility*.

#### Parental responsibility

- When a child is **accommodated on a voluntary basis under Section 20 Children Act**, or is in **short break care** *the parents retain full parental responsibility* – this means that important decisions can only be taken with the full agreement of the parents.
- When a child is subject to a **full care order**, *the lead parental responsibility is acquired by local authority but the parents still retain parental responsibility* – this means that, wherever possible, significant decisions are taken jointly with the parents.
- When a child is subject to an **interim care order**, the court will expect to be consulted about any significant decision about the child. The difference between “formal decisions” which must be taken with the social worker (and sometimes even Cabinet Member) agreement and those which are considered routine is not always clear. Foster carers should consult with the child's social worker or their supervising social worker if any of the issues described below arise.

### **Foster carers cannot:**

- Consent for medical treatments, operations and anaesthetics other than routine and preventative health care – this includes any decision **not** to follow medical advice.
- Apply for a passport.
- Consent to marriage.
- Consent to the child going abroad.
- Consent to the child joining the armed forces.
- Change the child's school.
- Change a child's religious upbringing
- Consent to adoption.
- Change the child's name.
- Consent to any form of body piercing.
- Consent to the child joining the armed forces.

If the child is voluntarily accommodated under Sec 20 of the Children Act 1989, especially for a short period it would be **unwise** without parental agreement to:

- Have the child's ears pierced
- Have the child's hair style dramatically altered.
- Put the child on a special diet.
- Change medical regimes.
- Involve the child in the foster carers' religious observance unless the child is of the same religion.

### **Thing foster carers can do:**

- Take the child for routine medical appointments with GPs, opticians and dentists. We will normally have sent out reminder letters for annual health assessments.
- Enrol the child at school.
- Encourage a healthy lifestyle.

### **A young person's competence to give their own consent:**

As children grow older they acquire the right to make their own decisions about their life, independent of their parents or carers. There is no clear age from which they acquire in law all such rights, but there are guidelines to be followed:

- From the age of 14, young people may be judged by professionals – doctors, nurses, teachers, social workers etc. – to be competent to give their own consent but this may vary in relation to question in hand. For example, a young person may be able to give their own consent in relation to routine health care but not in relation to more complex treatments with longer term consequences.

## 2. Obtaining Help and Advice Out of Hours - The Children's Rapid Response Team

All calls are received and handled by Call Derbyshire (tel. **0845 058 058**) at Darley Dale. The call centre then establishes which team should accept the referral/call and contacts them immediately.

The teams are:

- The Children's Rapid Response Team
- The Rapid Response Team for Older People
- The CATTs Team which specialises in Mental Health matters.

The Children's Rapid Response Team consists of a service manager, and a number of social workers and six family resource workers. The shift pattern is from Monday to Friday from 5.00 pm – midnight, with staff based at Ripley and from midnight onwards, there will be a social worker on call at home. Weekend cover is from Saturday to Sunday from 9.00 am – 5.00 pm and 5.00pm -12.00 am.

The team can also call upon the services of established and very experienced volunteers. These are paid field workers whose role is to cover staff absence.

The team is committed to preventing family breakdown, keeping children safe and promoting placement stability. In practice, this means that Derbyshire County Council can support placements by offering a service using family resource workers to spend time with looked after children. The aim is to prevent disruption and to support carers by offering them some time limited respite.

If this is a service carers feel they need, then they need to speak to their social worker who can then make a referral to the service manager for consideration. If a foster carer is at crisis point, then they can ring Call Derbyshire on **08456 058 058** and ask to be put through to the Children's Rapid Response Team. There may be a waiting time for call backs, *but all calls are always responded to.*

## 3. Missing from Care Policy

### Introduction

Most children and young people looked after by foster carers do not go missing. Some, however, will have a previous history of going missing from home and may bring this pattern of behaviour with them into the foster placement. Such children and young people, together with those who have committed offences and have been placed with foster carers on a remand basis, are more likely to go missing and a detailed plan to assess and manage the risks associated with this needs to be drawn up.

A joint protocol has, therefore, been agreed between the Children and Younger Adults Department and the Derbyshire Constabulary that sets out the arrangements for joint working in relation to children who go missing from all forms of care, including foster care.

**The protocol aims to promote best practice by ensuring that:**

- The safety of the child/young person is the prime aim
- As a corporate parent, the local authority has a duty to care for the wellbeing and safety of the child/young person. This involves locating and returning him/her.
- Child protection procedures will be observed in respect of children under 18, where prostitution may be a factor
- Notification to the police will only take place in clearly-defined circumstances following a jointly agreed procedure which includes a risk assessment process
- The police will act on any report of a child/young person missing from the care of the local authority notified to them under the joint protocol
- In the event of any prolonged absence or unusually worrying circumstances, a joint strategy will be agreed
- Every "missing" child/young person who returns to the care of the Local Authority will be offered an interview with an "independent" person
- Where a child/young person refuses to return to the accommodation from which they have been missing, alternative arrangements will be explored
- The Children and Younger Adults department and the police will jointly undertake strategic reviews and monitoring of the operation of the procedures and implementation of the protocol.

**Children and Young People Who Are Missing From Foster Homes**

In general terms, absences from foster homes fall into one of three categories:

- 1) **Unauthorised absence:** Some children and young people absent themselves without permission for a short period and then return, whilst others fail to return at the time they have been requested to do so. Neither circumstance *necessarily* imply that they, or other people, are at risk nor that immediate action is necessary to secure their return.
- 2) **Missing Person:** Where the child or young person's whereabouts or reason for absence are unknown **and** there is cause for concern because of their vulnerability or there is a potential danger to the public, the young person is to be deemed a *missing person*.
- 3) **Absconder:** A child or young person who is looked after as a result of a court order and who is also deemed a missing person is an **absconder**. The police have the power of arrest without warrant when such a child or young person is absent without the permission of the person responsible for them. This includes all young people who are remanded to Local Authority

accommodation or who are bailed with a condition that they reside in Local Authority accommodation.

**All instances of a missing person or an absconder fall within the scope of the joint protocol.**

### **Action to Keep the Foster Child Safe**

Where there is an assessed risk of a foster child going missing, there will be a plan to manage the situation which will include instructions as to what should be done in the event of any unauthorised absence by the child.

### **Where the absence does not immediately trigger action under the joint protocol**

- Carers should record the time when they were first aware of the absence and take reasonable steps to identify their whereabouts.
- If he or she has not returned or his or her whereabouts has not been identified by the agreed time, carers should review the situation with the child's social worker or the rapid response team.
- At the time agreed when the situation will be reviewed, identify whether or not the young person's level of vulnerability means that he or she should be reported to the police as a missing person.

***Any absence that raises particular concerns either for the foster child's or public's safety should immediately be brought to the attention of the child's social worker, his or her line manager or the Rapid Response Team.***

### **Recording Requirements**

#### **Foster Carers should:**

- Keep a record of the date and time of any unauthorised absence.
- The date and time of the young person's return.

#### **Where a young person does not return within a reasonable time:**

- The action taken to identify his or her whereabouts/secure their return
- Any discussion with his or her social worker, the Rapid Response Team or a manager
- The time and details of any review of the absence and action taken, including when action under the protocol is triggered.

**In order that carers can play their part in keeping the foster child safe, ensure that:**

- They have been given all the information they need, including the requirements of any court orders

- They have clarified with the social worker what they should do in the event of him/her going missing

### **Unforeseen Situations**

If a foster child is missing from a foster carer's home or is otherwise not where they should be, carers should do what they can to identify their whereabouts and check that they are safe and well. Judgement needs to be exercised in relation to older children who do not come in on time **except:**

- Where this would lead to an overnight absence not being reported
- Where an order of a court would be breached.
- The foster child's is the subject of a child protection plan.

***In these circumstances the absence must be reported immediately. If a carer is uncertain as to what to do, they should contact the foster child's social worker, their supervising support social worker or, if out of hours, the Rapid Response Team.***

### **Reporting Procedure**

- Carers should notify the child's social worker/area office of what has happened and their concerns - they will contact the police who will in turn contact the foster carer for further information. Out of hours, they should contact the rapid response team
- Write down relevant information which may be requested by the police, identifying any addresses which they have already checked:
  - date of birth
  - legal status and any court orders that apply
  - what they were wearing
  - personal details: hair colour/length
  - skin colour/ eye colour
  - any identifying feature e.g. scars, etc.
  - a recent photograph, if available
  - where they were last seen - time and circumstances
  - where they were believed to be going
  - persons/addresses to be checked: friends/family/relatives
  - school/work
  - places they visit regularly
  - did they have any money and if so, how much
  - what clothing has been taken.

The police may wish to look around a carer's house for any signs as to the child's intentions - if so, carer's should co-operate with any reasonable request.

- Confirm with the police that they are formally reporting the child as a missing person and ask to be kept informed of any progress in their enquiries.

### **When the Foster Child Returns**

- Welcome the child home - it is most important that s/he knows the carer is pleased/relieved that they have returned safely - questions about the absence can come later. However, if they report that something serious has happened the carers must explain to them that they will have to inform the social worker/area office/Rapid Response Team immediately.
- Inform the police immediately
- Inform the social worker/area office/rapid response team and, if appropriate the child's parents, or ensure that someone else does this.

### **Interview with an Independent Person**

Given the wide range of reasons why a young person might go missing, some of which they might find difficult to disclose to the social worker or carers, he or she should be encouraged to speak to an independent person as identified within the protocol. The purpose of such an interview is:

- To provide reassurance to the young person that it is "safe" to talk about anything that is worrying them
- To enable them to talk about what they may be running from, or to
- To provide personal support to help them disclose or address any such concern
- To ensure that appropriate action is taken in response to any harm, or risk of harm, the young person has been exposed to

**The police may wish to visit the child to undertake a 'safe and well' check.**

### **Continuing Absences**

If a foster child does not return within a short period of time, further action will be required. What happens next will vary with their age, circumstances and vulnerability but carers may be asked to attend a meeting and play a part in a more comprehensive plan to find them.

## **4. Delegating Care to Others Policy**

This section covers a range of issues associated with foster children being unsupervised, within or outside the foster home or in the care of persons other than the carer. These are never easy decisions for parents, let alone for foster carers to make, but some important general guidelines can be usefully applied:

### **Age limits are generally unhelpful**

- All children are different - they grow up and mature at different ages. What is important is their ability, understanding and competence.

### **Avoid comparisons with their own children**

- Carers should always remember that the experiences and opportunities that their children have enjoyed may not apply to their foster children – always treat them as individuals with strengths and weaknesses and be mindful of past traumatic experiences they have had.

### **Avoid being over-protective but do not take risks**

- Children need to learn to take responsibility for themselves but at a pace that is right for them – carers should not expect too much of their foster child too soon but be mindful that he or she may have been unsupervised from a very early age, or given too much freedom too soon.

### **Take account of special needs**

- Children with learning or physical disabilities will need extra assistance and may take longer to achieve the same level of competence as those who do not have to overcome such difficulties.

### **Always leave instructions**

- Always ensure that the foster child knows where the carer is going, how long they are likely to be away and, if possible, how to get hold of them. Carers should leave instructions about answering the door, the telephone and check that the foster child knows what he or she can and cannot do in your absence.

### **Sharing information**

- Carers must remember to check any plans they have with the child's social worker, as this will ensure the best possible decisions are taken.

### **Leaving a Foster Child Alone At Home**

The law does not prescribe any age - it is a matter of judgment for the child's parents who will be held accountable if anything untoward happens to a child who was unable to cope. The NSPCC suggests no child less than thirteen years of age be left unsupervised for more than brief periods. Being left alone is a very significant milestone for a child, which is worked towards from an early age. It begins with a parent withdrawing and supervising from a distance and seeing what happens, then leaving a child alone for a few minutes but remaining close by and, over time, gradually allowing a child to get used to not having direct adult supervision. This provides opportunities for a child to learn independence skills and for the parent to observe the child's progress.

Foster carers, however, do not always have the benefit of being able to acquire their own information over time and need to quickly establish the level of a child's development. Nevertheless, the same general principles apply irrespective of the age of the child but good quality information from the foster child's natural parents will be important.



Many factors will be significant in making a judgment about leaving a child alone and this should never be done for a longer period without previous evidence that the foster child has been able to cope for a short period.

Remember that it is generally safer to leave a child alone in the daytime than when it is dark - he or she will also feel safer.

***Never leave the house - not even for a few minutes, whilst a child is asleep and does not know you have gone.***

### **“Home Alone” Overnight**

At some point with an older foster child, a situation will arise when a carer will not be at home overnight - the foster child may have, for example, declined to accompany you on a visit to relatives. Even if the child is older and mature enough to be left alone, the carer will still need to be assured about his or her behaviour and the level of trust that exists between them will be an important consideration. Should there be any doubts or concerns:

- Try to negotiate alternative arrangements - for example, with his or her natural parents, staying with friends or inviting a trusted friend to stay or asking a neighbour to keep an eye on things
- Do not leave a foster child who is under 16 years of age alone overnight - this does not mean that anyone over 16 can be left, their competence and reliability still needs to be determined
- Always take advice and discuss plans with the child’s social worker

### **“Out Alone”**

Giving children the freedom to go out without supervision is another critical milestone and the same general principles apply. Where they are going, who they are with and what time they will be back are key questions to ask. Sometimes, especially with older children, the answers carer’s will be given may be less than reassuring and sometimes less than the whole truth – they may well consider the foster carers’ questions to be unreasonable and the answers to be none of their business. This would not be untypical adolescent behaviour that poses three questions for carers:

- **Firstly**, does the carer approve? This is a moral judgment that may reflect differences between what the foster carer would choose and what they are choosing for their self.
- **Secondly**, is the foster child putting themselves at risk? If so, the carer should try to intervene.
- **Thirdly**, what will happen if the carer objects or tries to prevent them from going out and what will be the consequences? Will they comply or disregard any request or instruction and if so, will they return? For the most part, these are typical scenarios between adults and older children where pride and authority might be the issue rather than a young person’s vulnerability.

However, where serious concerns do exist, a joint protocol has been agreed with the police that may apply in such circumstances (**See also Missing from Care Policy**).

If a carer has any doubts about what they should do, they must take advice from the foster child's social worker.

### **Keeping safe**

It is important that younger children learn basic skills such as road safety, learning to use public transport and "what to do in an emergency". As they get older and venture further away from the foster home, familiarity with new localities may be important - cities present significant challenges for children used to living in rural areas or small towns. Older children need to cope with the risks that are associated with teenage behaviour and being out at night.

They need to know how to cope with peer pressures, how to be assertive and "say no", what to do if they miss the last bus and to be aware of the hazards of drugs and alcohol.

***Foster children may be "streetwise" but this does not mean they can look after themselves.***

### **Using Other Carers**

All parents and foster parents use some form of day care. Sometimes this is frequent and regular, others use it occasionally. Some carers use friends, relatives or neighbours whilst others may make more formal arrangements.

All might need to use it in an emergency. As a general principle, in unplanned or urgent circumstances carer's will need to use their own judgement about satisfactory arrangements; sometimes foster carers within a given locality babysit or help each other out - this can have clear advantages for all concerned.

### **Support Carers**

More regular arrangements require the need for some background checks to be completed. Supervising social workers will be required undertake an Support Carers Assessment on anyone who foster carers request to provide regular period of care

Carers must always consider what information needs to be shared, both to safeguard their foster child but also, in certain circumstances, other children, too.

### **Day care for younger children**

If carers are looking after a younger foster child they may use some form of day care  
\* - a crèche, playgroup, childminder or day nursery on an occasional or a more regular basis.

Always check that it is registered with the local authority; carer's should also always take advice from their fostering support social worker if they have any doubts.

*\*Funding is not made available for day care and should be discussed with your fostering support social worker*

## **Babysitting arrangements**

### **All planned baby sitters should be CRB checked.**

All parents have views about who should be allowed to look after their children and at what ages. Some use only relatives or close friends, others join babysitting circles. There are no hard and fast rules other than the importance of having absolute confidence in the person who is to care for the foster child, but carers should:

- Always make sure that the babysitter knows the foster child and his or her routine.
- Remember that some children may have been abused by babysitters or other carers - often they were neighbours or family friends.
- Never allow a person under the age of 16 to care for a foster child.
- Always leave a telephone number and information about what to do in an emergency.

## **5. Anti Bullying Policy - Protecting your Foster Child from Bullying**

Bullying can, sadly, affect everyone at some stage in their lives. Whilst it can be distressing and upsetting, it need not be tolerated and if reacted to properly, the problem can soon be overcome. For children, the main area where they are likely to face bullying is at school – these incidents can disrupt their education, cause unnecessary hurt and hardship and create real harm to a child's wellbeing. All schools are likely to have some problem with bullying at one time or another and schools should have an anti-bullying policy as a counter measure to this – carers are advised to check if their children and the children they care for have such a policy at their school. The policies reduce and prevent bullying, as many schools have already found to their success.

### **Bullying can include the following:**

- Name calling and teasing – this can include racist, sexual and homophobic taunts. It can also include teasing, inappropriate language or highlighting perceived differences in a child; a disability or their Looked After status.
- Threats and extortion – theft of belongings, forcibly removing money or goods from a child's person or locker.

- Physical violence – this covers a wide range of behaviour from unwanted physical contact to spitting and pushing to actual violence and assault.
- Damage to someone's belongings – vandalising a young person's possession or clothing.
- Leaving pupils out of social activities deliberately and frequently – sending someone to 'Coventry'.
- Spreading malicious rumours – this can become apparent when children encourage their peers to participate in bullying activity.

It can also include bullying by email or text messaging – see below.

Parents and families have an important part to play in identifying bullying and helping children overcome it;

Discourage children from using bullying behaviour at home or elsewhere.

Show them how to resolve the difficult situations without using violence or aggression.

Ask to see the school's anti-bullying policy. All schools should have an anti-bullying policy. It is a document that sets out how the school deals with incidents of bullying. Carers have a right to know about this policy, which is for parents and guardians as much as staff and pupils.

Be aware for signs that a child is being bullied, or is bullying others. Parents, carers and families are often the first to detect that a problem exists. Don't dismiss it; a child may be moody or depressed – they may have 'lost' money or possessions, showing poor results in their work or having no enthusiasm to attend school, have marks or unexplained injuries or have had their possessions damaged. Carers should contact the school immediately if they are worried.

**If a carer's child or the child they care for has been bullied:**

- Talk calmly with the child about his/her experience – support them and stress that they are not responsible for what has happened to them.
- Make a note of what the child says, particularly who was said to be involved; how often the bullying has occurred; where it happened and what has happened.
- Reassure the child that he/she has done the right thing to tell you about the bullying.
- Explain to the child that should any further incidents occur he/she should report them to a teacher immediately.
- Make an appointment to see the child's class teacher or form tutor.
- explain to the teacher the problems the child is experiencing.

**When talking with teachers about bullying:**

- Try to stay calm - bear in mind that the teacher may have no idea that your child is being bullied or may have heard conflicting accounts of an incident.
- Be as specific as possible about what your child says has happened, give dates, places and names of other children involved.
- Make a note of what action the school intends to take.
- Ask if there is anything you can do to help your child of the school.
- Stay in touch with the school; let them know if things improve as well as if problems continue.

**If a carer is not satisfied:**

Families who feel that their concerns are not being addressed appropriately by the school might like to consider the following steps:

- Check with the school anti-bullying policy to see if agreed procedures are being followed.
- Discuss their concerns with the parent governor or other parents – they should also, speak to their child's social worker and the authorities Children's Rights Officer.
- Make an appointment to discuss the matter with the head teacher; keep a record of the meeting.
- If this does not help, they should write to the Chair of Governors explaining their concerns and what they would like to see happening.
- Contact the Director of Education for their authority; the authority will be able to ensure that the Governors respond to a carer's concerns.
- If a carer needs further support and information, at any stage, or the problem remains unresolved, they should ring the helpline at Parentline plus other local and national support groups. A list is provided at the end of this chapter.

**If a carer's child or the child in their care is bullying other children:**

Many children may be involved in bullying other pupils at some time or other. Often parents are not aware that their child or the child they care for is involved in bullying.

**Children sometimes bully others because:**

- They don't know it's wrong.
- They are copying older brothers or sisters, friends or other people in the family whom they admire.
- They haven't learnt other, better ways of mixing with their school friends.
- Their friends encourage them to bully.
- They are going through a difficult time and are acting out aggressive feelings.

**For carers to stop the child or children in their care from bullying others:**

- Talk with the child; explain that what he or she is doing is unacceptable and makes other children unhappy.
- Show the child how he/she can join in with other children without bullying.
- Make an appointment to see their class teacher or form tutor; explain to the teacher the problems that child is experiencing; discuss with the teacher how their foster family and the school can stop him or her bullying others.
- Regularly check with the child as to how things are going at school.
- Give the child lots of praise and encouragement when he or she is cooperative or kind to other people.

### **Bullying by mobile phone text messages or e mail:**

If your child experiences these kinds of bullying, a parent can:

- Complain to child's teacher.
- Ensure the child is careful about who they give their mobile phone number or email address to.
- Check exactly when a threatening message was sent.
- When necessary, report incidents to the police.

### **Resources for parents and families about bullying**

ALEXANDER, J

#### **Your child bullying: Practical and easy to follow advice**

Element Books (1998)

ELLIOTT, M

#### **101 Ways to deal with bullying, A guide for parents**

Stoughton (1997)

KIDSCAPE

#### **Keeping safe: A practical guide to talking with children**

Kidscape, 152 Buckingham palace Road, London SW1W 9TR (1990)#

LAWSON, S

#### **Helping children cope with bullying**

Sheldon Press (1994)

LINDENFIELD, G

#### **Confident children: A parents' guide to helping children feel good**

Thorsens (1994)

MELLOR, A

#### **Bullying and how to fight it: A guide for families**

Scottish Council for research in Education, 15 St John Street, Edinburgh EH5 5JR (1993)

PEARCE, J

**Fighting, teasing and bullying: Simple and effective ways to help your child**

Wellingborough: Thorsons (1989)

TRAIN, A

**The bullying problem: How to deal with difficult children.**

Condor Book, Souvenir Press (1995)

### **Useful organisations that can help:**

#### **Advisory Centre for Education**

1c Aberdeen Studios, 22 Highbury Grove, London N5 2DQ

Tel helpline: **0207 354 8321** (Mon-Fri 2-5pm)

Advice line for parents on all matters concerning schools

#### **Anti Bullying Campaign**

185 Tower Bridge Road, London SE1 2UF

Tel: **0207 378 1446** (9.30am-5.00pm)

Advice line for parents and children

#### **Children's Legal centre**

Tel: **01206 873 820**

(Mon-Fri 10am-12.30pm and 2pm-4.30pm)

Publications and free advice line on legal issues

#### **Kidscape**

2 Grosvenor Gardens, London SW1W 0DH

Tel: **0207 730 3300** Fax: **0207 730 7081**

Has a wide range of publications for young people, parents and teachers.

Bullying counsellor available Monday to Friday 10-4

#### **Parentline Plus**

520 Highgate Studios, 53-79 Highgate Road, Kentish Town, London NW5

1TLTel: **0808 800 2222** (24 hours)

## 6. Safe Care

### Why a Safe Care Policy is needed

The purpose of a Safe Care Family Policy is to ensure that everyone who lives in the fostering household and those who visit, know what the family rules are. The aim is to offer protection to carers, their children, any foster child placed within the home and any other adults in the household.

Caring for some else's child is different from a carer bringing up their own child. Families have routines and practices within the household that are accepted and well understood by all family members, but these may not be appropriate for another child coming in to the household.

This Policy applies to **all** foster carers, whether a couple or a single carer with or without children of their own. It also applies to visitors to the household, for example extended family members, who may visit on a regular or occasional basis when a foster child or children are in placement.

There are resources available to help explain this further and to support and assist foster carers, example:

- "Safe Caring" – National Foster Care Association
- Various sections of this Foster Carer Handbook.

### Writing a Safe Care Family Plan.

Responsibility for producing the Safe Care Family Plan rests with the Supervising social worker. A copy for each placement will be held within the foster home and on the fostering electronic file. The plan can include some general points as well as specific ones that relate to **each individual fosterchild** placed in the home. Things to be covered include:

#### Physical contact and ways of showing affection

- Think about how affection is displayed in the family.
- Ask about the ways physical affection is shown in foster child's family, what they are used to.
- Ask a foster child if they want physical affection before it is given to them.

#### Sleeping Arrangements

A foster child should always sleep in their own bed, they should, where possible and appropriate, sleep in their own room or share a room with another child if this is age and gender appropriate.



Wherever they sleep, there should be clear rules about:

- Who can go in to which bedrooms
- Whether people should knock before they enter a bedroom

If a child has to sleep in a shared bedroom this needs to be fully discussed and agreed with the supervising social worker, the child's social worker, and where appropriate the child's family.

### **Dress around the home**

Foster carers should think about what they and their own children normally wear around the house. It is a good idea to have clear rules about wearing nightwear and dressing gowns outside of the bedroom.

### **Bathroom**

- If a foster child needs assistance in the bathroom, it is important to think about who does this and to ensure that the child has as much privacy as possible.
- It is advisable that foster children and carers own children do not bathe together.
- If a foster child has a high level of need for intimate and personal care there is a separate "Intimate and Personal Care Contract" that will be need to be completed.

### **Taking Photographs and Videos**

- Always think carefully before taking any photographs and videos; carers should not take any photographs of children naked, having a bath or in their underwear or nightwear. It is important to respect a child's privacy and if carers do take any photographs, check with the child/young person, parent/carer that it is correct to take photographs/video on this basis.
- If foster carers are not sure or are concerned, then they should discuss matters with their supervising social worker.

### **Fire Evacuation Plan**

This will have been discussed with when the Health and Safety Checklist was completed. Carers may want to include something in their policy about this for example in the event of a fire:

- Which route is to be taken out of the house
- Who will take responsibility for evacuating which child/children.
- Where any fire safety equipment is situated.
- Do the children know how to contact the emergency services?

## **Reviewing the Policy**

The Safe Care Family Plan must be reviewed at intervals as “needs, age, levels of knowledge and development change” for foster carers own children and any child placed with them. This task will be completed prior to the foster carer annual review will be reviewed with every new placement.

**Remember to keep a record by the telephone of any important numbers, for example:**

- Emergency services
- Domestic tradesmen e.g. plumber, electrician
- Doctor’s surgery
- Social worker, supervising social worker and Rapid Response Team
- Sources of specialist advice
- Other foster carers

## **7. Health and Safety Policy**

### **Why have a health and safety policy**

Foster children need a home which provides them with a safe and comfortable environment which is equipped to meet their needs. To achieve this, attention to health and safety of the child, and other family members, is necessary. Accidents are the major threat to personal safety in the home and can have serious consequences in terms of personal injury, pain and suffering. They can also be costly in financial terms. In the home, just as in the workplace, accidents can very often be prevented by some simple precautions which are easy to implement and cost very little.

### **The Causes of Accidents**

It is useful to think of an accident as an unplanned or unexpected event which causes, or has the potential to cause personal injury, damage to belongings or both. Most accidents occur as a direct result of **either**:

- **An unsafe act** – e.g. using a slicing knife towards a finger or other part of the body
- **Or**
- **An unsafe condition** – e.g. shoes or other items left on stairs.

Understanding these two direct causes of accidents is an important step towards preventing them from occurring. If unsafe acts and unsafe conditions are eliminated or minimised, accidents will be prevented or the likelihood of them occurring will be reduced.

## **Preventing accidents**

Unsafe acts can be prevented or minimised by one or more of the following:

- Ensuring that the foster child or others are shown and encouraged to do things properly and safely, e.g. washing hands before handling food, drying hands before switching on lights, walk up steps or stairs holding the bannister.
- Preventing the foster child doing things which they are not yet able to do properly and safely, e.g. use of kitchen appliances or sharp knives, mowing the lawn, lifting and carrying heavy objects.
- Ensuring that the foster child does not do things beyond their age and ability and preventing him or her from interfering with electrical equipment or any other item which could lead to an accident.
- Supervising the foster child to ensure that activities are carried out properly and safely.

## **How safe is the carer's home?**

Safety in the home is always relative to the ages and abilities of those who live there. It is useful to undertake a periodic "audit" of the hazards that might exist and the measures which can be taken to make it a safer environment both for the foster child and carers own family.

Unsafe conditions can be prevented by one or more of the following:

### **Inside the home**

- Check that the glazed doors or French windows are fitted with safety glass or have a protective coating
- Fit window locks - for both security and safety (*but, in the event of a fire, make sure the keys are to hand and you have a clear exit*)
- Replace or repair worn floor coverings
- Avoid infections by maintaining high standards of hygiene in the kitchen, toilet and bathroom areas
- Remove items which could cause tripping hazards
- Move the kettle and its lead so that it cannot be pulled over
- Have a fire extinguisher/blanket readily accessible
- Fit fireguards and stair gates
- Protect electrical sockets
- Ensure appliances are regularly serviced
- Ensure any faulty equipment is removed from use until repaired or replaced
- Keep medicines in their original containers and store in a locked cabinet
- Keep household chemicals, e.g. cleaning agents out of a child's reach
- Keep alcohol in a locked cupboard
- Keep matches and lighters out of reach and do not permit smoking upstairs
- Remove or re-organise trailing cables or tripping hazards
- Display ornaments in ways in which they cannot be easily knocked over

- Fit smoke detectors, if not already in place - test monthly and replace batteries promptly
- Obtain a domestic style first aid kit and replace any items which are used - always keep one in the car
- Keep a domestic fire extinguisher in the kitchen
- Ensure that there is always a clear exit from the house without the need to search for keys.

### **Outdoors**

- Check fences and gates to ensure that younger children have a safe outdoor play area and cannot leave the garden unsupervised
- Cover garden ponds if there are young children in the home
- Never store gardening, toxic or flammable chemicals, e.g. weed killers or chemicals such as petrol or butane gas in the house - keep them safe in a shed or garage and make sure they are clearly labelled
- Store tools out of reach
- Have clear rules for the control of pets
- Encourage children not to pick plants or flowers. Many harmless looking plants in your garden can cause skin irritations when touched and can be poisonous if the leaves, flowers, berries or bulbs are eaten. Some of the more common ones to watch out for include: azalea, daffodil bulbs, deadly nightshade, delphinium, foxglove, hyacinth, Lily of the valley, privet, rhododendron, rhubarb leaves, yew and laburnum.

The above are examples and there may be others inside and outside the home. The important thing is that potentially unsafe conditions are identified and remedied. Simple precautions, like the examples above, can greatly reduce the risks of accidents occurring.

The Supervising Social Worker is required to do a health and safety review as part of the foster carers annual review.

### **Safeguarding Foster Children**

Foster carers can assess the risks by ensuring that they have full information about his or her:

- Age and ability - do not assume that younger children will have been taught not to touch potentially dangerous substances and objects. Find out as much as possible about the abilities of the child and provide close supervision until this is clarified.
- Previous behaviour - any older child may have a history of self-harming behaviours or misusing substances
- Lifting and handling - if assistance with movement is needed, ensure that the carer knows how to assist and that they have necessary aids e.g. transfer

board or hoist. If in doubt, they should ask their supervising social worker about moving and handling training.

- Ensure that any prescribed medication is continued and that any specific knowledge or training needed to assist with the medication has been provided. Consider any special arrangements or provisions needed during outings are available, particularly for medication.
- Car safety - always use an appropriate child safety seat.

Should any accident occur:

- seek medical attention or advice immediately
- inform the child's social worker and carer's supervising social worker
- keep a record

### **Guidelines on hygiene**

Over recent years there have been major developments in the field of HIV infection and improvements in the early diagnosis, treatment and management of those who are affected. Policy and practice continues to change in the light of these developments but the government's guidelines on hygiene remain unchanged. Furthermore, carers should be aware of the risks posed from Hepatitis.

The following procedures are common sense precautions which provide protection against both minor and major infections that can be transmitted via blood and body fluids. They should be the standards carers use in the care of all children.

- Cuts or sores on the hands should be kept covered with waterproof adhesive dressings.
- Hands should be washed thoroughly:
  - before and after carrying out first aid procedures involving external bleeding and/or broken skin.
  - after contact with blood or body fluids (semen, faeces, urine or vomit).
- Where possible, disposable gloves should be used when carrying out first aid. Household rubber gloves should always be used if heavily soiled material, or bleach, is being handled.
- Implements which may become contaminated with blood should not be shared e.g. razor blades, tooth brushes, towels.
- Cuts or wounds which break the skin should be washed with soap and water, and covered with waterproof sticking plaster or dressing.
- If blood or body fluids are splashed onto the skin, they should be washed off immediately with plenty of water. Splashes into the eyes or mouth should be washed off immediately with plenty of water.
- Spillage of blood and body fluids should be dealt with as soon as possible.
- Ordinary domestic bleach, diluted one part in ten parts with cold water, should be poured onto the spill and then covered with paper towels. Surfaces which

may have been contaminated with blood or body fluids should be wiped with bleach as described above. Alternatively, use hot soapy water.

- Disposable items which may have been soiled with bodily fluids may be flushed down the toilet (e.g. paper towels or tampons) or burnt (e.g. disposable nappies, sanitary towels). Alternatively, waste may be sealed in polythene bags and disposed of with household waste. Vomit, urine or faeces should be flushed down the toilet and potties should be washed and dried with paper towels.
- Non-disposable items which have been soiled with blood or body fluids (e.g. terry nappies, clothing, sheets, towels) should be washed in the washing machine at 80 degrees centigrade or boiled before hand washing.

## **8. Fostering and Pets Policy**

Many families, especially those with children, have pets at some time. "Pets" covers the full range from dogs and cats, rabbits and hamsters, birds and horses right through to the more exotic or unusual such as reptiles or insects. They add something to the quality of family life and provide an opportunity for children to learn, appreciate and value animals. There are many factors to take into account when deciding whether or not to have a pet as part of the family and there are additional considerations for a foster family.

All parents are put under pressure by children to have a pet - because a friend has got one, because of television programmes, because of all sorts of romantic, and often totally unrealistic, notions about animals - especially about how much time and money they require if they are to be properly cared for.

Parents often succumb to promises usually in the full knowledge that, in the end, they will most probably be solely responsible for the animal's care - ultimately, therefore, it is the adults, or a family decision taken following lots of very practical considerations.

Having said this, looking after an animal, if only for a short time, can be a great learning experience for all children - many animals can demonstrate important values - trust, loyalty and can reciprocate affection. They can be a good companions and a great comfort. Many people feel they can make an invaluable contribution to family life.

### **Foster children and pets**

Some children will have had experience of pets with their natural families - they may have been good experiences or poor ones - parents who have abused or neglected a child may well have ill-treated an animal. On the other hand the family pet may have been a source of comfort for a child, a source of love and affection - they may

have even talked to the pet about feelings or things that have happened. Such a child will probably welcome a foster home with pets but may be anxious about having left a pet behind. Other foster children may have been hurt by an animal and be fearful or have no experience of them and no concept of how to behave towards them - both the foster child and the pet will be vulnerable.

### **Health considerations**

Some foster children will have health problems including asthma and allergic reactions to animal hair or fur. This may or may not be known prior to placement but if carers have a pet it will be important to ensure that enquiries are made.

### **Emotional and behavioural considerations**

Some foster children will have general anxieties about pets or specific ones based on past experiences. Occasionally a foster child may have previously harmed an animal. Wilful harm to an animal is not common amongst foster children and is usually associated with severe emotional disturbance:

- If this is known, the information should be passed to carers and taken into account before the placement is made.
- Carers should be sensitive to the feelings of a child, when a pet dies. A child may well invest a great deal of emotional attachment to an animal, and carers would be advised to speak to their supervising social worker as to how to help the child cope with grief and loss.

### **Can a foster child bring a pet?**

Generally this is not advisable but it is hard to give specific guidance. For example, bringing a goldfish for a short term placement is one thing but a dog for a long term placement is quite another matter.

Wherever possible this should be sorted out prior to any placement but, should it arise afterwards, a decision should be made with the child's social worker. Foster carers should not feel under any obligation to "foster" a pet as well as its owner - nevertheless, it may be a matter for consideration as part of a contact agreement.

### **Can a foster child have a pet?**

This, too, has no hard and fast rules - what sort of pet with what sort of needs will be very relevant. It should be approached in much the same way as you would consider a request from your own child but:

- Carers will need to consider whether or not it is a long term placement and the views of the child's parents, including what happens to the pet when he or she returns home.

Just as carers capacities for good parenting were recognised during the approval process, if they have a pet it is expected that it is cared for properly. This means:

- paying attention to health and hygiene matters around the house and the garden
- considering safety issues for the animal, children, visitors and especially any foster children.

Considering having a pet is a significant consideration and should discuss with the supervising social worker. “Significant considerations” would apply to:

- any ‘exotic’ animal
- any dog that may have an inherent potential to bite or harm

It may be advisable for a foster carer to consult a vet or the RSPCA for advice before making any decision about a pet and their suitability for introduction into a family where there are children of any particular age or vulnerability.

Family pets, properly cared for undoubtedly add to the quality of childhood experience, but some children may be allergic to animal hair or fur. Be alert to:

- Potential allergies, especially if a foster child has a history of asthma or breathing difficulties.
- "Exotic" pets, such as certain reptiles or insects; these can be potentially dangerous and are generally to be discouraged, since the safety of foster children must be the paramount consideration.
- Make sure all such pets are kept securely in their cases or cages.
- Particular care must be taken with regard to dog ownership (see below).

### **Foster Carers and Dogs as Pets**

**All carers who own a dog should complete a dog questionnaire – details to be provided by the supervising social worker.**

Many foster carers will be dog owners, or may consider getting a dog as an addition to their wider family. Whilst dogs can prove to be an excellent choice of pet, there are more complex issues associated with dog ownership than many other animals.

### **Dangerous dogs**

The government recognises four breeds of dog as being ‘dangerous’; the Pit Bull terrier, the Japanese Tosa, the Fila Brasileiro and the Dogo Argentino.

Since 1991, following the Dangerous Dogs Act, the government has made it illegal to breed, own, sell or exchange these animals. The legislation also applies to dogs which have been crossed with those breeds listed above (in some cases, this will apply to Bull Terriers, which have been described as Irish Staffordshire, American Staffordshire and Traditional Staffordshire – dogs bred on the basis, primarily, of fighting), making ownership of them illegal.



If a supervising social worker has any concerns regarding the specific breed of a dog within a fostering household, they can request a vet's inspection to verify that the animal is not on or linked to those registered under the Dangerous Dogs Act.

### **Dog characteristics**

Keeping any dog can bring with it risks. Deaths and serious injuries, caused by pet dogs, whilst rare, do create a large amount of press interest, often pinpointing specific breeds as 'dangerous'; Rottweilers, Dobermans and Staffordshire Bull Terriers, for example. Whilst breeders recognise that some dogs might retain vestiges of the characteristics they were initially bred for, such as 'alertness', 'fearlessness' or 'docility', over time these have become lost as the animals main use is now that of a domesticated pet. What matters far more, is the individual temperament of any dog within a carer's household.

### **Dogs within a fostering household**

A dog is, by its very nature, a pack animal and any such pack requires a leader. It is crucial, therefore, that a carer and their family members are seen to be at the top of this hierarchy and that the dog's behaviour and disposition reflect this.

While the authority acknowledges that carers can own more than one dog, where there are three in one household, this will constitute a pack. This is not, inherently, a danger to children or members of the household but a risk assessment will need to be taken, in order to assure the authority that it will be safe to place a child in that household.

When fostering, it is important to take into account how bringing a 'stranger' into the household, will affect a dog – they are as much a part of a carer's family as their own children, and as such, similar considerations must be made. It can impact significantly on the routine you have established with your pet and a carer may have to review how they will manage their time accordingly.

In the interests of hygiene, especially with children who may not have lived with dogs before, it may be necessary to limit the animal's access to a specific part of the house and garden. Likewise, it will be important to explain to a child or young person in care a set of rules around behaviour towards the dog; the dog should be initially introduced on a lead, to avoid the risk of injury to a child and the child should be made aware that the animal is to be treated with respect and caution, but not without affection. A dog is not a toy and, even those which are considered 'good natured' can act aggressively if they are mishandled.

Even when a placement is established, it is very important that the carer remains vigilant at all times, when the dog is around their children and the children they care for.

## **Issues of concern to the supervising social worker**

Prior to, and during a placement, the supervising social worker will need to consider the following issues around the dog within a carer's household. Whilst these may not prevent a placement going ahead, they will help create a better indication as to whether it will be safe or appropriate to place with those carers:

- Breed and pedigree. As mentioned earlier, if the breed of the dog is in question, it may have to be clarified. It will be useful too, to know if the animal was acquired from a legitimate breeder – such breeders will often provide advice and guidance to owners as to the best way to care for the dog.
- Dogs from rescue centres, puppies and older dogs. Dogs that have been rescued may have had a history of neglect or abuse, which can be reflected in their behaviour.
- Older dogs may be less able to cope with the stresses of having a new family member whilst puppies may be more boisterous and lively, which would necessitate warning a child in advance before being placed.
- Behaviour. Supervising social workers will need to know how long a dog has been living within a carer household – a dog that is new will not yet show an established pattern of behaviour. They will also need to observe how the pet interacts with its owners and with strangers; is it aggressive, friendly, over friendly, does it respond to commands, does it require constant attention – and also, how do family members interact with the dog; is it treated fairly and with kindness, is it overly submissive (tail between legs, yawning, head down), do carers need to repeat commands or raise their voice in order for the dog to obey. It is also important that carers can prove that the dog's routine will not be overly disrupted with the placement of a child in care – if they are deprived of sufficient exercise, the dog may well become bored and its behaviour can change as a result.
- Hygiene. Carers should make clear that there are boundaries in place for the dog within their home – that they eat separately from family members and are not allowed to beg at the table during mealtimes. Dogs should not be allowed to sleep in the same room as children nor should they be allowed to foul in play areas or areas outside the house where children are likely to be.

## **Further information**

BAAF practice note 42 – Placing children with dog-owning families

## **9. Firearms Policy**

Some foster carers may be holders of firearms certificates and must comply with the Firearms Rules, 1998, in particular the requirement that they be securely stored to prevent access by "an unauthorised person", including foster children.

### **Specific Advice with Regards Airguns**

It is an offence for people aged 14-17 to carry an airgun or airgun ammunition in a public place, even if it is in a secure cover, unless accompanied by an adult aged 21 or over. A child, under the age of 14 cannot use an airgun.

It is an offence to possess an airgun in a public place without lawful authority or reasonable excuse.

It is an offence for an unsupervised person aged between 14 and 17 to fire airgun pellets beyond the boundaries of private land on which they have permission to shoot.

For airguns which use capsules of compressed carbon dioxide or compressed air chambers, spring or battery mechanisms, which are an integral part of the gun (such as Airsoft and BB guns), the law as of 2007, states that a young person under the age of 18 cannot purchase such a weapon, and a young person under 14 cannot use such a weapon. The VCR act of 2007 states:

*“(7) A realistic imitation firearm brought into Great Britain shall be liable to forfeiture under the Customs and Excise Acts.*

*A person is guilty of an offence if— (d) he brings a realistic imitation firearm into Great Britain*

*(9) An offence under this section shall be punishable, on summary conviction— (a) in England and Wales, with imprisonment for a term not exceeding 51 weeks or with a fine not exceeding level 5 on the standard scale, or with both.”*

The core message is that a person, under 17 years of age, cannot own an airgun and a young person under 14 years of age cannot shoot an airgun. Neither can foster carers, as an adult, buy a young person an airgun, as a gift on their behalf.

The police take these matter very seriously and any infringement of the laws can result in being charged with offences such as Armed Trespass or can be covered under ASBO legislation.

Foster children should not be allowed to either possess or use an air gun.

Carers who feel that this policy is likely to be problematic for them should discuss it with their supervising social worker and/or the child's social worker

### **Specific Advice with Regards Toy or Replica Guns e.g. BB Guns**

**Advice taken from the Bedfordshire Police:**

There is no law relating to the possession of toy guns in public places but if someone carrying one puts other people in fear or causes distress, then that person is committing a criminal offence. They also run the risk of injuring themselves or anyone around them.

If the police are called, they have to react as if the firearm is real – and anyone brandishing any type of gun (real or not, loaded or otherwise) is putting themselves in danger.

**Advice taken from Derbyshire Police:**

“... under the [Anti-Social Behaviour Act 2003](#), which was introduced in January 2004, it is an arrestable offence to carry an imitation firearm in a public place without permission, whether or not it is capable of discharging a shot or a bullet. Carrying an air weapon in public, loaded or not, is also an offence. The maximum penalty is six months imprisonment.”

### **10.) Tattoos and Piercing Policy**

Foster carers must not give permission for any child to have a Tattoo or Body piercing. The Tattooing of Minors Act, 1969 prohibits the tattooing of persons under the age of 18 (except for medical reasons). The breaking of skin for the purpose of inserting a coloured dye or to insert studs or rings could constitute an assault and if piercing is in the area of genitalia, a sexual offence may be committed.

### **11.) Safe Transportation of Children Policy**

Children aged up to and including 11 years are not big enough to travel without a child car seat or booster seat/cushion, until they are four feet and five inches tall. Until then, the adult belt will not fit properly and they are safest using a suitable child car seat. Relying on adult seat belts, before the child is old enough may put them at higher risk of injury, in particular to internal organs, if the belt does not fit properly across the pelvis.

#### **Child's Weight and Approximate Age**

##### **Up to 13kgs (approximately birth to 9 to 12 months)**

A rear facing baby seat which can be used in the front or rear of the car – **do not** use on a passenger seat fitted with an active front airbag. In some vehicles, it may be possible to switch off the airbag – if unsure a carer should refer to the vehicle handbook.

It is stipulated that carer's keep babies in rear facing baby seat as long as possible. Move the child up to the next size of car seat, when they have reached the weight

limit of their baby seat or when the child's head can no longer be contained fully within the baby seat. Carers must not be tempted to move to a forward facing seat simply because the child's feet are pressing against the adult seat back.

### **9-18kgs (approximately 9 months to 4 years)**

A forward facing child car seat with integral harness that can be used in the front or rear of the car.

### **15-25kgs (approximately 4 to 6 years)**

A forward facing booster seat which can be used in the front or rear of the car and which is designed to raise the child so they can use an adult seat belt safely across both their chest and pelvis.

### **22-36kgs (approximately 6 to 11 years inclusive – up to 135cms in height approx 4'5")**

A forward facing booster cushion which can be used in the front or the rear of the car and which is designed to raise the child so they can use an adult seat belt safely across both their chest and pelvis. In many cases booster seats can be converted to booster cushions as the child develops.

## **Car Insurance and Vehicle Maintenance**

As part of the authority's Health and Safety Checklist, all carers who own motor vehicles which are used to carry foster children, will be expected to produce documents to verify that they are allowed to drive the vehicle (a valid driving licence), relevant insurance and, where applicable, proof of roadworthiness (a current MOT certificate). When a driver becomes a carer for Derbyshire County Council, it is advisable to inform their insurers of this new role - a person should declare that they are foster carers when taking out the insurance and that they have made it clear to the insurers, that they will be carrying foster placements as passengers. The majority of insurers will consider the foster placements to be part of the family and that they do not present a much greater risk and it is likely that premiums will remain unchanged as a result.

## **Taxis**

There may be occasions when a foster child will have to be transported by a taxi. To minimise any possible risks, the following guidelines should be observed:

- All children, when travelling by car or taxi, should wear a seat belt or use an age/size appropriate car seat or booster cushion.
- Children under the age of 10 must be escorted on any journey and any child with special needs and/or extreme behaviour.
- The carer must use a taxi company that has been approved by their supervising social worker's manager.
- Where possible, carers should confirm that the driver and escort has been

- CRB checked.

## **12.)Clothing**

Children should be dressed in clean, serviceable clothes that are appropriate to their age, size and gender with clothing set aside for outdoor play and activities.

The experiences that have led to a child becoming looked after, may well have affected their self-esteem – furthermore, many children in care are susceptible to being bullied or teased. This could worsen, if the child is poorly or inappropriately dressed and being able to help choose and purchase their own clothes, will improve their confidence.

During the placement, the supervising social worker and carer will determine the adequacy of the child's wardrobe. If clothes need to be replaced, funds are set aside within the weekly fostering allowance (refer to the Financial and other information for Foster Carers handbook) according to age range alongside additional payments, which may be accessed for unique or emergency clothing purchases with additional funding available for school uniforms.

A child's clothing is included in their personal belongings and should be taken with them when they are moved to another placement. Children may well be sentimentally attached to items of clothing, which they have outgrown, are damaged or in poor condition – it is understandable that the child or youngperson will wish to keep these items, but we would urge carers to remember that any child in their care is dressed in clean, presentable clothes.