

Foster Carer Handbook

Cardiff Cares
Foster a child



Cardiff Council



The copyright in the material in this Handbook is owned by the City of Cardiff Council unless otherwise stated.

Brief extracts of the material may be reproduced under the fair dealing provisions of the Copyright, Designs and Patents Act 1988 (Sections 29 and 30) for the purposes of research for non-commercial purposes, private study, criticism, review and news reporting.

acknowledgements

During the preparation of this handbook we have consulted widely with Foster Carers and Children's Services staff in Cardiff and we have also looked at Handbooks produced by other Fostering Services. We would like to say a big thank you to everyone who has helped us. We are especially grateful to Fostering Network (Wales) and to the London Borough of Bexley.

We have drawn on publications from Russell House Publishing and Papworth Publishing in developing the Handbook and we appreciate their willingness to give consent for this. We have marked their extracts in the text and provided details of the original work. We would also like to thank Ann Wheal¹, whose book "The Foster Carer's Handbook" (Russell House Publishing) provided inspiration as well as the specific material we have used with her permission in the text.

Whilst we have checked the contents for accuracy; policies, procedures, legislation and guidance all change and so we will update the Handbook whenever possible to ensure that it is up to date.

¹ Ann Wheal
Senior Visiting Research Fellow, Division of Social Work, University of Southampton,
Highfield, Southampton. SO17 1BJ
Aw5@socsci.soton.ac.uk



contents

Topic	Page
Acknowledgements	5
Introduction	25
How to find your way around this Handbook	25
Section One: What is Fostering?	26
Areas of Competence for Foster Carers	27
Caring for children and young people	27
Providing a safe and caring environment	27
Working as part of a team	27
Own development	27
The Foster Carer Agreement	28
What the Council expects of Foster Carers	28
What Foster Carers can expect from Cardiff Council	31
Fostering Regulations	32
Section Two : Fostering for Cardiff	33
Introduction	33
Different Types of Fostering	34
Short Term Fostering	34
Long Term Fostering	34
Respite Care	34
Remand Carers	34
Fostering Schemes	34
Teen Scheme	35
Support Care	35
Other Forms of Fostering	35
Friends and Family	35
Private Fostering	35

Topic	Page
Independent Fostering Providers	36
Adoption	36
Being a Foster Carer	36
Preparation and Assessment	36
Police and Health Checks	36
Information about You	37
Approval	37
Fostering Panel	38
Foster Carer Agreement/Contract	39
How many children can you Foster?	39
Annual Reviews	39
Evaluation Forms for Carers	40
Significant Changes	40
Conflicts of Interest	40
Moving	40
Termination of Approval	41
Support for Foster Carers	41
Active Card	41
Children's Health	41
Computers for carers (C4C) scheme	41
Counselling Service	42
LAC Education Team	42
Educational Psychologists	42
Equipment	42
Events	42
Formal Support Groups	42
Fostering Advisory and Consultative Board (FACBO)	43
Fostering Network	43
Informal support groups / coffee mornings	44
Mentoring Scheme	44
Respite	44
Supervision	44
Support from an external source	44
Training	44
Training and Development (T&D) workshops	45
Making Comments and Suggestions to Help Improve our Service	46

Topic	Page
Complaints	46
Complaints and Allegations against Foster Carers	46
What happens if a child makes accusations of abuse against Foster Carers?	46
Complaints by children and young people in placement	48
Tros Gynnal Children’s Advocacy Team (CAT)	49
The Children’s Commissioner for Wales	49
If the complaint is about you	50
Reporting the investigation of the Complaint to the Fostering Panel	51
Training on the Complaints Procedure	51
Care Standards Inspectorate for Wales (CSSIW)	51
How to Make a Complaint	52
Complaints in relation to the Foster Carer Agreement	52
Children Act Procedure: complaints on behalf of a child placed with the Carer	52
Cardiff Council’s Corporate Complaints Procedure:	54
Complaints by a Carer	54
Annual Report to the Care and Social Services Inspectorate for Wales (CSSIW)	55
Miscellaneous	55
References for Foster Carers	55
Section Three : Cardiff Children’s Services	56
Who is Who and Who Does What?	56
The Fostering Service	58
The role of the Fostering Social Worker	58
Additional Support for Remand Carers from the Youth Offending Service	59
The Children’s Social Work Teams	59
The Child Health and Disability Team	60
The Residential Service	60
Family Support and Intervention Service (FISS)	60

Topic	Page
LAC & Leaving Care Service 14+ Team	61
Emergency Duty Team - Out of Hours	61
Youth Offending Service (YOS)	62
Section Four : Planning for Placements	63
Before a Child is Placed with You	63
Emergency Placements	63
Respite Placements	64
What information will I have?	64
Health Assessment	65
Initial equipment and clothing	65
What a child might bring with them	65
Bedrooms	66
Can Foster Carers refuse to take a child?	66
Planning the Placement with You	66
Settling in	67
Your own family	68
Names: what should we call each other?	68
Confidentiality	69
Sharing Information within Your Own Family	69
Questions Children and Young People will Ask You	70
Delegated Authority	72
Granting Delegated Authority	72
Areas to be considered when delegating authority to Foster Carers	73
Withdrawal of Delegated Authority	80
Delegated Authority Summary (Aide Memoir)	81
Section Five: Living Together	82
Child Development	82
Attachment	82

Topic	Page
Managing Behaviour	83
Promoting positive behaviour	83
How do children learn how to behave?	83
House “rules”	84
Sanctions	85
Ideas for being effective and fair	85
Corporal Punishment	85
Using Sanctions	85
Suggested Sanctions	85
Restitution	86
Reparation	86
Loss of privileges	87
Time out	87
Time In	87
Loss of pocket money	88
Using Restraint	88
Age related tactics	88
Babies: Prevention	88
Toddlers: Distraction	89
Nursery and Young School Age Children	89
Teenagers	89
Talking about behaviour	90
Difficult Behaviour You May Need to Manage	90
Aggression and bad language	90
Anger	90
Attention seeking	91
Clinging	91
Depression	91
Food Problems	92
Frozen Watchfulness	92
Hostility to Parents	92
Hyperactive Children	93
Immaturity	93
Indiscriminate Affection	93
Jealousy	93
Lying	93
Refusal to speak/saying “no” all the time	94
Stealing	94
Wetting/Soiling	94
Whining	95
Winding you up	95

Topic	Page
Children Missing from Placements	95
If A Child Goes Missing	95
What should a Foster Carer do when a child is absent without authority?	96
How to respond when the Child Returns	97
Your Feelings	98
Payments	98
Health	99
The LAC Nurse and the Children First Health Team	99
The Role of the Foster Carer	99
Health Records	100
GP Registration	100
Health Assessments	100
Consent to Medical Treatment	101
Who can sign consent on behalf of the Council	101
Giving Medication to a child in Foster Care	102
Access to Specialist Services	103
First Aid	103
Minor cuts, scratches and grazes	103
Severe bleeding	103
Objects in wounds	104
Severe burns	104
Minor burns	104
Clothing on fire	104
Fractures	105
Specific Health Issues	106
Accidents	106
AIDS and HIV	106
Allergic Illnesses	107
Asthma	107
Hayfever	108

Topic	Page
Eczema	108
Aspirin	108
Attention Deficit Hyperactivity Disorder (ADHD)	108
Bedtime/Sleep	109
Body Piercing	110
Burns	110
Chicken Pox	110
Contraception	111
Death of a Child Placed with You	111
Children with a life threatening illness	112
Depression	112
Development	113
Diet	113
Drugs and Substance Misuse	113
What should I look for?	114
What drugs might young people take?	115
Injecting drugs	115
How can I help prevent drug abuse?	116
Where can I get advice?	116
What should I do if I find illegal substances in my house?	117
Solvent Abuse	117
What might young people sniff?	117
Why do young people sniff solvents?	117
What should I look for?	118
How can I help?	118

Topic	Page
Ears	119
Eating Disorders	119
Eyes	120
Feet	121
Fever	121
German Measles	121
Hepatitis A (Yellow Jaundice)	122
Hepatitis B	122
Hepatitis C	123
Hospitalisation	123
Immunisations (Prophylactic and Preventative Treatment)	123
Childhood Immunisation Schedule	124
Masturbation	125
Meningitis	125
What are the signs and symptoms?	125
<i>If the child is ill or obviously getting worse, do not wait for a rash. It may be late to appear or not at all.</i>	
Mental Health	126
Mumps	127
Nits/Headlice	127
Periods	128

Topic	Page
Pregnancy	129
Puberty	129
Private Parts	129
Changes in their bodies	130
Wet dreams	130
Self Care	130
Self Injury	130
Serious Accident and Illness	131
Sexual Health	131
Sexual Identity and Gender Identity	134
Sun: Safety in the Sunshine	135
Teeth	136
Toileting Issues	136
Wetting - Daytime	136
Bedwetting	136
Constipation and Soiling	136
Food	137
Food and Mealtimes	137
Healthy Eating	138
Food Safety and Hygiene	138
Health and Safety	138
Our expectations	138
Alcohol	138
Smoking	138
Fire Risks	139
Garden: reducing risks	139
Using computers and the internet	141
Hazards	143

Topic	Page
Keeping Children Safe	144
Cars	144
Bikes	145
Bedroom	145
Kitchen	145
Pets	145
Safety and Accident Prevention	146
Burns and Scalds	146
Falls	147
Safety	147
Cuts	147
Poisons	147
Drowning	147
Electricity	147
Away from home	148
Our Expectations of you in respect of day to day safety	148
Caring for Babies	149
Sleeping Position	149
Temperature	150
Recommended Developmental Reviews	150
Milestones: Infants aged 0-1 years, 1-2 years	150
Children with Disabilities	150
In General	150
Equipment	151
Adaptations	151
Lifting and Handling	152
Education and Children with Special Needs	152
Speech and Language	152
Section Six: Working with Looked After Children	153
Introduction	154
Communication	154
Values	155
Culture and Religion	155
Skin and Hair Care	155

Topic	Page
Children seeking asylum in Wales	156
Discrimination	157
Loss	157
Death	157
What happens afterwards?	158/
Divorce (or separation of parents/key figures in child's life)	160
Going into Hospital	160
What should a child be told before going into hospital?	160
What should a child take if he or she is going to stay in hospital?	161
What to tell the hospital staff	161
How will the Foster Carer or the child know what will happen?	161
What should a Foster Carer tell the child when leaving at the end of the visit?	161
Bullying	161
Behaviours which may indicate that a child is being bullied	162
Helping children who are bullies	164
Friends	165
Life Story Work	165
How does Understanding the Past Help?	165
Documenting this history	165
End of Placement	168
As the day approaches	168
Unplanned ending of placement	170
Disruption	170
Moving to an Adoption Placement	171
Feedback	172
Leaving Care and Becoming Independent	172
Preparing Young People for Leaving Care	172
Care of Dependent Child Skills	174
Skills for Independence (preparation for adult life)	174
Section Seven: Working in Partnership	177
Introduction	177

Topic	Page
Written Information	178
Forms	178
Recording/Record Keeping	178
Record of Accidents	179
Diary	179
Child Protection	179
Developing your recording skills	179
End of Placement	180
Confidentiality	180
Sharing Information within Your Own Family	180
Information We Have About You	180
Planning for Children	181
Planning and Reviews of Looked After Children	181
Visits from Children's Services	182
Initial Assessment	183
Core Assessment	183
Meetings	183
Other meetings	183
Young People in Trouble	185
What rights does a child/young person have?	185
What Rights do I have as a Foster Carer for the young person in trouble?	185
What do I do at an interview?	186
Other Rules About Detention	186
Accommodation	186
Other Workers who may be in contact	186
Complaints Officer	186
Education Welfare Officers (EWOs)	186
Guardians	186
Independent Visitors	187
Tros Gynnal (Advocacy)	188
YOS Officers	188
Section Eight : Child Protection	189
Introduction	189
Definitions of Child Abuse	190
Child Abuse	190
Physical Abuse	190

Topic	Page
Emotional Abuse	190
Sexual Abuse	190
Neglect	190
Bullying	191
Child Protection Investigations	191
Investigating allegations or concerns of abuse	191
Child Protection Conferences	192
What to do if you suspect a child may have been abused	194
Indicators that a child may be being physically abused	194
Indicators that a child may be neglected	195
Indicators of emotional abuse	195
Possible signs of sexual abuse	195
What to do if a child you are caring for tells you something that indicates they may have been abused	196
What will happen next?	197
Fostering a Child Who Has Been Sexually Abused	197
What can Foster Carers do to help children who have been abused?	198
Protecting Yourself and Your Family	200
What happens if an allegation is made against a Foster Carer?	201
Training	201
Reading	201
Section Nine: Education and Leisure	202
Introduction	202
Support for Looked After Children	203
School Liaison Team for Looked After Children	203
Personal Education Plan (PEP)	203
Designated Teachers	204
School and Education	204
Children Absent from School	205
Which School?	205
Problems You May Encounter	206

Topic	Page
Children Excluded From School: Fixed Term or Permanent	207
Further Advice	208
Finance	208
Preparation for Leaving School	208
Higher Education and Further Training	209
Managing a Change of School	209
Early Years	209
Pre School Opportunities	210
Sure Start	211
Education for Children with Special Needs (Special Educational Needs: SEN)	211
Educational Statement	212
Special Needs Advisory Project (SNAP Cymru)	213
Leisure	213
Part-time Employment and Children who Perform	214
Holidays	214
Your Own Holidays	214
Passports	215
Babysitters	215
Overnight Stays	215
Day Care	217
The Importance of Play	217
Use of Computers	218
TV	219
Managing Use of TV and Computer	219
Section Ten: Working with the Child's Family and Friends	220
Introduction	220

Topic	Page
Principles	221
The Birth Parents	222
Contact	223
Contact Visits	223
Contact outside your Home	224
Contact in the Foster Home	224
Ending Contact	225
Shared Care - Helping Parents to Resume Responsibilities	225
After Placement	226
What Do I Do If	226
The child is distressed after contact?	226
The child doesn't want to go to a planned session?	226
If a Child says after contact that they do not want to see that person again?	227
If a parent rings up unannounced?	227
A parent arrives for contact but is clearly not in a position to look after the child e.g. they appear under the influence of alcohol or illegal substances	228
If parents turn up unexpectedly and demand to remove their child	228
If a child has been out with their parents and does not return	229
The importance of sharing information	229
Section Eleven: The Law Relating to Children and Young People	230
Introduction	230
The Basic Principles of the Children Act	231
Parental Responsibility	231
Children in Need	232
Court Proceedings	232
Accommodation	232
Care Proceedings	232
Contact	233
Refusing contact	233

Topic	Page
Section 8 Orders	233
Residence Order	233
Contact Order	233
Prohibited Steps Order	234
Specific Issue Order	234
Emergency Protection Order (EPO)	234
Police Protection	234
Recovery Order	235
Child Assessment Orders	235
Employment of Children and Young People	236
Marriage	236
Court Appearances and Outcomes	236
Secure Accommodation	237
Young Offenders and Secure Accommodation	238
Detained Children	238
Remanded Children	238
Sentenced Children	240
Children and Young People who have committed offences	240
Police Interviews of young people	241
The Youth Court	243
Other Legislation you may hear mentioned	244
Adoption and Children Act 2002	244
Anti-Social Behaviour Act 2003	245
Carers (Recognition and Services) Act 1995	246
Carers and Disabled Children Act 2000	247
Care Standards Act 2000	247

Topic	Page
Children (Leaving Care) Act 2000	248
Crime and Disorder Act 1998	248
Equality Act 2010	250
Family Law Act 1996	251
Housing Act 1996	251
Human Rights Act 1998	253
Immigration and Asylum Act 1999	254
Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012	255
Nationality, Immigration and Asylum Act 2002	257
UN Convention on the Rights of the Child	257
The Fostering Services (Wales) Regulations 2003	258
Section Twelve: Finance	259
Introduction	259
What does the Basic Allowance Cover?	261
Money and Children/Young People in Placement	262
Insurance	265
Money and the Foster Carer	270
Payment for Band 2 and 3 Carers	272

Topic	Page
Section Thirteen: Children who Foster	275
Appendices	276
Appendix I - Glossary	276
Appendix II - Overview of the National Minimum Standards for Fostering	289
Appendix III - Addresses	293
Key Guidance, Policies and Procedures	301
1. Procedure in respect of Safeguarding children who are placed with Foster Carers	301
2. Procedure for the acceptable measures of control, restraint and discipline of children placed with foster carers	307
3. Procedure for Foster Carers to make Representations and / or Complaints and for investigation of complaints by or about Foster Carers	311
4. Procedure and process for the review of the approval of foster carers	320
5. Foster Carer Banding Procedure	327
6. Procedure for the management of significant changes in a Foster Carer's circumstances	339
7. Guidance notes for Foster Carers on recording	345
8. Fostering Mentoring Scheme Guidance	349
9. Guidance for foster carers in relation to blood borne viruses - Hepatitis B, C or Human Immunodeficiency Virus (HIV)	355
Health and Safety Checklist	359

introduction

How to find your way around this Handbook

This Handbook is designed for all Foster Carers as a useful reference book to provide you with information and practical ideas to assist in your often difficult task of looking after other people's children. It gives helpful guidelines and information on Cardiff Council policies, procedures and practice.

We have included information about the day to day tasks of fostering, the legal framework and the impact of fostering on you and your family. We may not have mentioned every situation you will come across and if in doubt you should always talk with your Fostering Social Worker. We have included practical advice that our Foster Carers have said that they find helpful.

Throughout this handbook, we have referred, for simplicity, to children and young people placed with Foster Carers as "he/she" and/or "the child". We do recognise that boys and girls are equal, similarly that as those living with Foster Carers may be up to 18 years old, they are clearly not all children.



We hope that you find this Handbook useful. We will be regularly updating it and so if you have suggestions for improving it, or contributions such as examples of "what works" please let your Fostering Social Worker know: only in this way can we be sure that the Handbook meets your needs and helps you undertake your role as a Foster Carer.

section one

What is Fostering?

Children are in foster care because they are cannot live with their own families. The objective for Foster Carers is to provide a safe, caring, healthy and nurturing home, to help the child understand why they are looked after and to help them with the preparation for their future.

Fostering is about shared caring, taking into your home someone else's child - what you have to offer is special to you and your family. You share the child's care with their parents and with us.

The Fostering Service aims to provide stability and permanence in the lives of the children and young people who are placed with the Foster Carers in order to maximise their life chances. Through such stability the Foster Carers can play their part in developing the child's identity, ensuring their educational needs are met, promoting their health and well-being and realising their full potential.

Fostering is a skilled role. It is also unique in that it allows you flexibility, and room to develop your own skills and it can become a way of life, rewarding, enjoyable and challenging. We see Foster Carers as valuable and important members of a caring team carrying difficult responsibilities in meeting the needs of children.



Areas of Competence for Foster Carers

We use the competencies developed by Fostering Network to assess applications from those wishing to foster and to inform discussions with Foster Carers and their Fostering Social Worker in respect of training and development needs. Please refer to your "Skills to Foster" workbook for the full list. Briefly, these cover:

Caring for children and young people

- Provision of care which promotes development, health and educational achievement.
- Ability to work closely with others.
- Ability to appropriately manage children
- Knowledge of normal child development
- Ability to communicate with children

Providing a safe and caring environment

- Ability to ensure that children are safe from harm or abuse

Working as part of a team

- Ability to work with others to meet the child's needs
- Ability to communicate effectively
- Ability to keep information confidential
- Ability to promote equality, diversity and

Own development

- Ability to appreciate affect of personal experience
- Ability to recognise impact fostering will have on you and your family
- Ability to use support
- Ability to use opportunities to develop skills
- Ability to manage stress

¹The Foster Carer Agreement

² Fostering Services (Wales) Regulations 2003 and the National Minimum Standards for Fostering Services (Welsh Assembly Government)

The Foster Carer Agreement

When a Foster Carer is approved by the Council, both parties sign an Agreement, which states what each can expect from the other. The contents of the Agreement are drawn from the Fostering Regulations². The Agreement includes:-

What the Council expects of Foster Carers

To care for any child placed with the Carer as if the child were a member of the Carer's family and to promote the child's welfare having regard to the long and short-term plans for the child and in particular:-

- To ensure that the child attends school and to support his / her educational development
- To encourage the child to participate in appropriate preschool or out of school activities
- To encourage the child to participate in appropriate leisure activities
- To ensure that the child receives appropriate medical and dental treatment, keeps any medical, dental, or other health related appointments and to obtain and administer any medication/treatment as required by a medical practitioner
- To facilitate contact with the child's parents, family and friends in accordance with the Foster Placement Agreement
- To attend meetings in respect of the child when requested
- To use appropriate forms of behaviour management and not to administer corporal punishment to any child placed with the Carer, to ensure that any measure of control, restraint or discipline is appropriate to the situation and circumstances and not excessive or unreasonable and to use physical restraint on a child only where it is necessary to prevent likely injury to the child or other persons or likely serious damage to property
- To advise the Council as soon as possible if a child is absent from the Carer's home without permission
- To provide age and developmentally appropriate opportunities for learning independence skills
- To encourage the child to understand and value his/her racial, ethnic, cultural and sexual identity
- To provide care which respects and preserves the child's ethnic, religious, cultural and linguistic background
- To keep a daily log in relation to any child placed in accordance with the requirements agreed with the Fostering Social Worker
- To meet with the Fostering Social Worker at agreed intervals but in any event not less frequently than bi-monthly and to keep in telephone contact as appropriate in between such meetings
- To attend the County Support Groups for Carers and such other Support Groups as may be agreed with the Fostering Social Worker (but not less than two formal Council Support Groups a year)
- To participate in Training as agreed with the Fostering Social Worker

and in accordance with the procedure for Foster Carer Banding (2.CH.756). *(You can find a copy of this procedure in the Section on Key Guidance, Policies and Procedures)*

- To register, tax and insure any vehicle which is used to transport children placed with the Carer, to ensure that it has an up to date MOT, and to provide documentary evidence of this and a current driving licence of all those who drive the car to the Fostering Service at least annually.
- To advise the Fostering Service of any changes to vehicles, any accidents and/or any endorsements on driving licences as soon as they occur.
- To permit an annual health and safety check of the Carer's home
- To submit to a health / medical check as directed by the Council
- To permit the Council to undertake an enhanced check with the Disclosure and Barring Service (DBS) (previously known as the Criminal Records Bureau) for all those over 16yrs old in the household at intervals of not more than 3 years (with the exception of 16 and 17 year olds living in fostering households where their parents are the foster carers or who are LAC placed in the household).
- To account for and use the monies paid by the Council for the benefit of the child in respect of whom it is paid and to repay immediately any monies which have been overpaid or which have not been used for the intended purpose
- To return any equipment supplied by the Council if requested to do so
- To provide written statements for meetings about the child when requested to do so
- To give evidence in Court relating to children placed with the Carer if requested to do so
- To ensure that any information relating to a child placed with the Carer, or to the child's family or to any other person, which has been given to the Carer in confidence in connection with a placement, is kept confidential and is not disclosed to any person without the consent of the Council
- To comply with the terms of any Foster Placement Agreement
- To keep the Council informed about the child's progress and to notify the Council immediately of any significant events affecting the child
- Where the Council has decided that it is in the child's best interests that the Placement should end, to allow any child placed with the Carer to be removed from the Carer's home by any person duly authorised by the Council
- To give written notice to the Council as soon as possible, with full particulars, of –

(a) any intended change of the Carer's address;

(b) any change in the composition of the Carer's household;

(c) any significant change in the Carer's health or of a member of the Carer's household;

(d) any offence for which the Carer or of a member of the Carer's household is charged / arrested;

(e) any other significant change in the Carer's personal circumstances and any other event or circumstance affecting the Carer's capacity to care for any child placed or the suitability of the Carer's household;

(f) Any request or application made by the Carer or any person within the Carer's household to adopt children, or for registration for as a Child Minder or Day Care Provider

The service will address such changes in accordance with the Procedure for the management of significant changes in a Foster Carer's circumstances (Ref. 2.CH.822). *(You can find a copy of this procedure in the Section on Key Guidance, Policies and Procedures)*

- When a child moves on from placement to ensure that suitcases are available so that their possessions are able to be transported appropriately. To be aware that the Council would never view it as acceptable for a child's possessions to be moved in 'black bags'.
- To familiarise themselves with, comply with and co-operate with policies and procedures of the Council in respect of protecting children and in particular the policies and procedures entitled:

(a) "Procedure in respect of safeguarding children who are placed with foster carers" (2.CH.716)

(b) "Procedure for the acceptable measures of control, restraint and discipline of children placed with foster carers" (2.CH.719)

(You can find these in the Section on Key Guidance, Policies and Procedures)

- To advise their household and car insurance providers, that they are fostering children for the Council and to ensure that their policies include cover for accidents involving foster children and to provide evidence of compliance with this to the Council,
- To co-operate as reasonably required with the National Assembly for Wales and in particular to allow a person authorised by the National Assembly to interview the Carer and visit the Carer at any reasonable time.
- To be aware that the Local Authority will never give permission for any child to be taken on holiday within school term time.

However, it is recognised that in some exceptional circumstances a Carer may need to request that a child be absent from school. In such circumstances Carers to contact the child's Social Worker and their Fostering Supervising Social Worker to make them aware of the issues as soon as possible. Consent for a child to be away from school during term time (in exceptional circumstances) will require the authorisation of a case-management Operational Manager.

- To give at least 28 days notice in writing should they wish to end a child's placement.
- To give at least 28 days notice in writing should they wish to cease being a Carer for the Council.

What Foster Carers can expect from Cardiff Council

- The Council will allocate each Carer a Fostering Social Worker whose role is to support the Carer in undertaking the fostering task.
- The Fostering Social Worker will make at least six planned support visits a year with additional visits as required. At least one visit a year will be unannounced.
- The Fostering Social Worker will assist the Carers in identifying their training and development needs and will advise them of the appropriate means of addressing these. Carers are expected to address these needs in the identified way. Carers will also have access to a range of courses offered by the Council.
- The Council will provide a formal County Support Group for all Carers which will meet at least four times a year and which all Carers are expected to attend. Additional informal Support Groups will also be available.
- The Council will pay an allowance for each child in placement, in accordance with the terms set out in the Financial Section of the Cardiff Foster Carer Handbook and at the rates determined by the Council.
- The Council will consider the provision of respite care to support complex placements.
- The Council will pay a retainer for up to six weeks to Band 2 and 3 Carers when they have a vacancy and are available to take a placement as outlined in the Procedure for the payment of placement retainers in respect of children and young people in Cardiff Council Foster Care (2.CH.744). Carers can be provided with a copy of the procedure. Carers who wish to have a copy should make a request to their Fostering Social Worker.
- The Council may suspend the approval of a carer pending an investigation of any serious complaint.
- If the Approval is withdrawn as a result of a Review, the Council is required to pass the details to the Disclosure and Barring Service (DBS).
- The Council will pay a retainer to Carers who have their approval suspended whilst an investigation is ongoing due to them being the subject of a serious complaint.
- The Council will pay the annual membership fee for the Carer to join Fostering Network or any successor to that organisation or such similar organisation as the Council may determine.
- The Council will fund independent support for Carers whilst an investigation is ongoing due to them being the subject of a serious complaint; this support will be provided via the Fostering Network or any successor to that organisation or such similar organisation as the Council may determine.

- The Council will provide such specialist equipment as it considers necessary to meet the needs of the child in the placement.
- The Council can undertake a review of a Carer's approval at any time but will carry out a review on an minimum of an annual basis (in accordance with the Council's procedures for Foster Carer Reviews).

Fostering Regulations

We provide our Fostering Service in accordance with the Fostering Services (Wales) Regulations 2003 and the National Minimum Standards for Fostering Services (Welsh Government).

We are inspected annually by the Care and Social Services Inspectorate (Wales) (CSSIW) and as part of the Inspections, a sample of Foster Carers are interviewed by the Inspector(s). If you are selected as part of a sample, we will let you know what to expect and give you information about the visit. The meeting is confidential and you will not be identified in any reports of the inspection. The Inspectors send us a report after their inspection with their findings and recommendations for actions to improve our service.

The Regulations also require the Council, as they do other Fostering Providers, to notify CSSIW of Significant Events such as:

- Death of a child placed with Foster Carers
- Serious illness or serious accident of a child placed with Foster Carers
- Outbreak at the home of a Foster Carer of an infectious disease which in the opinion of a registered medical practitioner should be notified
- Involvement or suspected involvement of a child placed with Foster Carer in prostitution
- Serious incident relating to a child placed with Foster Carers necessitating calling the police to the Foster Carer's home
- Any serious complaint about any Foster Carer
- Instigation and outcome of any child protection enquiry involving a child placed with Foster Carers

The CSSIW may ask for further information for example, the outcome of any investigation, which we will provide.

section two

Fostering for Cardiff

Introduction

Fostering is one of many services provided by Cardiff to support families who are in crisis. Where possible we try to keep families together. However, sometimes children and young people need to be cared for outside of their families, either through the Courts on a Care Order, or accommodated with their parents' consent. Foster care means looking after someone else's child in your home and working closely with their family. This is a difficult and demanding job which requires an ever increasing level of skill and responsibility. Our Fostering Service operates in accordance with the legislation; in particular, the Fostering Services (Wales) Regulations 2003 (referred to as the "Regulations") and the National Minimum Standards for Fostering Services (the Minimum Standards).

The Regulations require each Local Authority to produce a Statement of Purpose which sets out its aims and objectives in relation to the Fostering Service; provides information about its manager, staff and organisational structure; sets out its procedures for the recruitment, approval and support of Carers; summarises its complaints procedure and indicates the numbers of approved Foster Carers and children placed. The following section is drawn from the Statement; if you would like to see the full Statement, please ask your Fostering Social Worker.



Different Types of Fostering

Some children need a secure home environment for a short period. Other children will need a home for longer periods and some will need a permanent foster home.

Some of our foster carers specialise in one particular area while others like to take a mixture of children with different needs. It really depends on the the best type of foster care suited to you, your lifestyle and your family

All our Carers are allocated to a Band (1, 2 or 3) in accordance with an evidence based assessment of their skills and this determines the allowances that we pay.

- **Short Term Fostering**

Foster Carers approved as non permanent Carers can take children and young people within the age range for which they are approved for periods of days, weeks, months or years, but it is never intended to be a permanent placement. Most children will return home.

Some short term Carers take younger children who are waiting to be placed for adoption. This is a specialised resource which assists a young child to move on to a permanent family.

- **Long Term Fostering**

These Carers offer placements to children who are not able to live with their family, but maintain significant relationships with them; so adoption would not be the best way of meeting their needs.

- **Respite Care**

These placements offer defined care for a very short period e.g. as a series of placements to enable a child and his family to have a break from each other, or as part of the Care Plan for the child, for the child to stay with a second set of Carers to give the first set a break e.g. to go on holiday. We also look to recruit Carers who are specifically offering respite; either in their own home or by moving into the Foster Home in which the children are placed. The length of the respite will be agreed when the Care Plan is discussed.

- **Remand Carers**

These placements are for young people remanded to the care of the Local Authority by the Criminal Courts, usually the Youth Court but occasionally the Crown Court. Placements are usually short term, until a Court case has been concluded and the young person sentenced.

Fostering Schemes

We have two of Fostering Schemes aimed at meeting the different needs of children and young people in care.

- **Teen scheme** - short term fostering caring for young people aged 12-16 year olds
- **Support Care Scheme** - this type of foster care is time-limited and is a form of support that is offered to families of children who could potentially end up being taken into permanent local authority care if they did not receive such assistance. It is only possible to access the Support Care Scheme if the Family Support and Intervention Service (FISS) are also involved as part of the package of support being offered to the family. Support Care placements may be for a weekend, a month, a fortnightly overnight stay or an after-school session. The length of time a placement lasts is dependent on the individual case, but is typically over a 6-9 month period.

Other Forms of Fostering

Friends and Family (also known as 'Kinship' Fostering)

For some children and young people there are friends or family members who agree to care for them and do so as a Foster Carer with all the expectations and responsibility that accompanies the role.

Private Fostering

Private Fostering describes the situation where a child or young person aged up to 16 (or 18 in the case of a child who is disabled) lives with an adult who is not a parent or relative or an approved Foster Carer for 28 days or more under a private arrangement (i.e. not made by a local authority or voluntary organisation with an approved Foster Carer). Under the Children Act 1989, a relative is defined as a grandparent, brother, sister, aunt and uncle (whether of the full blood or half blood or by affinity), and step parent.

Private Foster Carers are not approved as Local Authority Foster Carers. Families find Private Foster Carers themselves, and the responsibility remains with the parents to ensure that they find suitable Carers.

By law¹, those involved in the Private Fostering arrangement (both the placing parent and person with parental responsibility and the private Foster Carer) must notify their Local Authority.

If this applies to you, or to someone you know such as a neighbour or friend, please contact the Cardiff Children's Access Point and ask for advice :-

Children's Access Point
 City of Cardiff Council
 Social Care and Health
 PO Box 97
 Cardiff
 CF11 1BP
 Tel: 029 2053 6490

¹The Children Act 1989

Independent Fostering Providers

Independent Fostering Providers (IFPs) are non-statutory organisations set up to recruit and support Foster Carers to look after children in public care. They include agencies operating for profit, not-for-profit organisations and charities.

Adoption

Most children in short term Foster placements return home but if rehabilitation is not possible, adoption will be considered. For younger children we would look for families already approved as adopters. Adoption involves the permanent transfer of all the legal rights and responsibilities for the child from the birth parents to the adoptive parents. Occasionally, short term Carers ask if they can offer a permanent home to a child in their care. Fostering and Adoption are very different tasks, and families would need to be assessed and approved as prospective adopters.

Being a Foster Carer

Preparation and Assessment

It is essential that vulnerable children and young people are placed in safe and caring environments, where they will feel welcome, cared for and valued. For this reason all prospective Foster Carers go through a preparation process, during which their abilities as a Carer are assessed. This process includes visits from the Fostering Team, help with completing a detailed application form and, often, group sessions with other prospective Carers to help explore whether Fostering is right for applicants and their families. For these group sessions we use the Fostering Network's The Skills to Foster training course, which introduces applicants to the needs of children, working with parents and Fostering services, and issues such as managing behaviour. It is likely to take at least six months from the time someone expresses an interest in becoming a Carer to being approved.

Police and Health Checks

There are some offences that prevent a person from Fostering: for example, offences against children and offences under the Sexual Offences Act 1956. (You may sometimes hear the phrase "Schedule One Offences" because the initial list was Schedule 1 of the Children and Young People Act 1933 in England and Wales). To ensure that a prospective Carer is not disqualified from working with children by law, we will ask your permission to undertake an enhanced check with the Disclosure and Barring Service (DBS) (previously known as the Criminal Records Bureau). We will also undertake these in respect of anyone else in your household who is over 18. (www.gov.uk/disclosure-barring-service)

We will also want to ensure that you have no health issues which could impact on you as a Foster Carer and so we will ask your permission to contact your GP. We will also check whether concerns about you have ever been reported to Social Services, the CSSIW and the NSPCC, and if so, the outcome.

DBS and health checks are repeated at least every 3 years.

Information about You

The Fostering Services (Wales) Regulations 2003 require us to keep the following information on you:

- The Assessment of you and your family presented to the Fostering Panel and your reference
- Record of Approval and termination²
- Foster Care Agreement
- Record of placement
- Reviews of your Approval

We also keep a record of our contacts with you: e.g. visits by the Fostering Social Worker, telephone calls to and from you. Our records are kept in the Fostering Service, based at the St Mellons Centre. Social Workers in the team and allocated workers in the case management (fieldwork) services have access to it when making placements or addressing complaints. The rules of confidentiality are maintained. We will discuss with you when considering a placement what information about you will be given to the child and his/her family.

The Regulations require us to keep your records for at least 10 years after your approval is terminated.

You may request to see your file and this will be arranged, although we will obviously remove any information from third parties.

Approval

All new applicants who have completed a satisfactory assessment are presented to the Panel (see below) by the Social Worker who has made the assessment, and this will include your written contributions. The report will have been shared with you prior to Panel. You will be invited to attend.

²"termination" is the term used to refer to the end of your approval as a Foster Carer: approval may be terminated because you have given us notice or as a result of a decision by the Council (see the paragraph on termination later in this Section)

Fostering Panel

The Panel is composed in accordance with the Regulations and chaired by an Independent Chair.

The Fostering Regulations give clear guidance on the composition of Panel. Panel membership should be no more than 10 people, and must include:

- 2 social workers employed by the agency, one of whom should have childcare expertise and the other should have expertise in providing a fostering service.
- At least 4 independent members, to include one person who is a foster parent not approved by the same agency.
- At least 1 elected member of the Local Authority.

From the above, Chair and Vice Chair must also be appointed. The Chair must be someone who is not responsible for managing any worker carrying out assessments or an independent person with the necessary skills.

There is a Medical Advisor and a Fostering Team Manager acts as the Panel Advisor. Papers presented to the Panel and the discussions held are confidential.

The Panel considers:

- All applications to become approved Foster Carers
- The first Annual Review of the Foster Carer
- Any significant changes in approval criteria (which could be the result of a Review, or a significant change in circumstances)
- Reports submitted following an allegation of abuse in a Foster home, or matters arising from the abuse
- Reports submitted following a complaint about a Foster Carer
- Terminations / De-registration where Foster Carers leave the service or as otherwise required
- Developments in the Fostering Service

The Panel makes recommendations in respect of the matters it has considered to the Operational Manager of Resources who is the Council's Agency Decision Maker (ADM). Carers are notified of all decisions in writing.

The decision referred to in this letter as the qualifying determination. On receiving a letter to advise of the qualifying determination the Carer has three options:-

- Accept the qualifying determination - if this is the Carer's preferred option, the qualifying determination will be confirmed and a formal decision letter will be sent out within 28 calendar days.
- Make written representations to the Council – if the Carer chooses to make representations they must be in writing and should be received

within 28 calendar days. On receipt, the case and the written representations may be referred to a fostering panel to consider and to make a fresh recommendation. The Fostering Panel's recommendation will be taken into account when the final decision is made the Council.

- Apply for the qualifying determination to be reviewed by an independent review panel. If a Carer wishes to apply to the independent review panel to review the Council's qualifying determination, the written application and the reasons for the application must be received by the independent review panel within 28 calendar days from the of the letter. A copy of the review panel's recommendation will be sent to the Council and will be taken into account with the original Fostering Panel's recommendation when the Council make their final decision. Further information on the independent review process can be obtained from the Council and also found on the internet at <http://www.irdcymru.org.uk>

Foster Carer Agreement/Contract

The Regulations require the Council to enter into a written agreement with the Foster Carers at the time they are approved. This contract lays out the Council's expectations of Carers and the terms and conditions of partnership between the authority and the Carer (for further information about the agreement please see Section 1).

How many children can you Foster?

We will discuss this with you as part of your assessment. It is likely that the maximum number of children you may foster at any time is 3³, not including your own children or children you have adopted. It is possible in exceptional circumstances to exceed this limit; provided the children concerned are all siblings.

Annual Reviews

The Fostering Regulations require that Carers are reviewed at least every year. This Review considers the suitability of the Carer and/or their household to continue to Foster.

A Review can also be held at any other time if there is a change in circumstance or an issue of concern. Reviews are carried out at the Foster Carer's home and it is a two way process where the Carers can also express their views about the Fostering Service.

The first Annual Review is presented to the Fostering Panel (see above). Subsequent Reviews are considered by the Team Managers, unless there is a contentious issue or a significant change of approval that will necessitate the Review going to Panel. Carers are notified of the outcome of either the Panel or the Team Managers decision in writing. Carers are asked to sign a new Foster Carer Agreement following each Annual Review.

³Schedule 7 (3) Children Act 1989

Evaluation Forms for Carers

We welcome comments from our Foster Carers at all times and we specifically seek this in your Annual Review. We will use the information to help us improve our service.

Significant Changes

The Fostering Regulations require that you notify the Council as soon as possible in writing of any significant changes in your family and household.

Examples of the sorts of changes we consider significant and need to know about are:-

- If you are planning to move house
- If you do move house
- If any family member dies
- If any family member, friend or relative joins your family for more than 4 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 a person
- If your working hours change significantly e.g. part-time to full-time or to evening or weekend work
- Any change in your employment status, e.g. if you start or stop working
- Any severe marital difficulties, including one partner leaving home (even temporarily)
- A serious deterioration in the health of any family member
- Diagnosis of a serious illness in any family member
- The birth of a child to any family member living in the household
- 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
- Any other significant event which you think it is important to share

Following notification your Fostering Social Worker will arrange to visit. They will then discuss the change with their Team Manager to decide whether a formal Review of approval is needed (which may also involve a need to return to the Fostering Panel).

Conflicts of Interest

On occasion, there may be situations in which your interests as a Foster Carer conflict e.g. if we asked you to consider offering a placement to a child and you realised from the information we gave you that you already knew them/of the family. Please tell us immediately so that we can consider with you the best way to proceed.

Moving

If you are moving to a new address elsewhere it must be consistent with the Care Plan and in the child's best interests to move with you. Where you move

outside Cardiff it may be more appropriate for supervision of the child to be undertaken by the Local Authority into whose area you are moving. We will discuss this with you and the child's allocated worker.

Termination of Approval

If you decide to give up Fostering for Cardiff you need to give us notice in writing and your approval is terminated 28 days from the date of the receipt of the notice. If you have children in placement we will obviously want to discuss the implications for them of your decision and it will probably be appropriate to convene a Review of their Care Plan.

If you are considered no longer suitable for Fostering, either through the review system or because of an incident or complaint which causes concern, the matter will be considered by Fostering Panel. The Panel can recommend the de-registration of Carers. Carers will be invited to this meeting. The decision would be made by the Agency Decision Maker (ADM). As with other decisions relating to the Panel, there is a procedure should you not agree with the decision made and we will advise you of this in writing.

Support for Foster Carers

There are a number of different ways in which we provide support for our Foster Carers and these are listed alphabetically here. If you have suggestions for other ways in which we can enable you to undertake your role as a Foster Carer, please let your Fostering Social Worker know.

Active Card

You will get full access to Cardiff's leisure facilities with a full Active Card which will give you and the members of your household access to pools, Health & Fitness suites, fitness classes, cycling, sports and athletic facilities at 12 locations throughout Cardiff.

Children's Health

All children placed with Foster Carers are linked with a named Looked After Child (LAC) Nurse who can provide advice and support in respect of all health related matters. Please see Section 5 (health) for further detail.

Computers for carers (C4C) scheme

Foster Carers with school age children are provided with a computer, printer, monitor, desk and chair. Software is also loaded when the computer is set up e.g. Microsoft Office and anti-virus packages. Specialist equipment and software packages can also be provided if required e.g. to offer further assistance in using the computer if the users have a disability e.g. there is specialist software that can be of help to people with dyslexia. Please discuss any requirements with your Fostering Social Worker.

The aim of the C4C scheme is to ensure that children in Foster care have appropriate facilities to improve their educational achievements. A guide is provided for Foster Carers (C4C Information Pack) which includes specific advice on safe use of the internet by children and IT Support is available.

Counselling Service

The Council has an Employee Counselling Service for staff and Foster Carers can access this in some circumstances e.g. if an allegation is made against you, or if you would like help with managing an aspect of Fostering, such as visits by parents who have abused their child. The Service is available 9 am to 5 pm, Monday to Friday on 029 2046 8566. There is an answer phone outside these hours. You need only give your first name.

LAC Education Team

In partnership with the LAC Education Team, we are focussing hard on the prevention of the exclusion of looked after children from school.

If you become aware that a child might become excluded or has been excluded, please contact the LAC Education Team, on **029 20788493** urgently so that appropriate action can be arranged.

Educational Psychologists

The LAC Educational Psychologists provide regular drop in sessions to assist with any educational issues. They also provide paired reading sessions that may be useful in helping you encourage children with their reading.

Equipment

Where appropriate, we will provide you with equipment to enable you to care for the child. This is especially so if the child has disabilities who may require specialist equipment. Please discuss any requirements with your Fostering Social Worker. Further information is included in Section 5 in Caring for Children with Disabilities and Section 12 (Finance).

Events

Throughout the year we arrange social events for Foster Carers and their families; this includes your own children as well as those you Foster. Examples of things we've arranged in the past are day outs to working farms or theme parks and we sometimes have access to free tickets for events promoted by the Council e.g. pantomimes, the Winter Wonderland, etc.

Formal Support Groups

We arrange for people to come to speak at these groups to give Carers the opportunity to hear about aspects of Children's Services and the work of other agencies that are relevant to Fostering. The groups also allow Carers to meet together and share their experiences of Fostering.

We view these groups as a way for Carers to:-

- further develop their support networks with other Carers;
- keep up to date with current practice and procedures;
- further their knowledge and development;

and as we think that this is important, you need to attend at least two of the formal Support Groups a year as a requirement of your registration. Your Fostering Social Worker will discuss this with you.

The formal Foster Carer Support Group meets at least quarterly. Meetings alternate between day and evening so that everyone has an opportunity to attend. We also run informal Support Groups who meet on a more regular basis; if you want to know more about the groups that are running please look on our website or speak to your Fostering Social Worker.

Fostering Advisory and Consultative Board (FACBO)

FACBO was set up in 2003 and its purpose is to promote the development of Cardiff's Fostering Service.

It does this by bringing together representatives of foster carers, councillors and Fostering staff to form an advisory and consultative forum.

The board considers and comments on proposals for developing foster care policy, procedures and practice in Cardiff; developments often linked to national policy initiatives and implementing of legislation and guidance.

The FACBO Carer representatives take part in Foster Carer Support Groups to pass on information about FACBO's work and to make sure they know what foster carers think about developments so they can represent them. Foster Carers can speak to them at Support Groups or can contact them by phone or in writing, etc. to advise them of their views on issues and / or to ask that an item is added to the agenda of the next FACBO meeting.

However, it should be noted that the foster carer representatives of FACBO should not be contacted about issues relating to a specific child, as their role is designed to allow consultation on issues and is not to offer advice to carers on practice issues. Carers requiring advice about practice issues should contact their Fostering Mentor (where appropriate) or their Fostering Social Worker.

Fostering Network

The Fostering Network is the UK's leading charity for foster care. Cardiff pays for all approved Foster Carers to be members of Fostering Network. This entitles you to a range of benefits including:

- Free subscription to quarterly magazine "Fostering Now"
- Access to a free 24hr legal advice service and legal expenses cover
- Reductions on publications

The Fostering Network's website address is www.fostering.net.

The Fostering Network's Welsh office is based in Cardiff and their contact details are :-

Address: 1 Caspian Point, Pierhead Street, Cardiff Bay CF10 4DQ
Tel: 029 2044 0940
Fax: 029 2044 0941
Email: wales@fostering.net

The Fostering Network provide an Information and Advice Line, Monday to Friday 9 am to 5 pm. Outside these hours there is an answerphone. The number for Fosterline Wales is **0800 316 7664** or you can contact them by email at fosterlinewales@fostering.net

Informal support groups / coffee mornings

We hold informal support groups where foster carers can just drop in for a coffee. These take place at various locations across the City on a monthly basis. If you want to know more about the groups that are running please look on our website or speak to your Fostering Social Worker .

Mentoring Scheme

The Fostering Service have a Mentoring Scheme which links experienced Foster Carers with applicants, newly approved Foster Carers or Carers who need support and assistance with an issue that is new to them.

It provides applicants and Carers with an opportunity to discuss practical issues with someone who knows exactly what it is like to be a Carer.

If you would like to become a Mentor or think you would benefit from having a Mentor at the current time, please discuss this with your Fostering Social Worker.

Respite

We recognise that Fostering can be very stressful and so in some circumstances, we can arrange for respite so that you can have a break and/or spend time with your own children. The exact details will be discussed when we are considering placing a child with you.

Supervision

Foster Carers are managed and supervised by Social Workers from the Fostering Team: referred to as Fostering Supervising Social Workers. The Fostering Social Worker's role covers a variety of activities ranging from advice and encouragement, the practicalities of equipment and finance, and assisting Carers to undertake their task appropriately. The Fostering Social Worker will discuss with you any difficulties and problems that you have. Records of the visits are kept in the Carer's own file and held in the Fostering Team.

Support from an external source

On occasion, for example where a complaint has been made against a Foster Carer, we will arrange for support to be provided from outside the Council. The Council is aware that being the subject of a complaint can be very distressing and so your Fostering Social Worker will discuss with you whether additional support would be helpful.

Training

Training is an integral part of a Fostering career and begins during the preparation and assessment process. We run a range of courses on a twelve month cycle, sometimes during the day, sometimes in the evening. Sessions

last between 2 hours, 4 hours, or all day. Sometimes training is by external trainers, at other times by members of Children's Services. We have a very strong expectation that all Carers will attend as much training as they can and your Fostering Social Worker will discuss your needs with you on their visits and in your Annual Review so that you can develop your Training Portfolio. We meet the cost of training Carers and we will pay you your travel and child care costs.

If you have suggestions for inclusion in the Training Programme, please tell your Fostering Social Worker. Course content changes as we ensure that we are using up to date material and, where appropriate, research findings or legislation.

Our Training is currently linked to your level (Band) as a Foster Carer and covers:

- The Skills to Foster (Preparation / pre approval)
- Band 1: e.g. child development; direct work with children, communicating with children, safeguarding children, safer caring, First Aid
- Band 2: e.g. recording and report writing, challenging behaviour; the legal framework, caring for young people involved in sexually harmful behaviour
- Band 3: e.g. witness skills, preparing young people for adult life

Carers also have the opportunity to enrol on the Diploma in Social Care and Health. The Diploma is a requirement for Band 3 Carers (but obtaining it doesn't automatically guarantee progression to Band 3)

Training and Development (T & D) workshops

Throughout the year, the Fostering Service offer short, training and development workshops / sessions to assist our Carers in their training and development and to help them to keep up to date with current practice and procedures.

If you have any suggestions for topics that you would like to see covered in future 'Training and Development' workshops please speak to your Fostering Social Worker.

Making Comments and Suggestions to Help Improve our Service

We are always keen to hear suggestions as to the way we can improve our services. You can tell your Fostering Social Worker or you may prefer to take it to a Foster Carer representative of the Fostering Advisory and Consultative Board (FACBO).

Complaints

This part of the section covers complaints which may be made about you, complaints that children placed with you may want to make and how to make a complaint yourself.

Children's Services have a set of principles to underpin their response to complaints:

- Comments/feedback and suggestions are welcomed as an important way of informing the development of good practice and ultimately outcomes for children.
- Carers should be able to raise a complaint if they are unhappy with an aspect of the Fostering Service or if appropriate, to make a complaint on behalf of a child placed with them. Complaints also offer an opportunity for feedback on the service and can contribute to the way in which this is developed.
- Where a complaint is made, every possible effort will be made to resolve this informally and as quickly as possible.
- The primary concern in any complaint regarding a child/young person will be the welfare of that child or young person.
- A Carer making a complaint, or a child making a complaint about a Carer should not suffer discrimination, disadvantage, withdrawal or reduction of any service as a result of making a complaint.
- The monitoring of complaints can provide valuable management information.

Complaints and Allegations against Foster Carers

All complaints are investigated in line with appropriate procedures (e.g. the All Wales Child Protection Procedures if the complaint involves allegations of abuse).

Your Fostering Social Worker has a role in ensuring that you receive appropriate support at this time and in some circumstances this will be provided from an external source.

What happens if a child makes accusations of abuse against Foster Carers?

This can happen and sadly there are occasions when Foster Carers do abuse children.

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 the Carer
- 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
- 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

*Source: Ann Wheal, The Foster Carer's Handbook, Russell House Publishing 2000
Aw5@socsci.soton.ac.uk*

Wherever an allegation of abuse is made, Children's Services has to follow the All Wales Child Protection procedures and investigate it. (See Section 8 Child Abuse for information about the process).

This may lead to the child, and perhaps any other children placed with you, being removed very quickly if he or she is considered to be at risk. Depending on the nature of the allegation, we will not place any other children with you until the investigation is concluded. It is important that you have support during this time.

Where allegations of physical or sexual abuse are made it is likely that the police will be involved in the investigation. You may wish to seek legal advice.

It is important to keep written records at this stage; it is very easy to forget details when you are anxious and distressed.

When the investigation is concluded decisions will have to be made regarding 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 most difficult situation occurs 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.

We will tell you how we view your case. Clear unambiguous information about what informed the conclusions and what decisions have been reached is your right as a Foster Carer. If this is not made available you may choose to use the Complaints Procedure to ensure that the information you seek is given to you.

Even where allegations are completely dismissed we suggest that you check with your Fostering Social Worker that this is clearly recorded on your Foster Carer's file. It is important that a written record is kept because memories fade or distort or the staff involved are no longer in post if there is a query at a later

date. For this reason we do not destroy records relating to unfounded allegations.

All Carer's who are subject to complaints or allegations will need to be returned to the Fostering Panel for a review of their approval, even if the issue relating to the complaint or allegation is felt to have been satisfactorily resolved.

Complaints by children and young people in placement

All children who are looked after by Cardiff and who are old enough to understand are given information about how to access the Complaints Procedure. Information about making complaints can be found in the Children's and Young People's Guides however, children who are old enough to want to make a complaint may still need a lot of help to do so.

They may have a complaint about something to do with Children's Services; for example, they don't think they have enough contact with a relative, or they may have a complaint about their school.

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:

- Those which can be handled within the home, such as moans, suggestions and problems. It helps to remember that what may seem unimportant to you may be, or seem to be, very serious to a child.
- The really serious ones which must be handled formally.

Whenever a child or young person wants to make a complaint, you should advise them to talk to their allocated worker (with your help if they wish) who will be able to decide on the next steps. If for example, the issue is about contact it may be possible to arrange this if it is consistent with the Care Plan, or it may prompt a review of the Care Plan. If it is a matter relating to school, a discussion with the relevant staff may be appropriate.

On occasion, the child may make a complaint without telling you, or a member of your family. Whilst this can be distressing e.g. if it is about your care, we do have to take them seriously. Again, we would seek if at all possible to resolve them informally and as quickly as possible.

Children and young people who are looked after are made aware by Children's Services of sources of help in making complaints:

Tros Gynnal Children's Advocacy Team (CAT)

The Council believes that it is important for children and young people to have their say and so promotes the role of the Cardiff Advocacy Team (CAT).

Tros Gynnal is independent of the Council and the CAT project provides an advocacy and participation service to children and young people involved with Cardiff Children's Services. The CAT provide a service to the following groups:

- Children and young people within the Looked After System (including children and young people with a disability who are in receipt of short breaks and Unaccompanied Asylum Seeking Children)
- Children and young people within the Child Protection System
- Care Leavers
- Children in Need who wish to make a complaint against the Local Authority

Children and young people can contact the CAT directly on their free phone number, via text message or by freepost

The free phone number for children is **0800 581862**

The Children's Commissioner for Wales

The office of the independent Children's Commissioner for Wales was established initially under the Care Standards Act 2000. The Commissioner's functions cover all social care services for children regulated by the Care Standards Act and not just to those for looked after children. The services include: children's homes, local authority and private adoption and Fostering services, domiciliary care services for children with disabilities, private and voluntary hospitals and clinics, and the welfare aspects of day care provision for the under-8s and children living away from home in boarding schools.

The Commissioner's functions under the Act include:

- Ensuring that children's rights are respected through the monitoring and oversight of the operation of complaints and whistle blowing procedures, and the arrangements for children's advocacy;
- Examining particular cases;
- Assisting children in making a complaint or representation or in other proceedings;
- Publishing reports, including reports to the Assembly.

Children can get in touch with the Children's Commissioner in writing or:-

- By phone: children's free phone number = **0808 801 1000**
- By text: by texting 80 800 and starting the message with COM

The contact details for the Commissioner's offices are :-

Children's Commissioner for Wales
Oystermouth House,
Charter Court,
Phoenix Way,
Llansamlet,
Swansea.
SA7 9FS

Phone: 01792 765600

Fax: 01792 765601

Email: post@childcomwales.org.uk

Further information can be found on the Children's Commissioner's website = **www.childcomwales.org.uk**

If the complaint is about you

If a child or young person placed with you makes a complaint about you, (other than an allegation of abuse) we will always try to resolve this informally.

If we can't then we will follow the relevant procedures. This may be the Children Act Complaints Procedure⁴ or the Fostering Procedures, depending on the nature of the complaint. These are described later in this Section.

Safe Caring

You can minimise the risk of unfounded allegations being made by:-

- Attending training sessions
- Building up a support network
- Attending Support Groups
- Making use of your Fostering Network membership
- Making sure you are aware of the Fostering Network "safe care" guidance
- Keeping a daily diary of events (we provide a diary)
- Keeping allocated workers informed of events in the child's life and your feelings about these
- Avoiding situations where you are alone with young people who are sexually aware
- Discussing safe caring with your Fostering Social Worker.

You may find the Fostering Network booklet⁶, "Safe Caring" helpful as this was written from the perspective of an experienced Foster Carer.

"Safe Caring" Fostering Network 2001

⁴Children Act 1989 Section 26 (3)

Reporting the investigation of the Complaint to the Fostering Panel

In most circumstances the report of the investigation of the complaint about you will be presented to the Fostering Panel.

The Panel will consider the information and make a recommendation to the Panel Agency Decision Maker (the Operational Manager, Resources) about your registration and approval.

Depending on the circumstances of the complaint, the Panel may recommend additional training, additional support from your Social Worker. In cases of serious substantiated complaints, the Panel may take the view that they do not consider that the Carer should continue as a Foster Carer and will recommend deregistration.

You will be informed in writing of the decision and have 28 days if you wish to make written representations or wish to apply for the qualifying determination to be reviewed by an independent review panel.

Training on the Complaints Procedure

Everyone should know what the complaints procedure is and how to go about making a complaint. We think it is important that Foster Carers know about all aspects of the process and so we ask all our Carers to attend the training session on this. Please look in your Training Calendar for further detail.

Care and Social Services Inspectorate for Wales (CSSIW)

Where there is a serious complaint about a Foster Carer, the Council may notify the Care and Social Services Inspectorate for Wales (in line with the Fostering Regulations). They also notify the Inspectorate of the instigation and outcome of any child protection enquiry involving a child placed with Foster Carers.

You can contact the Duty Inspector at the CSSIW's South East Wales office (which is also their National office):-:

Care and Social Services Inspectorate for Wales (CSSIW)
Welsh Government
Rhydycar Business Park
Merthy Tydfil
CF48 1UZ

Phone: 0300 062 8888

Fax: 0300 062 8548

Email: cssiw.southeast@wales.gsi.gov.uk

As part of the Inspection process, CSSIW will have access to the Fostering Service's record of complaints.

How to Make a Complaint

There may be some situations in which you feel it necessary to make a complaint. We would always suggest that you speak to your Fostering Social Worker or the child's allocated worker first as it may be possible to resolve the issue informally. Our expectation is that we can address concerns in a mutual spirit of goodwill and respect between Carers and Children's Services.

However, if this does not lead to a satisfactory resolution, then you may want to consider using the complaints procedures. You may also choose to contact the Care and Social Services Inspectorate for Wales (address above) and/or the Commissioner for Local Administration in Wales (commonly referred to as the Local Government Ombudsman) whose address is given at the end of this Section.

A copy of the 'Procedure for Foster Carers to make Representations and / or Complaints and for investigation of complaints by or about Foster Carers' is included at the end of this Handbook in ' Key Guidance, Policies and Procedures 3'.

Complaints in relation to the Foster Carer Agreement

If you have an issue in relation to the operation of the Foster Carer Agreement e.g. in respect of your terms of approval, we suggest that you discuss this with your Fostering Social Worker. It may be appropriate to consider a Review of the approval status. The section on Approval refers to your rights to make representation to the Council should you not be happy with a decision about your terms of approval.

Children Act Procedure: complaints on behalf of a child placed with the Carer

Where your concern is in respect of a child placed with you as the Carer, and the child, where competent to do so, agrees to the complaint being made, the complaint will be dealt with under the Children Act Procedure. This was established in accordance with Section 26 of the Children Act 1989 and the Representations Procedure (Children) Regulations 1991.

The Children's Services Complaints Officer is responsible for the management of this process and can be contacted by writing to at :-

County Hall
Atlantic Wharf
Cardiff
CF10 4UW

A leaflet is available for Carers to use when making a complaint. You don't have to put the complaint in writing, and if you don't, it should be recorded on the form by the person to whom you make a complaint. A copy should then be given to you.

The case management Manager has responsibility for investigating the complaint and will interview staff and liaise with other staff as required. A response should be sent to you within 14 calendar days of receipt of the complaint, outlining the action to be taken in response. Where it is not possible to complete the investigation within 14 days, the Manager should write to advise you of any delay. This is referred to as Stage 1 Informal Complaint Procedure. You will be advised that you have the right to ask for a formal investigation if you are still unhappy with the outcome and that if you wish to do this, you must notify the Manager within 28 days of receiving the outcome of Stage 1.

The second stage of the process is referred to as Stage 2: Formal Complaint Procedure and requires the complaint to be in writing and signed by you. The case management Manager will continue to try and resolve the complaint informally with you notwithstanding the commencement of Stage 2.

The Children's Services Complaints Officer will acknowledge the formal complaint within 5 working days and will give you the name and telephone number of the person who will investigate. This person is known as the Independent Investigator and may be from within Children's Services: if so they will be someone who does not have any involvement with the management of the child's case. The Independent Person has the role of impartial scrutiniser and accompanies the independent investigator. Their role is to consider the way that Children's Services responds to the complaint and the recommendation/s that are made for action to address the issues raised. The Independent Person has to provide a separate written report within 21 days of the receipt of the formal complaint.

The Independent Investigator will interview the child and other involved people, including relevant staff and they will also review relevant case records. They will prepare a report of their findings with recommendations within 21 days of the complaint being received.

The report will be considered by the Council, alongside the report from the Independent Person. A decision will be made within 5 days of receiving the Report about the action that the Council will take as a result of the investigation and notified to you by letter.

The reports of the Independent Person and the Independent Investigator and the response to them will be sent to you within 28 days of receipt of the formal complaint. This response will detail the next stage in the process should you remain unhappy with the outcome of your complaint.

You can ask for the matter to be reviewed by the Complaints Review Panel. This is Stage 3 of the process. You must notify the Children's Services Complaints Officer within 28 days of receipt of the letter informing them of the outcome of Stage 2.

The Council will write to you within 5 days of receipt of the notification and advise you that a Panel will be convened. The Panel has three people; one is

an Independent Person who acts as Chair.

The Panel will consider oral or written representations that you as the complainant or the Council wish to make, and any oral or written representations from the Independent Person if the Independent Person is different from the Independent Person on the Panel.

The Panel will record their recommendation within 24 hours of sitting, which will be sent within 5 days to you, the Director of Children's Services, the Children's Services Complaints Officer, the initial Independent Person if different to the Independent Person at Stage 3 and the staff involved in the complaint.

The Council and the Independent Person then consider what action he/she intends to take following the recommendations in the report within 28 days of receipt of the letter from you requesting a Review Panel.

This is the end of the Children's Services Procedure. Should you remain dissatisfied with the outcome, you have the right to make further representations to any elected member of the Council, your local Member of Parliament or of the National Assembly for Wales or the Commissioner for Local Administration in Wales.

City of Cardiff Council's Corporate Complaints Procedure: Complaints by a Carer

Where the complaint is in respect of matters not directly concerned with the child, the Council's Corporate Complaints process should be used. Details of this Process may be obtained from the Children's Services Complaints Officer (County Hall, Cardiff. CF10 4UW) or the policy and a form can be downloaded from the Council's website at www.cardiff.gov.uk

We hope that we will be able to resolve your complaint within our processes.

However, you do also have the right to contact the Commission for Local Administration in Wales (formally called The Ombudsman).

The Commission for Local Administration in Wales
Local Government Ombudsman for Wales
1 Ffordd yr Hen Gae
Pencoed,
Bridgend
CF35 5LJ
Tel: 01656 641150
Fax: 01656 641199
Email: enquiries@ombudsman-wales.org
Website: www.ombudsman-wales.org

⁵ in accordance with the requirements of Regulation 8 of the Representation Procedure (Children) Regulations 1991

Annual Report to the Care and Social Services Inspectorate for Wales (CSSIW)

As part of the annual Inspection process CSSIW can ask the Council to provide a statement with a summary of any complaints made during the preceding 12 months and the action we have taken in response.

Miscellaneous

References for Foster Carers

On occasion, Foster Carers may need a reference e.g. for a mortgage or job application. Your Fostering Social Worker can write a letter which confirms that you are a Foster Carer and where appropriate relevant financial detail. However, whilst we will ensure that any information we give is factually accurate, we cannot provide a guarantee of future income.

section three

Who is Who and Who Does What?

The Director of Children's Services has responsibility for all services to children and families provided by the City of Cardiff Council.

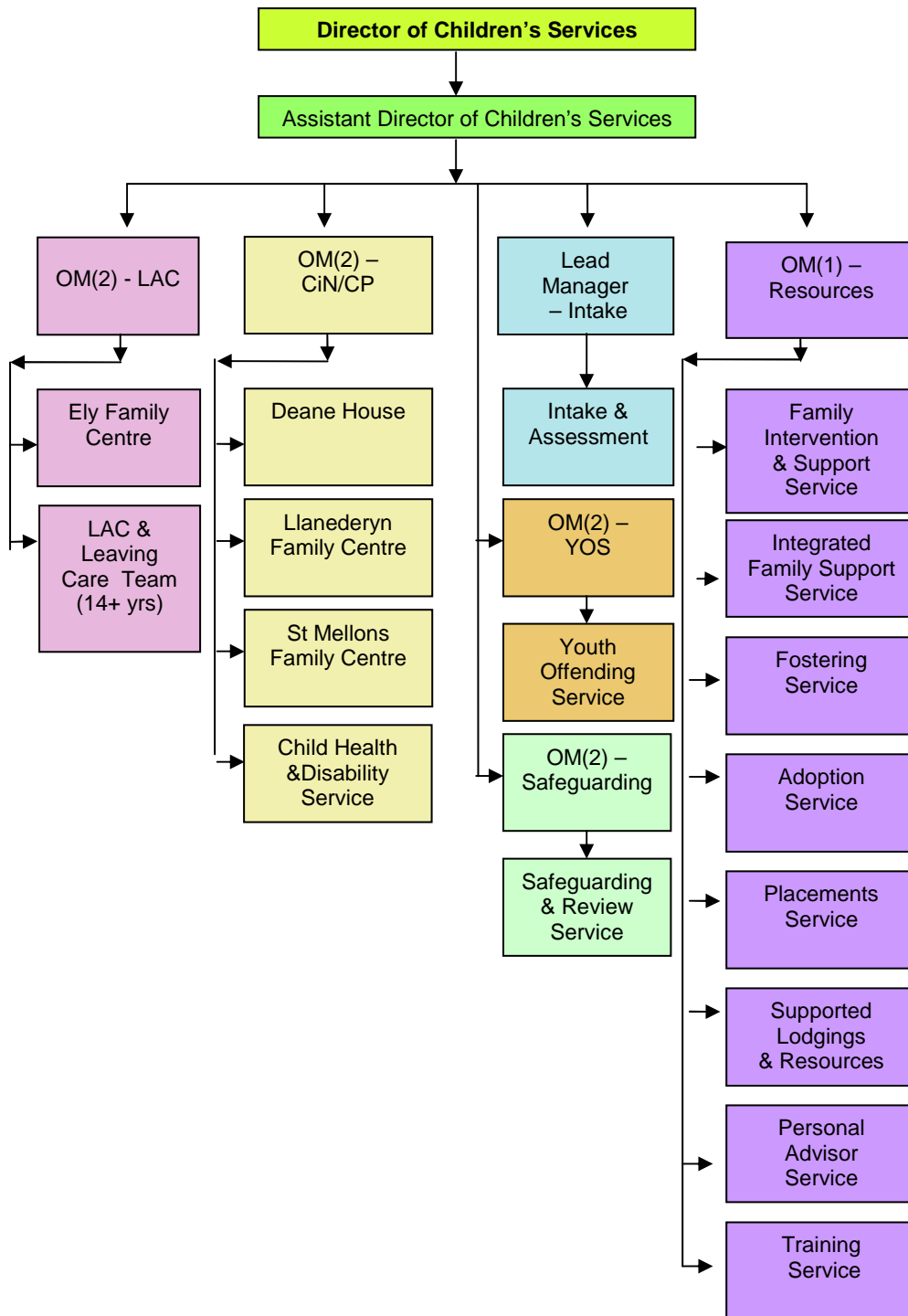
Social work services for children and families are provided by the Case Management services e.g. the Intake and Assessment Service, the District / locality Services and the Child Health and Disability Service.

The Fostering Service, is one of four services within the LAC Accommodation Services / Resources Services.

Please see the structure chart on the next page for further information about the structure of Cardiff Children's Services.



Children's Services – Structure Chart



Fostering Service

Based at the St Mellons Centre, 112 Heol Maes Eirwg, St Mellons, Cardiff CF3 1QS. Tel: 029 20873797.

The team has responsibility for recruitment and assessment of Carers and providing support to approved Carers.

There is a duty system which runs from:-

- 9am - 12.30pm and 1.30pm - 5pm Monday to Thursday
- 9am - 12.30pm and 1.30pm - 4.30pm on Fridays.

If you need to talk to a worker in the absence of your own Fostering Social Worker then please speak to the Fostering Duty Officer on Tel: **029 20873797**.

The role of the Fostering Social Worker

The role of the Fostering Social Worker is to supervise and assist Foster Carers in the task of looking after children placed with them by the Council.

This role is carried out via regular meetings with Carer(s) and, where appropriate, their family members. The Fostering Social Worker provides a link between the Carer and Children's Services to ensure that statutory regulations and agency standards in relation to fostering policies and procedures are maintained. Your Fostering Social Worker will also represent your views back to Children's Services.

Specific aspects of the Fostering Social Worker's role are to:

- Assist Carers identify their skills, strengths and development needs and enable them to participate in training and in Carers Support Groups.
- Advise and support the Carer in relation to a particular child and/or family situation e.g. How to manage difficult behaviour, preparation for moving on, contact arrangements etc in consultation with the child's allocated worker.
- Advise and assist the Carer in preparing for reviews, conferences, giving evidence in court, and any other meetings.
- Arrange and participate in the review the approval of Carers: annually, or at any time when there has been a significant change of circumstances.
- Advise and assist the Carer in recording information concerning the child in placement, both in terms of care planning and in providing a record for the child of their time in placement.
- Negotiate between the Carer and child's allocated worker where difficulties or misunderstandings arise.
- Arrange for the provision of equipment where this is appropriate.

Additional Support for Remand Carers from the Youth Offending Service

- Contact with Bail supervision staff as appropriate (they are available 24hrs a day, 7 days a week)
- Support on daily basis with ensuring school attendance and activities for older children
- Transport to court hearing etc.
- Additional support packages where appropriate.
- Assistance in assessing progress made by the young person in order to report to the Court.

The Children's Social Work Teams

Cardiff County Council has a legal responsibility to provide and safeguard the welfare of children. Every child looked after by Cardiff has an allocated worker who is responsible for planning for their future. The allocated worker will either be a qualified social worker or a social work assistant working under close supervision from a social worker.

The child's allocated worker is responsible for working with you as Carers to carry out the Care Plan. The sharing of information is particularly important - about the child, the family, your doubts – anything which affects the placement.

There are four case management (District) teams:-.

Ely based in Grand Ave, Ely Cardiff Tel **029 20578918** (the areas covered by this team are Ely, Caerau, Fairwater, Radyr, Morganstown, Pentycrh, Creigiau and St Fagans)

St Mellons based at Global Link (City of Cardiff Council, PO Box 97, Cardiff. CF11 1BP. Tel:**029 20536180**) - the areas covered by this team are Pontprennau, St Mellons, Trowbridge, Rumney, Adamstown and Splott)

Central Team (A/B) aka Llanedeyrn based at Global Link (City of Cardiff Council, PO Box 97, Cardiff. CF11 1BP. Tel:**029 2053 6333**) - the areas covered by this team are Gabalfa, Llandaff North, Whitchurch, Tongwynlais, Heath, Rhiwbina, Llanishen, Lisvane, Cyncoed, Pentwyn and Llanrumney.

Central Team (C/D) aka Deane House based at Global Link (City of Cardiff Council, PO Box 97, Cardiff. CF11 1BP. Tel:**029 2053 6300**) - the areas covered by this team are Penylan, Plasnewydd, Cathays, Riverside, Llandaff, Canton, Grangetown and Butetown.

We also have an **Intake and Assessment** Service based at Global Link (City of Cardiff Council, PO Box 97, Cardiff. CF11 1BP. Tel: **029 2053 6400**); these teams respond to initial referrals about children and undertake work over a short period of time to investigate issues of concern and/or allegations of abuse and harm.

The Child Health and Disability Service

This service is based at Global Link (City of Cardiff Council, PO Box 97, Cardiff. CF11 1BP. Tel: 029 20536194) and provides fieldwork services for Children with Disabilities and their families.

The Residential Service

Cardiff has a Children's Home, for children over the age of 10 years: **Crosslands**, 318 Cowbridge Road West, Ely. CF5 5TD
Tel: **029 2059 1392**

Family Support and Intervention Service (FISS)

FISS provides a range of family support services to children and young people aged 0 to 18, their parents and carers. The children will have been assessed by the case management teams as having multiple, complex and longstanding difficulties.

Services are based around a belief that there are unique advantages for children and young people growing up within their own families. The service provides support to parents to help them build on their parenting capacity to enhance and promote their child's health and development.

The FISS teams undertake specific time-limited pieces of work including assessments. The team are able to provide foster carers with advice and support in behaviour management as well as working with parents to develop their parenting skills in order to facilitate a return home.

Community Teams.

The 2 teams, 1 covering the West and the other covering the East of the city, offer a range of medium term services to families to assist parents and carers to improve their parenting and coping skills. The teams offer evidence – based interventions on either a group or individual basis, based on the identified need of the parents. Individual work with children and young people is also undertaken as part of this work if required. For Looked after Children the team will offer placement support to promote stability in (permanent) foster placements.

Crisis Intervention Service.

This team provides an intensive short term intervention to families to either alleviate the need for accommodation or assist in enabling the child/young person to return to the family home following a brief/unplanned period of separation.

FISS can be contacted at the Llanedern Centre (Tel: **029 20541401**).

Referrals to FISS should be made through the allocated worker for the child/young person in placement.

LAC & Leaving Care Service - 14+ Team

The 14+ Team provide support to young people aged 14 - 21 (24 if in full-time education) who are looked after or have left care. The service prepares young people for independence if it is unlikely that they can return home to their family and supports them once they are living independently. A worker from the 14+ team will become involved when a young person is 14 and will work alongside the allocated worker before taking on case accountability when the young person reaches 16 years. They also have links with a wide range of Housing Providers.

The LAC Service 14+ team are based at Suffolk House, Romilly Road, Canton, Cardiff CF5 1FH (Tel: **029 2023 9827**).

Emergency Duty Team - Out Of Hours

The Emergency Duty Team (EDT) consists of social workers and a Team Manager. Two staff are on duty out of office hours (one after midnight) to cover all of Cardiff's services.

You should contact the EDT if you feel you have a crisis situation which Children's Services should know about and which you feel should not wait until the next working day.

You should also contact them and the police if a child or young person in your care absconds (runs away) or is more that one hour late in returning home.

Remember that the EDT worker will know nothing about your situation and the child you care for. They will be able to offer advice and support and urgent action until the crisis can be dealt with in the morning by the child's allocated worker. Some examples of emergencies are a child running away, a serious accident, illness or death, trouble with the police or with parents. Never place yourself at risk.

The telephone number for EDT is **029 20788570**

Youth Offending Service (YOS)

The Youth Offending Service (YOS) is a multi-agency service that has the statutory responsibility to provide all criminal justice services in respect of children aged 10-17. This responsibility includes all criminal court report preparation and the supervision of all community based sentences imposed by the criminal courts. The YOS also supervises those children and young people who have been sentenced to period in custody, whilst they are in custody and on release.

The Team includes a range of staff including Social Workers, Probation and Police Officers, as well as staff from the Education Welfare Service, Health and a range of voluntary agencies.

The YOS is based at The Rise, Penhill Road, Cardiff. CF11 9PR.
Tel: **029 2056 0839**.

Please see Sections 7 and 11 for more detail of working with young people who have committed offences.

section four

Planning for Placements

Before a Child is Placed with You

We try as far as we possibly can to place children and young people with the in-house Foster Carer who is most likely to meet their identified needs. However, it isn't always possible for us to place children with in-house Foster Carers because we do not yet have the number of Foster Carers we require given the number of children in our care.

When a Fostering Worker contacts you about a child you should be given enough information to help you decide whether you are able to accept the placement. This will include information about known aspects of the child's history and behaviour. If it is known that the child has been a victim of child abuse you would be advised of this.

When a Case Management worker needs a placement they phone the Placements Officer who will contact the Fostering Duty Desk if fostering is the most appropriate way of meeting the child's assessed needs. The Duty Fostering Worker then tries as far as possible to match the child's identified needs to a Foster Carer with a vacancy. The child's needs will have been assessed by Case Management (see Section 7 for more detail) and a Plan set out (in agreement with the child's parents if possible) setting out the purpose of care and the actions to be undertaken to achieve this. We try to place children near to their homes and their families and with their brothers and sisters, if appropriate. We also look to meet, as far as possible, the child's racial, origin, cultural and linguistic backgrounds. Depending on their age and understanding, a child's wishes and feelings are also taken into account.



When there is sufficient time a child may be introduced to the Carers over a period of time before the placement begins.

Emergency Placements

If an emergency placement is needed out of hours, the same procedure applies but the (Emergency Duty Team (EDT) worker will do the work instead of the child's allocated worker. The EDT Worker should give you sufficient information from which to make a decision as to whether you can offer a placement; but do remember that they may not have much information themselves, especially if the child hasn't previously been known to Children's Services.

For Remand Carers, placements can be required late at night e.g. if a child is

released following an interview at a police station.

Respite Placements

We sometimes ask Foster Carers to consider offering a placement to a child who is already placed with Foster Carers in order to provide a planned break: perhaps for the Foster Carer to take a holiday with their own children. In these situations it is just as important to plan the placement; and you will be able to meet with the main Foster Carer as part of this. Where possible, if there is time, it can be helpful for the child to spend some time with you in advance of the respite placement.

Sometimes the allocated worker will ask you to consider a series of respite stays: it can be helpful to the child to know when he is coming to you. Remember many children who are in foster care have not had the opportunity of staying with relatives/grandparents in the way that your own children may do.

Ensure that you have the necessary information before the first respite period begins; this is especially important if you are not able to contact the main Foster Carer during the child's stay. It would also be a good idea to have a telephone conversation after a respite stay for feedback, and just before the next for an update.

We also offer respite or short stay placements to families where there is a high risk that the child will be accommodated. You should have the opportunity to meet the child's parent/s and ask specific questions about the child's daily routine and family rules. This meeting will also give you the opportunity of reassuring the parent/s that you are seeking to help them care for their child by giving them a break. If you are able to provide feedback after the visit/s, that will be very helpful and reinforce their role as parent.

What information will I have?

Information is vital for you in order that you can care for the child. The more you know about a child the easier it will be for them to settle and feel secure. Remember that information about a child or young person and their family is confidential. When the child comes to you at the beginning of their placement, you will be given some key documents:

- **Care Plan**
Should be completed before the placement begins.
- **Risk Assessment**
Should be completed before the placement begins.
- **Essential Information Record (EIR) Part I**
Part I provides baseline information for Carers in an emergency. All these questions should be answered before any child/young person can be left in a placement. Part II should be completed before the child is looked after. In the case of an emergency it should be completed as soon as possible thereafter.

- **Placement Agreement Part I**
Should be completed before the placement begins.
- **Fostering Placement agreement**
Should be completed before the placement begins. The agreement provides information about the objectives of the placement, how the child's needs will be met, contact arrangements and who can give consent to e.g. overnight stays, medical examinations, etc. This agreement should be signed by the Foster Carer(s), the child's Social Worker and the Fostering Supervising Social Worker by or at the initial Placement Planning meeting.
- **Essential Information Record Part II**
It is the Council's duty to provide Carers with as much information as possible about the child; within 14 days of placement. This must include background history, some details about the family, the child's previous experiences and why they need to be looked after. If the information is not available at the time of placement, because it is in an emergency, you should expect to receive it very shortly after placement.
- **Placement Agreement Part II**
Part II of the Placement Agreement should be answered before a child is looked after but must be completed within 14 days of the placement.
- **Initial and Core assessment** (if available)
- If the child is accommodated their parents hold parental responsibility for them. If there is a Care Order, or an Emergency Protection Order, you need to know this and should be given a copy of the *legal documentation*.

Health Assessment

All children who become looked after should have a statutory health assessment no later than their first Review. Please see Section 5 for further details of health related issues.

Initial equipment and clothing

If the placement is planned, there should be time to provide you with any necessary equipment. (See Sections 2 and 12). On occasion, we may agree that you should buy equipment: but please don't buy without agreement because we will not be able to reimburse you. Where we have given agreement, you can claim the money with a receipt through your Fostering Social Worker. If a child comes to you in an emergency without adequate clothing please ask the allocated worker for an Initial Clothing Grant (See Section 12: Clothing for details).

What a child might bring with them

Children will bring some of their belongings with them; e.g. clothes, toys. Please make sure that they will be kept safe as they are a link to the child's family. Remember that the child's clothes and toys may not be your choice but they are part of them.

Bedrooms

As a guide:

- Generally children and young people living with Foster Carers should have their own bedroom - no birth child of the family will share with a fostered child
- Siblings can share bedrooms but no child within the fostering household over the age of 8 years should share with a child of the opposite gender.
- Fostered children should not share with other fostered children over the age of 12 years.
- Children under the age of 11 years should be on the same floor as carer to provide required night time supervision
- Fostered children under the age of 2 years may share the same bedroom as their Foster Carers

In exceptional circumstances, this will not be possible and discussion will take place between the Fostering Social Worker and the Foster Carers to reach agreement. This will take into account the needs of the child and their views and wishes, where they are able to give these.

Can Foster Carers refuse to take a child?

It is the Foster Carer's decision whether they wish to foster a child. We know that the fact we haven't yet as many Foster Carers as we would like means that sometimes we ask Foster Carers to consider children whose needs may not match the Carer's skills. If you feel from what you have heard that you would not be able to meet the child's needs please say so. It may be that we could look at additional support or it may be that it wouldn't be an appropriate placement.

There may also be circumstances which would make the placement difficult e.g. if you realised when the child was described to you that you knew them / their family in some way, so that there would be a conflict of interests.

Where a Foster Carer refuses, or turns down, a placement, the Fostering Social Worker will be advised and may want to discuss this with you. It could be that there are training and development issues which we can help you address. Where a Foster Carer refuses more than two placements without good reason within a relatively short period of time, the Fostering Social Worker will discuss with you the implications of this for you as a Foster Carer; it may be appropriate to have a Review of your approval status. This is especially so for Band 2 and 3 Foster Carers, who are paid a retainer fee whilst waiting for placement,

Planning the Placement With You

Please also see Sections 6, 7 and 10

If possible, we try to plan placements because this increases the chances of a successful match between the child and their Foster Carer/s as well as reducing some of the worry for the child. This means that you have a chance

to meet the child and their family (or as a minimum the person who has been caring for the child) and the child's allocated worker. Your early discussions will help inform the plan for the child. This will include the contact the child has with his/her family.

Wherever possible, the child and his/her parent together with their allocated worker should meet at the Carer's home for introductions. The child should see their bedroom and get to know the family. Visits should become longer each time and it may be possible for an overnight stay.

As we saw earlier, however, it isn't always possible to plan for the child's move to the Foster Carer and so we ask that you try as far as you can to make allowances for this; it can help if you try and imagine how you would have felt in a similar situation at that age. Thinking about the child's previous experiences and their life before they were placed with you can help you understand how they are feeling when they move in with you: especially if you have a different cultural background. You can then take this into account in helping the child settle.

Settling in

As a Foster Carer you will meet a range of responses from children when they are first placed with you, depending on their previous experience (whether they have been away from home before, whether they were happy or not) their age and level of understanding. The younger the child, the more likely it is that their behaviour will indicate that they are trying to make sense of what is happening to them. For example, a small child can become very clinging. Children may have difficulty sleeping, even though they haven't before. It is important to keep to your family routines as far as possible, being as sensitive as possible to the child's new situation. At the beginning of a placement, try and build in extra time with the child to help them settle; e.g. depending on their age, doing activities together to help them understand why they can't be at home. Try and imagine how you would feel in the same circumstances. See Sections 6, 7 and 10 for more details. The settling in process for a child usually has three steps as they adjust:

- **Honeymoon period** - the first few weeks or months. The child will be trying to make a good impression. Sometimes this means that they will behave perfectly: e.g. over polite; they are afraid that you might send them away. Try and find ways of letting them know they are welcome in your family.
- **Withdrawal** - They may be depressed as they begin to realise the reality of their situation. Show the child that you are trying to understand what it is like for them but try not to intrude more than you need to at this time. You may find it frustrating because the child may not be very forthcoming. Keep alert so that if this stage continues you can seek appropriate help for the child. (*See Section 5 depression*)
- **Acting Out** – as the child begins to feel more comfortable in your home and family, they may test you out by behaving badly. Handle this behaviour as you would any unacceptable behaviour because it is important for the child to experience consistency. Find ways of

reassuring the child that it is their behaviour which is unacceptable, not them. See Section 5 for more information.

If you experience difficulties please talk with your Fostering Social Worker. Use your Log (duplicate) book to keep a record of the child's behaviour so that you can see if there is a pattern. Think about the way your home may be different from the one the child is used to so that you can take account of the differences and ensure, where appropriate, that the child is aware of how you and your family do things.

Your own family

If you have children yourself - although you as parents will undertake most of the fostering task, your own child(ren) will play an important part in making a child placed with you feel welcome. Difficult as it may be, do try and find ways of reassuring your own children that they remain as important to you as they always have been. When you have your first placement, you will all be nervous! Try not to be anxious; if the placement is planned, you will have a chance to talk with your own children about how they will help welcome the child; sometimes it can be helpful if it is your children who tell the child about your family routines. It can be a good idea to talk about how you will all welcome a child after you are approved (you will probably also look at this during the home assessment) so that you, and your children, are ready should a child be placed at short notice.

Names: what should we call each other?

Names are important to us because they are part of our sense of identity. When you are undertaking your assessment think about what children placed with you should call you. Talk with other Foster Carers and ask them how they manage this. Many Foster Carers prefer to use their first name; perhaps with "Uncle" or "Aunt" for younger children. Please do not let children call you Mum and Dad. This gives them a false idea of the relationship they have with you. You will find that children sometimes do this without thinking; if so, just gently correct them by saying the name they call you, and leave it at that.

Things that might be different in your house:

- Size of house
- Number of adults/children
- Beds and bedding
- Furniture
- Curtains
- Carpets
- Toys
- Food and where it is kept
- Language/communication
- Garden
- Atmosphere
- Pets/no pets
- House "rules" e.g. Where do you put dirty clothes, can you help yourself to biscuits / snacks / fruit or do you ask first?

Drawn from Ann Wheal, The Foster Carer's Handbook, Russell House Publishing 2000
aw5@socsci.soton.ac.uk

Confidentiality

A key part of the Fostering role is to respect confidentiality. Your role means that you will have a lot of personal information about the child and their family which you must not disclose to anyone else without the agreement of the Council. It can be difficult if other people e.g. friends and neighbours, ask you questions and so we suggest that it's best to be up front and say that you are not allowed to discuss the child's history with them.

The child has a right to privacy about their origins and their past experiences. Talk with the child about what they tell other people about their story e.g. why they don't live with their parents. You may both find it helpful to practice this with each other so that the child feels confident when saying it elsewhere. Confidential information is often discussed at Support Groups e.g. if two Foster Carers have both looked after the same child, or if a Foster Carer is seeking advice about managing a difficult situation. Information shared in this way must remain confidential to that group.

A breach of confidentiality by a Carer is serious and will be investigated by the Fostering Service: it could lead to a review of your registration status.

There will be times when a child wants to confide in you on the understanding that you will not share the information with anyone else. This will be difficult for you, but you must not promise confidentiality. See Section 8 for more information on this aspect of fostering.

Sharing Information within Your Own Family

Think very carefully about this; the aim should be only to share what is absolutely necessary. Please do not give your family, especially your children, information they do not need. Depending on the age of your own child(ren), give them only what they need to know to understand why the child is staying with you. Your Fostering Social Worker can advise you. You may also find it helpful to talk to other Foster Carers at Support Groups to see how they handle this: and the inevitable questions that it isn't appropriate to answer!

There will be some placements in which you will need to share some information with members of your extended family e.g. if there are concerns about abuse or allegations. Always check this out with the child's allocated worker; preferably when planning the placement.

The one exception to keeping information confidential would be in the very rare situation that you have to contact the police because of a risk to the child. Normally you would contact the Emergency Duty Team (Tel: **029 20788570**) who will decide whether the police should be contacted but should you not be able to contact, them, you should contact the police directly. Please advise the child's allocated worker as soon as possible as well as your own Fostering Social Worker. Please see Section 5 for further information on children missing from placement.

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

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

*Adapted from The Foster Carers Handbook,
Ann Wheal, Russell House Publishing 2000.
aw5@socsci.soton.ac.uk*

Questions Children and Young People Will Ask You

A group of five young people (Carl, Charmaine, Chris, Danielle and Selina) who are, or have been, looked after and placed with Foster Carers developed this list of questions as the basis for the Handbook they are writing for young people living with Foster Carers. They agreed that their list could be included in your Handbook because they think it will be helpful for you to be ready to answer such questions. Some of their questions would be answered by a child's allocated worker; however, they are included here because you too may be asked.

(The information to help answer these questions is all in this Handbook)

- What is Fostering?
- Who decides what happens to me?
- Where will I live? Do I get a choice? Will I be placed out of my local area?
- Will my placement be suitable to my Cultural/Religious/physical needs?
- How long will I stay in care? When can I go home?
- What will my new family be like?
- Will there be other young people at my placement?
- If I have brothers and sisters, will they be placed with me?
- Can I see my family? How often?
- Am I allowed visitors?
- Will I get my own room?
- If I have a hobby/interest, can I still do it?
- What are the rules (bedtime/coming home/what I eat etc)?
- Do I have a say?

- Can my foster parents discipline me? Can they hit me?
- What do my foster carers pay for?
- How much allowance do I get (pocket
- Money / clothes/ birthdays / Christmas)?
- Do I have to buy my own clothes/toiletries?
- Can I choose my own clothes?
- Do I have a say in what food I eat?
- Social Workers: Who are they? How can they help?
- What can I do if I'm unhappy with them?
- Who is there to listen to me and provide help if I need it? □
- Who do I turn to if I'm unhappy with my foster family?
- Can I trust my foster family? Are they trustworthy?
- How are foster carers chosen?
- What is a planning meeting? Can I attend?
- What is a review meeting? Can I attend?
- Who do I go to if I feel unsafe?
- How will I get to school if I'm put in a different area? Will I have to change schools?
- Will I be registered at:
 - The Doctor?
 - The Dentist?
 - The Optician?

- Can I see a Doctor on my own?
- Can I refuse to see a Doctor/have medical treatment?
- What are my rights?
- How can I make a complaint?
- What is Advocacy?
- What happens to me when I leave care?

Questions Foster Carers are frequently asked

This list came from a Support Group :let us know of other questions you are often asked and we can include them in an update

- When am I leaving?
- When am I going home?
- Where will I be going?
- Why am I in care?
- Will you adopt me?
- How long can I stay

Delegated Authority for Foster Carers

Granting Delegated Authority

Fostering offers children and young people the chance to experience family life. In order to provide the children and young people that they care for with normal family experience, foster carers must be able to take day to day decisions as any parent would.

Cardiff will ensure that every day decisions about the care of children and young people are delegated to their foster carer(s) unless there are clear reasons why this would interfere with the local authority's statutory duty to 'safeguard and promote' the welfare of looked after children, or there are well-founded and legally binding objections from the child or young person's parents.

The Key Principles underpinning Cardiff's policies and guidance on Delegated Authority are:

- Children and young people must be able to express their views and have them heard. The best interests of the child or young person will determine all decisions¹.
- Delegated authority to foster carers will be individually agreed for each child and young person in their care. The extent of the delegation will vary depending on: the type of placement; the legal status; the rights, entitlements and opinions of the child or young person and their parents; and the skills and competence of the foster carer.
- The foster carers will be exercising the authority on behalf of Cardiff and the responsibility rests with the Local Authority.

When a Cardiff child or young person is placed with a foster carer, the foster carer's delegated authority to take decisions will be discussed as part of the placement planning process. Agreed delegated authority will be discussed by the child's social worker with the foster carer and the child or young person's parents.

The child's social worker, foster carer and supervising social worker will complete a Delegated Authority Consent Form which will outline what authority to consent has been agreed as appropriate, taking into account the individual needs of the child and legal status. It should be considered that, without the completion of the Delegated Authority Consent Form, authority has not been delegated.

¹The United Nations Convention On The Rights of The Child (Article 3); Best Interests of the Child; All organisations concerned with children should work towards what is best for the child. (Article 12) Children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions taken into account

Where there are positive working relationships with the birth family, routinely securing parental consent will be encouraged. The wishes and feelings of the child / young person and members of their family (as appropriate) should be considered and recorded. The wishes and feelings of the foster carer should also be considered and recorded. A 'Delegated Authority – Decision Support Tool' can be used for this purpose.

The Delegated Authority Consent Form should be reviewed on a regular basis, in line with the Cardiff LAC Review timetable, to ensure that the delegated authority enables the child to enjoy the same opportunities as their peers to a family life and activities.

Foster carers will be responsible for:-

- keeping the child or young person's social worker informed about decisions taken under delegated authority (however this can be done during routine visits unless there is need for immediate consultation);
- adhering to the expectations / acting in accordance with agreements in related to decision making as detailed in the Placement Plan / Placement agreement and the 'Delegated Authority Consent Form'.

Please note: if a Foster Carer is unsure about whether they have the necessary authority to make a decision e.g. if it relates to an issue that is not covered by the child's / young person's 'Delegated Authority Consent Form' they should consult with the relevant case management service (or the Emergency Duty team Tel: 029 20788570 if an urgent issue arises 'out of hours').

Areas to be considered when delegating authority to Foster Carers

Social Care Issues

Overnight stays

Foster carers should be able to make decisions about the children and young people they foster as if they were their own child and act as a supportive parent would.

If a foster carer has been granted delegated authority to make decisions about overnight stays they could agree for a child or young person to stay with anyone that they consider suitable to care for the child (within the boundaries of what has been agreed for example, if they have been delegated authority for stays of up to 3 nights they can agree overnight stays of up to but not more than 3 nights with someone that they feel suited to caring for the child for that period of time).

Please note: in cases where the foster carer has been delegated authority to make decisions about overnight stays (and this has been agreed by a case management Operational Manager) they are able to allow a child or young person to stay with one of their own friends or family members without the

need for that person to be approved as a 'Back up carer'.

However, the Foster Carer must always notify the Fostering Service if arrangements are being made for a child to stay overnight with another approved Cardiff foster carer (even if they are a back-up carer). Foster Carers will need to advise of the name of the carer and of the start and end date of the arrangement. The reason for this is that it may affect their availability or other children in placement (as well as potentially impacting on the payments for both sets of carers).

When a Foster Carer makes an arrangement with another approved carer under the terms of their delegated authority agreement, this would not be seen as a 'formal' respite arrangement so the carer with whom the child is placed would continue to receive the full fostering allowances, not a retainer for the child. The approved carer with whom the child is staying would not receive fostering allowances or a retainer as it is not a formal respite arrangement however, if the arrangement impacts on their availability to continue to provide a placement it may mean that they are not eligible to be paid a retainer.

Please refer to the 'Procedure for the payment of placement retainers' (CIS Ref. 2.CH.744) and 'work instructions – Fostering payments' (CIS Ref. 2.CH.731) for further information.

Holidays

Most holidays will require consultation with Cardiff Children's Services and discussion of contact arrangements. All holidays of more than 5 days duration should be agreed in advance and this should include discussion and as appropriate agreement with parent/s.

The Local Authority will never give consent to any child to being taken on holiday during school term time.

If a carer has been granted delegated authority to make decisions about holidays they could agree for a child or young person to stay with anyone that they consider suitable to care for the child (within the boundaries of what has been agreed). Please note: in cases where the foster carer has been delegated authority to make decisions about holidays (and this has been agreed by a case management Operational Manager) they are able to allow a child or young person to go on holiday with one of their own friends or family members without the need for that person to be approved as a 'Back up carer'.

However, similar to the situation for overnight stays, the Foster Carer must always notify the Fostering Service if arrangements are being made for a child to go on holiday with another approved Cardiff foster carer (even if they are a back-up carer).

Organised Activities

Foster carers should be able to give consent for children and young people to

attend an organised activity as if it was their own child.

Haircuts or Colouring

Although there is no formal restriction on the authority of foster carers with regard to haircuts, this can be an issue of contention for parents and can be an important aspect of a young person's developing sense of identity. If a child's parent's views about making changes to the child's appearance in relation to haircuts are unknown, foster carers are advised to use caution and would be advised to consult with the child's Social Worker prior to agreeing to anything that would significantly change a child's appearance. Good practice would be to include parents who are actively involved in their child's life in decision making in this area. This should be discussed and agreed at a LAC review and any cultural issues or likely objections taken into account.

Tattoos

The Tattooing of Minors Act 1969 makes it illegal for anyone to tattoo someone under the age of 18 years.

However, please note that the offence relates to the person who carries out the procedure, rather than the person who asks for the tattoo.

New guidelines suggest that a tattoo artist should ask to see proof of age and record this before agreeing to undertake a tattoo.

Body piercings

Unlike tattoos there is no legal age limit on when children or young people can give consent to body piercing.

Although there is no legal age of consent for body piercing (and it is therefore legal for someone under the age of 18 to have a piercing as long as they have consented to it) children under the age of 16 can't legally consent to a genital (or in the case of girls, nipple) piercing, as it's considered to be indecent assault.

There is a general consensus that a young person should understand the implications of making such decisions. It is an area that should be discussed with young people as and when the issue arises. However, the Local Authority believe that extreme caution should be shown if looking to agree to something that would cause a permanent change to the child's appearance.

In most circumstances the Local Authority will not give consent to:-

- a child under 16 years old having a piercing;
- a piercing that may be considered to have caused long lasting or permanent physical damage / disfigurement to a child. An example of a piercing(s) that may be considered to have caused permanent disfigurement would be multiple piercings in one area or a piercing that would involve the need for the skin on a part of body to be stretched.

In circumstances when a child is requesting a piercing the foster carer should contact the child's Social Worker and their Fostering Supervising Social

Worker to discuss. Consent for a child to have a piercing will require the authorisation of an Operational Manager.

Visiting friends

As with overnight stays the foster carer should be able to act as a good parent in these decisions.

If some circumstances for example, when a child or young person has been in a long term placement with a foster carer the child or young person may view the carer's friends or family members as their own friends. Please note: in cases where the foster carer has been granted delegated authority to make decisions about overnight stays they are able to allow a child or young person to have an overnight stay without the need for that person to be approved as a 'Back up carer'.

However, Foster Carers must always notify the Fostering Service if arrangements are being made for a child to be having an overnight stay with another approved Cardiff foster carer (even if they are a back-up carer).

Health Care Issues

Routine medicals

Foster carers should sign consents for routine medicals for example school or LAC health assessments. They should record details of medicals and inform the child or young person's social worker.

Although immunisations can be considered 'routine' many foster carers may have concerns regarding consenting to these given the controversy surrounding the issue. They should therefore be considered separately from other routine medical consents.

Non-routine medical treatment

The issue of non routine medical treatment is more complicated. Signing for surgical procedures is something that many foster carers do not want to do and yet to bring "strangers" to a bedside may be distressing. Foster carers will need to assess risks in relation to emergency medical treatment and give consent where necessary, for example in the case of an accident resulting in a fracture, a delay in obtaining consent may not be in the child or young person's best interests. Carers need to be aware of the implications of the Fraser principle in relation to a young person's giving their own consent to medical treatment:

As a matter of Law the parental right to determine whether or not their minor child below the age of sixteen will have medical treatment terminates if and when the child achieves sufficient understanding and intelligence to understand fully what is proposed. (Lord Scarman)

The question of consent to more invasive procedures should be discussed on a case by case basis as some children/ young people may have longstanding medical conditions which require frequent medical intervention. In many

circumstances the procedures requiring a general anaesthetic will be planned and will therefore allow for prior discussion and agreement as to who will sign the consent form.

Optician

Foster carers should be able to sign consent for routine examinations and spectacles.

Dentist

Foster carers should be able to sign consent for routine examinations and treatment.

Smoking

Although it is recognised that some children and young people will choose to smoke whether or not they are given permission, the Local Authority will never give consent to any child smoking.

Foster carers are expected to comply with the Local Authorities position on smoking. Electronic cigarettes or pipes would be classed the same as normal cigarettes. Please also refer to the Fostering policy in respect of Smoking.

Education

School day trips

Foster carers should be given delegated authority to approve day trips through school.

Trips abroad

Trips abroad or those requiring funding from the local authorities, and/or involving hazardous activities for example skiing, must be agreed in consultation with Cardiff Children's Services. Foster carers will then be able to sign the necessary consent forms.

Holidays

The Local Authority will never give consent to any child to being taken on holiday within school term time.

Foster carers are expected to comply with the Local Authorities position on taking holidays within term time.

Foster carers should therefore try to avoid booking holidays during term time and should book holidays during the school holidays if it is their intention / wish to take a child(ren) in their care away on holiday with the rest of their family.

Absence from school - exceptional circumstances

In most circumstances the Local Authority will never give consent to any child to being absent from school (unless it is in relation to illness).

However, it is recognised that in some exceptional circumstances a foster carer may need to request that a child be away during term time.

In such circumstances the foster carer should contact the child's Social Worker and their Fostering Supervising Social Worker to make them aware of the issues as soon as possible.

Consent for a child to be away from school during term time (in exceptional circumstances) will require the authorisation of an Operational Manager.

Change of school - post primary transition

The choice of post primary school will be discussed and agreed at a LAC review prior to transfer and foster carers should then be able to sign the consent form.

Change of school in other circumstances

If the foster carer decides to move house or would like the child/ young person to attend another school, this will need to be agreed at a review meeting taking into account the impact of this decision. The birth parents should be consulted. The foster carer could then be authorised to complete the practical steps to implement the agreed actions.

Meeting with School staff

The foster carer should normally be the person to meet with school staff to discuss progress and share appropriate information with staff once the placement is longer than one year. The foster carer should report on school issues to the social worker and the LAC review. The foster carer should be involved in the completion of the child's Personal Education Plan

Accessing Educational initiatives

The foster carer must access any educational initiatives for the child/ young person, such as Fostering Achievement, and keep the social worker and LAC review informed.

Sports activities/organisations

Foster carers should be able to give consent to children/ young people participating in these activities whilst taking into account the religious and cultural background and identity of the child/ young person. If appropriate the views of parents should be considered.

Other areas

Photographs

Decisions on the type of photographs to which a foster carer can give consent should be formally agreed at a LAC review.

School photographs

Foster carers should be enabled to give consent for formal school photographs. They should be encouraged to ensure children/ young people have school and group photographs taken as part of their life history.

Wider media activity

Many children/ young people love to be able to take part in activities that may lead to publicity in the media. In most cases foster carers should be able to give permission for this to happen. Any restrictions, such as using only the first name, should be specified on the delegated consent form. Foster carers need to be aware of confidentiality and sensitivity as issues may arise if such events or attendees are linked to different backgrounds or cultures. This is a difficult area and should be treated with the upmost caution and sensitivity. Consideration must be given to how the child's view of the publicity may change in future years.

Church and Religious ceremonies

Foster carers have a responsibility to promote a child/ young person's religious and cultural needs and ceremonies, this will be important to the child or young person and their family.

Participating in hazardous activities

There is recognition that it is difficult to define "hazardous" activity and people's individual views will vary and the age and ability of the child/ young person will be of relevance.

The foster carer will be expected to act as a good parent and also ensure that the child or young person has the correct safety equipment, training and is using a recognised tutor or organisation etc. More unusual requests should be discussed at a review.

Sex education

Ideally this is something that foster carers should be providing to the fostered child/young person as any good parent would. The content can be discussed and agreed at the LAC review and the foster carer's personal views taken into account. They should be encouraged to work with the schools.

Mobile telephones

Foster carers should be responsible for making decisions regarding the possession and use of mobile phones as they do for their own children. They should receive clear guidance and agreement regarding the young people's use of mobile phones and any particular restrictions should be specified at the time of placement or if concerns arise at a later stage.

Areas where foster carers cannot legally give consent

Passport

Young people can apply for their own passport at age sixteen. Prior to this Cardiff Children's Services will have to make the application.

National Insurance Number

Cardiff Children's Services will ensure that all looked after young people receive their national insurance number without delay and that the information is given to both the young person and the foster carer.

Withdrawal of Delegated Authority

On occasion it may be necessary to reconsider the continued appropriateness of the permissions previously given to a foster carer for example:-

- when a child's circumstances change,
- if it is felt that the foster carer has inappropriately consented to activities which were not agreed as part of the delegated authority.

In such circumstances the continued appropriateness of the Delegated Authority Consent Form in place will need to be reviewed by the child's social worker, supervising social worker and foster carer. Any changes to the delegated authority for a foster carer will also be discussed as part of the LAC Review process.

Where a carer is felt to have inappropriately exercised consent a meeting will take place with the foster carer, child's social worker and fostering supervising social worker to discuss the breach of authority. A record will be made of the reasons why and a review of the foster carer's approval status will be deemed necessary where a carer is found to have failed to comply with the foster carer agreement.

Delegated Authority Summary (Aide Memoir)

The following table summarises the areas of delegated authority which should be considered for each child or young person in foster care. The overriding principles are that:

- All decisions must be made in line with the Care Planning process.
- In the case of an emergency or where an unexpected opportunity arises the foster carer should act as a reasonable, prudent parent.

Foster carers should generally hold delegated authority for:	In particular circumstances and following discussion they may hold delegated authority for:	Local Authority will generally be responsible for:
Routine medical visits to GP subject to the Fraser Principle	Immunisations	Passports Body Piercings
Overnight stays		Decisions regarding contact
Holidays within the UK	Non Routine medical treatment including general anaesthetic subject to the Fraser Principle	Alcohol use Absence from school in exceptional circumstances
Organised Activities	Holidays/trips abroad	National Insurance Number
Haircuts	Change of school	Use of contraception (dependent on capacity of young person)
Visiting friends	Wider media activity (Dependent on individual circumstances)	
School medical	Church and religious ceremonies	
Optician	Participating in hazardous activities	
Dentist		
School day trips*	Access to the internet and specifically access to social network sites.	
Meeting with school staff		
Sports clubs/organisations		
School photographs*		
Sex education		
Mobile telephones		
Consent to educational initiatives		
* Responsibility for these areas should be delegated as soon as possible after placement		

section five

Living Together



This Section looks at the day to day issues that you will encounter as a Foster Carer in looking after someone else's children; managing behaviour, health care, food and health and safety. We have included here issues that Foster Carers have raised with us, and offer some practical suggestions. However, each child or young person is different and it is important that you discuss any specific issues with the child's allocated worker or with your Fostering Social Worker.

Child Development

An understanding of child development is a key aspect of the knowledge of a Foster Carer. It provides a framework for you to consider the development and behaviour of a child placed with you. Children's behaviour is linked to their development; although for looked after children, their early experiences (e.g. separation, loss, abuse) will also impact on this. The "Skills to Foster" Workbook includes a table which briefly outlines ordinary development.

Much research has been undertaken into child development and the "Looking After Children" materials (See Section 7) have been based on the findings.

Attachment

Attachment is a child's emotional bond with their parent/s and/or other carers (e.g. grandparents, Foster Carers). Where a child has a strong attachment, it enables them to develop self reliance and confidence and provides a basis for their relationships with other people as well as facilitating their overall development. Where children have not had an opportunity to form strong attachments, or they have been troubled or broken attachments, this will have an effect on their ability to relate with others and can set up a pattern for other relationships throughout their life. Children who haven't had an opportunity of a secure attachment or whose primary attachments are frequently broken (e.g. because of a series of carers) can develop attachment disorders which result in disturbed behaviour.

A Foster Carer therefore has a role in creating an environment which will help a child form strong attachments. This in turn will enable the child to make attachments with those who will be their permanent carer: their parent if they return home, or a permanent placement such as adoption, if this is not possible.

There is further information in your Skills to Foster Workbook (Section 5).

Managing Behaviour

This part of the Section looks at managing children's behaviour and offers some ideas that other Foster Carers have found helpful. If you are already parents, you will have skills and experience to draw on, however, we recognise that children who are placed with you will have had different experiences in their lives and will not necessarily be able to respond to your way of doing things.

Most parents use the experiences of their own childhood as a basis for the skills they need to bring up their children, and often follow (or deliberately do not) the models provided by their own parents, families and friends. The way in which children's behaviour is managed, and the means by which they gradually develop and take responsibility for themselves, varies from family to family.

You will know from your preparation course how important it is to try and understand a child's behaviour from their perspective and how their previous experiences will have influenced them, and will influence their behaviour with you.

All children misbehave at times and present unacceptable behaviour; testing the boundaries and/or misbehaving are part of growing up. We expect Foster Carers to have clear boundaries of behaviour and to use appropriate sanctions as a consequence of inappropriate behaviour. Children brought up in families where these are used in conjunction with routines and a consistent approach feel secure.

Where a child's behaviour causes concern in the placement, you should discuss this with the child's allocated worker and with your Fostering Social Worker. Wherever possible, advice on handling the behaviour will be given. For some children, a referral for specialist support will be arranged by the allocated worker. If the behaviour is such that it affects the ability of the Foster Carer to undertake their part of the child's Care Plan, the allocated worker will consider whether a Review of the Plan should be held.

Promoting positive behaviour

Obvious as it may seem, promoting positive behaviour is far easier than having to deal with unacceptable behaviour. Positive discipline can begin at around the age of three years, when children can understand what you want and can choose whether to do as you ask or not. By about five the child can both understand what you want and why, so that they do not need telling all the time and your control continues even when you're not with them. After a few more years your control becomes the child's self control.

Good discipline won't be seen as "orders" any more but the encouragement of the inner discipline we call "conscience".

How do children learn how to behave?

Children learn how to behave by watching, listening and talking to the adults

who care for them. They also learn by observing other children and seeing the responses they generate. The child will not necessarily be able to distinguish acceptable/unacceptable; it is the response they get which helps them learn this. For example, if a small child sees an older child call the Foster Carer, get no response and then throw a toy across the room with the result that the Foster Carer stops what they are doing and goes over to see what is happening, the child has seen a sequence of events which shows him that to get the attention of the Foster Carer, throwing a toy gives an instant result.

A very simple but effective technique to help understand the child's behaviour is the ABC technique:-

- A** antecedent
- B** behaviour
- C** consequence

In the above example, B is the behaviour (the child threw the toy); A is what happened immediately before (the child called the Foster Carer and got no response) and C is what happened immediately afterwards (the Foster Carer stopped what they were doing and went over to see what was happening). You can see from this example that the child who threw the toy was in fact, rewarded for this because he received attention from the adult. To the child, it is attention, even though the content may be negative. For some children, the majority of their interaction with adults has been negative and thus any attention is preferable to no attention.

You can use the knowledge that reward immediately after a behaviour is likely to lead to a repeat of that behaviour to help a child learn new behaviours. Always explain what you are going to do and break it down into small steps, teaching a step at a time until the child has learnt the sequence e.g. to teach a child to dress you may first help them learn to pull their pants up, then to put on their socks etc. Copious praise for the first few times the child completes this can be phased out as the behaviour becomes established.

House "rules"

When setting boundaries, make sure that they can bend and be flexible, but do not break under pressure e.g. bedtime is fixed but slightly later if there is no school the following day and can be even later on very special occasions. The aim is to have clear, consistent rules which are based on fair, reasonable principles. In most families these evolve as children grow and develop. However, as Foster Carers you have to integrate a child into your family who has had different experiences and so is unlikely to share all your values. So whilst you are keen to make the child welcome and comfortable, you may worry about enforcing too many "rules", but also of abandoning the principles which – if you have children yourself - your own children live by. Try to see your "rules" and "boundaries" as positive and likely to make the child feel more comfortable and secure.

Sanctions

There may be occasions when you have to deal with unacceptable behaviour. There are two key principles: "effectiveness" and "fairness". You need to be satisfied that the child understands what they did wrong and that their punishment feels fair and reasonable. This is very important because their previous experience may have involved physical punishment which was in fact abusive. For younger children, the final step in dealing with unacceptable behaviour should be to acknowledge that it is the behaviour which is unacceptable, not the child. Ensuring that you reinforce acceptable behaviour, especially immediately after the unacceptable behaviour has been dealt with, will help convey this message.

Ideas for being effective and fair

- Give warning e.g. "if you do that again I shall have to take the toy off you".
- Punishment has to follow the wrongdoing reasonably closely in time; so that the wrong doing and the punishment are linked in the child's mind. Make sure that you praise the child as soon as you have an opportunity afterwards so that they know that you are not cross with them.
- Punishment should fit the wrong doing, for example; "if you scribble on the wall you must help clean it off before you go out to play". Have stages of punishment, otherwise you could reach your final sanction too early and thereby feel you have no control. For example, where a toddler is doing something wrong firstly you may tell them to stop; you might then raise your voice; you might then go over to the child and remove them from what they are doing (and at any stage in this process the child may stop the behaviour).
- Expectations of behaviour and the punishments for misbehaving must be appropriate to the age and experience of the child.
- As a Foster Carer involved in disciplining someone else's child it is important to take into account the child's previous experiences of discipline/punishment. This is especially important for children whom you know to have been neglected or abused

Corporal (Physical) Punishment

The Fostering Regulations¹ specifically state that no corporal punishment can be administered to a child placed with you. This is one of the matters that you agree to when you sign the Foster Carer Agreement.

Using Sanctions

As we have seen, it is important that a sanction is appropriate to the behaviour and to the age and understanding of the child, seen to be fair and given at the time. The suggestion boxes offer some examples. You will probably already have experience of what works if you have your own children or if you regularly care for others. This can give you some guidance when caring for children who are looked after.

¹Fostering Services (Wales) Regulations 2003; Regulation 13 (2)

There are some sanctions that we ask you not to use:

- Any punishment relating to the consumption or deprivation of food or drink
- Locking a child in a room

Any restriction on:–

- A child's contact with his parents, relatives or friends
- Visits to him by his parents, relatives or friends
- Communications with parents, relatives or friends
- Access to any telephone helpline providing counselling for children
- Any requirement that a child wear distinctive or inappropriate clothes
- The use or withholding of medication or medical or dental treatment
- The intentional deprivation of sleep
- The imposition of any fine except by way of reparation (see later)
- The withholding of any aids or equipment needed by a disabled child

Suggested Sanctions

Restitution

This is appropriate where children have deliberately damaged, or have been involved in deliberately damaging or destroying property, or when they have stolen or caused to be stolen the property of others.

The level of restitution should reflect the actual damage intent, the age and understanding of the young person and the ability to meet the cost. See the later section in respect of loss of pocket money. Restitution in the form of financial payment or replacement should be made to the rightful owner. It may entail returning stolen goods to a shop owner or paying back goods or money taken. Restitution can be made for damage to, or for destruction of, the environment and/or external or internal property or for personal property. Consult with the child's allocated worker and ensure that the child is fully involved in discussions so that they understand why the restitution is being undertaken. Keep a record in your Log (duplicate) book.

Reparation

Reparation is a task asked of a child or young person, with the intention of making amends for the damage done or caused to be done to another person's property. If the child has been convicted of an offence, the Court may make a Reparation Order (which is overseen by the YOS -Youth Offending Service) The level of reparation should reflect the actual damage intent, the age and understanding of the child or young person and the ability to make the appropriate reparation.

Reparation can take the form of:-

- Repairing or cleaning property;
- Cleaning of graffiti;
- Extra home chores;

- Garden work;
- Washing dishes;
- Apologising to the person hurt or offended.

Loss of privileges

This involves the deprivation of extra treats or leisure activities (but not routine activities); e.g.

- Late night TV or DVD/video on Friday or Saturday nights or during holidays
- Visits to the cinema
- Leisure activities

The loss of privileges should be time-limited and in line with the age and understanding of the child or young person and their ability to cope with this loss. If appropriate, build in another opportunity for the treat so that the child has an incentive to behave.

Time Out

Time Out is a technique whereby the child or young person is removed from the room for a limited period. The purpose of Time Out is to give the young person the opportunity to think about the consequences of their behaviour on themselves or others, or with younger children to remove them from the situation in which they are misbehaving. It should be a time-limited, (one minute per year of the child's age) short term measure to help defuse a

If you haven't used this technique, we would suggest that you don't until you have discussed it with the child's allocated worker, your Fostering Social Worker or undertaken a training course which includes it.

Time Out should not be used when:-

- The child cannot cope in an unsupervised situation
- The child interprets time out as a serious rejection by the adult
- The child could harm themselves or others

Time In

Time out usually only works when an undesirable behaviour has been rewarded in the past. If that's the case, then withholding rewards like attention can reduce the frequency of the behaviour.

Another useful alternative is Time In. Rather than isolating the child and withholding contact which might be rewarded, the adult keeps the child near him or her for a period of time.

There are several situations where this may work well. One is an overwhelming social situation where the young child is both fascinated and fearful about other people's activity and becomes over-excited, fussy, and demanding. Another is a situation where the child is tired or hungry or both and seems to 'melt down' at the slightest frustration.

Under these circumstances, staying near a familiar adult and having needs like hunger met can help. Keeping the child near should not be thought of as punishment or combined with scolding, frowns or muttering by the adult, but instead should be seen as a guidance method that helps the child get back into a better mood and mode of behaviour.

Young children may also need help in self-organisation. If too much is going on, the disorganised child may be unable to eat, even though he/she is hungry, or to fall asleep when tired. When these problems exist, sending the child to Time Out - away from adults who can offer help - would simply make the situation worse. Time In would be a much better approach under these circumstances.

Loss of Pocket money

Pocket money must not be withheld. The one exception to this is where it is appropriate to contribute to the cost of damage caused by the child. In these circumstances, no more than a third of the child's pocket money can be used. We would suggest that where you are considering this, you discuss it with the child's allocated worker first.

Using Restraint

There will be a few **very exceptional circumstances** in which you may need to restrain a child. For example, to prevent a small child from imminent danger, such as running into a busy road; or to prevent serious damage to property. Restraint is not a punishment. If you need to use restraint, explain afterwards to the child why it was necessary and make a note in your Log / Duplicate book. Carers should also advise their Fostering Social Worker when they have needed to restrain a child.

Restraint as a sanction by Foster Carers is not permitted.

If you are caring for a child who is likely to require restraint, or who is known to have needed this in the past, talk with the child's allocated worker and your Fostering Social Worker to ensure that you are clear about what is permissible and whether there is any training that you could undertake to help you develop your skills: for example, where a severely disruptive child requires holding for their own safety, there are techniques for doing this so as not to prolong either the behaviour or the need for restraint.

You may also find the Section on Safe Caring in Section 8 helpful.

Age related tactics

Babies: Prevention

Protect or remove from prying fingers anything that might injure a baby or young child who is naturally into everything. They must be allowed to roll, crawl and play. They are not being naughty when they touch things, they don't have the capacity to understand about being good or bad: they just want to explore. Keep them safe from dangerous objects and you won't have to

punish them for touching things they should have been protected from.

Toddlers: Distraction

"Terrible twos" and the associated temper tantrums are a common feature of living with a toddler. The child is emerging from babyhood and beginning to make a bid for independence. You will probably find that you learn to recognise when a tantrum is about to start and often the best approach is to distract them to some other activity. If this doesn't work, just pick them up and hold them firmly but gently, making no eye contact, until the anger subsides.

Often the child's behaviour is an indication of their frustration: as they have yet to learn to speak, they have no other way of expressing this. So sometimes it is worth considering what caused this: was it that the toy they were playing with needed more dexterity than they have, did another child take the toy they wanted etc.

You will help their later development if gentle, "firm but fair" rules begin to be applied now. Try to be one step ahead, if you can see a confrontation looming, e.g. you know that getting dressed often turns into a battle, try to think of something that turns the activity into a pleasure rather than a misery.

Nursery and Young School Age Children

When you recognise that a child has moved on to a developmental stage where understanding and reason can be used then it's important to explain carefully what is acceptable and what is unacceptable behaviour and why. With a bit of adult ingenuity you can arrange for acceptable behaviour to be more fun and more rewarding for the child than unacceptable behaviour.

Where a child with special needs is being cared for it will be more important to be certain that the messages are clear. Verbal messages may need to be reinforced with actually demonstrating what is required. Take advice from the child's parents, teachers and allocated worker.

This is the age of experimentation. Meeting other children can lead to showing off as well as more sociable behaviour like sharing and friendship. Rude rhymes, noise, swear words and boisterous behaviour can be exciting to children. Beware: adult's explanations about why some words are unacceptable help children learn why they shouldn't be used: it may be better just to ignore them as without a response from you the reason for saying the word will be lost.

Teenagers

Clear information, a willingness to listen and compromise (and a good sense of humour!) are the required skills here.

In common with the very early years, this is a time of great developmental changes. The difference is now they are too big to pick up and carry away from danger. They have to learn to make their own decisions and take responsibility for their own actions if they are to turn into competent adults.

Letting them learn by their own mistakes, yet being there to help them sort things out is a skilled and often a highly worrying task for Foster Carers. It is a time in many families where parents and Carers own values and rules have to be revised. It can be a very stimulating time and it can also be very demanding.

Please also see Skills for Independence in Section Six.

Talking about behaviour

With all children, provide opportunities for talking about behaviour and what is/isn't acceptable. For example, if a child is upset because of the behaviour of another child towards them, allow them to talk about and tell you how they feel about it. Stories provide opportunity for discussion about the behaviour of the characters in a non threatening way: "why do you think he / she did that? Do you ever feel like that? What would you do if that happened to you?"

Older children may appreciate an opportunity of talking with you about how they might handle a situation e.g. when a friend stops talking with them.

Difficult Behaviour You May Need To Manage

The children and young people you look after often have behaviour difficulties because of the difficulties they have experienced. That is not to say that such behaviour is to be accepted, but that there may be an explanation. Your task will be to help the child find ways of expressing their feelings appropriately and to learn acceptable ways of behaviour.

We have listed here some of the behaviour you may need to manage: alphabetically for ease of reference. This can be a challenging part of the fostering role, so please do talk with the child's allocated worker, your Fostering Social Worker and/or at your Fostering Support Group.

Aggression and bad language

This may be an attempt to provoke a fight so the child can release their feelings. Bad language is designed to produce maximum shock effect. Remain un-shocked; if possible (and safe) ignore it.

Set limits to what you will tolerate and allow the child lots of opportunity to rid themselves of aggressive feelings through letting off steam in other ways. Find ways of talking about how you manage your own frustrations: it will help the child see that such feelings are normal and can be appropriate.

Anger

How a child shows their anger will depend on their age, personality and situation (e.g. if they feel unhappy, frightened and/or out of control) and whether the anger is part of a regression. Please bear in mind that the child may not know why they feel angry: or even that they are feeling angry. There are a number of ways in which children may show their anger:

- They may turn their anger in on themselves. They may feel they are

- bad and will deliberately spoil things that belong to them.
- They may destroy good pieces of work they have achieved.
 - They may hurt themselves e.g. head banging in babies, taking pills by adolescents and trying drink and drugs: and need reassurance and calm on your part, and close observance of the child for quite a time

(See later in this Section for more information).

When you have an opportunity e.g. when the child is calmer, talk with the child about their anger and if possible, help them to understand that they are not responsible for what happened to them. You should reassure them that it is OK to feel angry/cross about what happened and that you will help them find more appropriate ways of dealing with this.

Children need reassurance that you are not frightened by their outbursts - remember that the child may also be frightened by their behaviour as well, and feel unable to control themselves. Say as little as possible, and if necessary hold the child calmly, without eye contact, to prevent them hurting themselves or others. Depending on the intensity of such outbursts, it may be appropriate to seek additional help for the child; talk with their allocated worker.

Attention seeking

Some children who are unsure of themselves are not able to share attention. If they are the centre of attention they are OK - if they have to share it they can be disruptive or miserable. Helping children learn to share attention takes a long time and you may find it helps to put in place a very clear routine e.g. 15 minutes 1:1 with a child before they go to bed, or after a younger child has gone to bed, or for an older child, an activity that you do together once a week and which they can see is a priority.

Children may also have learnt that the only way to get an adults attention is to misbehave: you will need to help the child see that they have appropriate attention from you by responding when they behave and ignoring as much as you can inappropriate behaviour.

Clinging

It can take a while to help the child feel confident in their placement with you, especially for younger children who may not be able to understand why they have moved. Consistency in daily routine and your response to the child will help them develop trust in you. Some children will follow a Foster Carer everywhere they go for some time before they gradually stop; you can help by explaining where you are going and why ("I am just going to take the clean washing upstairs and then I am coming straight back") to demonstrate that you are not leaving them on their own (or as a young child could perceive it, abandoning them).

Depression

A child who is so overwhelmed by their feelings may become depressed and feel rejected, and in extreme forms, feel that life not worth living.

- Babies may go off their food and lose weight.
- Toddlers may reject physical contact, go off food and be uninterested in anything. Generally, staying close, lots of reassurance and contact with familiar things will help. □□ School age children may also go off their food, be apathetic: try to offer physical comfort and your presence.
- Teenagers: depression can be a real problem. Normal hormone changes can cause mood swings - so if a teenager is anxious and worried about other problems this needs to be treated very seriously.

Please refer to "depression" in the Health part of this Section.

Food Problems

Children who have been deprived often seem greedy but are in fact eating for comfort - you may need to handle this sensitively e.g. provide second helpings but then state firmly enough is enough. Troubled children are more prone than others to use food as a part of their emotional repertoire. If you are not careful, you can easily get drawn into their battles and schemes without realising what is happening. Don't use food as a threat. Remember that some children will be unused to certain foods you eat and may be reluctant to eat them: praise them for trying something new (even if they only try a little).

Involving children in shopping for and preparing food can also help.

Anorexia Nervosa and Bulimia are eating disorders for which you should be alert. There is more information about this in Eating Disorders later in this Section.

Frozen Watchfulness

This is a term used for children who are very passive and who seem too good to be true. They are afraid when touched or their body goes rigid when they are approached for routine things such as nappy-changing or taking their hand to cross the road. These children will seem to sit for ages, very still, in a world of their own. Their reactions to being spoken to or coaxed can be either timid or surprisingly defensive or aggressive. Often this behaviour marks long experience of abuse, physical, sexual and emotional, and extra special care and you will need considerable patience to help the child learn about trust, good feelings and kindness. During the healing process, the child may well resort to other forms of problem behaviour which they have been unable to deal with at the proper stages of development. It is important that you talk to the child's allocated worker and agree what responses you and your family should give; if the child is receiving therapy, talk with their therapist and ask for advice on managing the child in your home; this will help the child recover more quickly.

Hostility to Parents

If a child feels let down he / she will be hurt and may say things about his parents that he does not mean. Try to talk this over with the child and help him / her to understand his / her anger. They may also be angry with you in the parent role - because you are there and their parents are not. Help them

separate their feelings out and keep reassuring them.

Hyperactive Children

Some children who are 'always on the go' have physical problems or allergies e.g. to food additives which cause the over-activity. For others it is a way of defending themselves from painful reality. Children may use their energy as distraction (to divert from their thoughts) and being busy will keep other people at a distance. Try to offer a calm and structured lifestyle with the opportunity to let off steam when necessary. If you are concerned, speak with the child's allocated worker who will be able to offer advice. You may also find the information under Attention Deficit Hyperactivity Disorder (ADHD) helpful.

Immaturity

Children who have missed out on appropriate developmental experiences may behave in some ways as a much younger child e.g. a child of ten may behave like a six year old. Children can get stuck at the age at which they were hurt. Time and attention can help, although often children will remain vulnerable. If appropriate, take account of this e.g. a Foster Carer may hold the hand of a 10yr old foster child if the child wants to even though their own 10yr old would not want this.

Indiscriminate affection

Children who have never been able to make strong attachments may not have a clear sense of belonging and so may look to all adults for love and affection. This may mean they initiate physical contact with anyone - even people they have not met before. You need to gently help them differentiate their behaviour for people they know and people they don't.

Children who have been sexually abused will also have a different understanding of boundaries: do talk with the child's allocated worker if you have any concerns. (See Section 8)

Jealousy

If you have your own children - you may find that the child is jealous of your own children because they belong and he/she doesn't. They may also try to come between you all. Your own children may also feel jealous because of the attention you are giving the other child. Hidden jealousy can be dangerous, so try to keep it out in the open. Find ways of spending time with children on their own if you can so that they all know that they are important to you.

You may also feel jealous if the child and your partner develop a good relationship from which you feel excluded. Discuss this with your partner and with the child's allocated worker: the child's past experience may mean that they relate better to one gender than another: if this is so, consider how you can help the child develop a relationship with you as well.

Lying

Some children tell stories about themselves - "My dad's got a big car with its own TV" - to compensate for their own feeling of helplessness. Just listen -

nothing needs to be said. This is fantasy and is not the same as telling a lie to avoid trouble. This other sort of lie should be dealt with directly.

Some children may not trust you enough to tell the truth - especially when they are new in placement; so you need to help them "own up" to make up in part for the wrong doing. Children have to learn to trust you before they can tell you something which they know you will disapprove of. They may also have previous experience that telling a lie keeps them out of trouble and so have learnt that such behaviour (telling a lie) is rewarded.

Whatever the reason for lying - attention, sympathy, escape of trouble, fantasy - if you are firm, fair and consistent, and set a good example - it should improve. It can help if you look for opportunities to reward the opposite of lying; making a point of praising a child for telling the truth. Find other opportunities as well to reinforce appropriate behaviour to build up their self confidence.

Refusal to speak/saying "no" all the time.

Very occasionally, you will meet a child who refuses to speak. This is, for them, a means by which they can control their surroundings.

You do need to be patient: try not to show frustration because if you do you will unwittingly be reinforcing the very behaviour you are trying to change. You may find that the child will talk to your children and not to you. If this persists for more than a few days, talk to the allocated worker who may suggest you make an appointment with a GP or a referral to the Child and Adult Mental Health Service (CAMHS).

Stealing

Different families have different definitions of stealing so do ensure the child understands your family rules and that you have checked what is their previous experience. Many children go through a phase of stealing - so how you respond to them is important in helping them learn that stealing is wrong. Give the child a while to get used to your rules; but if the behaviour continues, there may be a far more complex problem so you should discuss it with the child's allocated worker. It is best if you keep money and valuables in a safe place and out of sight. Major theft from you and your family should be reported to the police and the child's allocated worker and you should also advise your Fostering Social Worker. Stealing from outside your home will bring additional stress to you and to your family. If thefts have involved other places or people, such as shops, confront the child as soon as possible. When there is already police involvement, you will be guided and helped by them as well as by the child's allocated worker. If the child has to go to court, a lot of support -which is not the same as condoning the thefts - will be required from you. (See Section 7 Young People in Trouble.

Wetting/Soiling (Enuresis and Encopresis)

Please see Toileting later in this Section.

Whining

Try saying "I like you when you talk in your other voice" and if possible, ignore the whining voice.

Winding you up

Some children will have learnt that the way to get an adult's attention is to wind them up: as you saw earlier, any attention may be better than no attention. If possible, ignore such efforts (walking away can be effective) and ensure that you praise the next appropriate behaviour.

With older children, making light of it can be helpful e.g. "you're winding me up and I fell for it!"

Suggestions for Managing behaviour

- Be consistent.
- Keep any promises made to children.
- Say "no" if necessary.
- Be confident - let your voice and manner make it clear that you fully expect the child to do as you ask.
- Accept that you can be wrong and be prepared to say so to children: it sets a good example.
- Reward good behaviour, rather than focus on unacceptable behaviour.
- Never make a threat to a child that you are not prepared, allowed or capable of carrying out.
- Support partners and if you do not agree with their actions or decisions, discuss them afterwards, but not in front of the child.
- Ask yourself if you are being manipulated by the child. Be aware of the importance of forward planning and preparation.
- Be aware that your own personal mood can affect the atmosphere.
- Avoid inappropriate confrontations at whatever level. Seek advice or help before a situation escalates.
- Try not to get yourself involved in a one-to-one confrontation behind closed doors.
- Go for action rather than reaction

Children Missing From Placements

If A Child Goes Missing

A Protocol has been agreed with South Wales Police to provide guidance in respect of those children who are absent without permission and are looked after by one of the 7 authorities and placed within the South Wales Police area. As part of this, the police will respond immediately to any referral that follows the procedures in the Protocol.

A child is absent without authority whenever he or she has left the placement without agreement (sometimes referred to as absconding) or failed to return at a previously agreed time. Some children absent themselves for a short period and then return. Such children may be testing boundaries and are not necessarily considered to be at a high level of risk. Some may have genuine reasons for absence e.g. they missed the bus; but they should have let you know.

Children who fall within the category of "absent without authority" must be the subject of continuous risk assessment whilst they remain absent. The outcome of the risk assessment that has taken place will determine whether the child is reported as missing to the Police. When discussions take place about the child becoming looked after, consideration will be given to the likelihood of absencing without authority and the point at which action should be taken, (risk assessment). If the placement is made in an emergency, then the risk assessment should be completed on the next working day by the allocated worker and be recorded within the Care or Placement Plan. The discussions will consider:

- An assessment of the degree of risk of the child or young person absencing themselves
- The level of supervision/support that should be offered to the child or young person and the strategy to be used/employed
- The parent's views on what action they feel should be taken if the child is absent without authority.
- An assessment of the likely level of risk presented if the child or young person absents themselves.
- Age of the child and an assessment of their level of social, emotional, sexual maturity. □□Health of the child, including access to medication, and any chronic conditions or complex disabilities.
- History of self harm (this includes substance misuse)
- History of absences and previous behaviour patterns
- Whether the child's or young person's name included on the child protection register.
- Whether the child is the subject of a court order, and the likely effect upon the child of the order
- Likely associations when absent
- Likelihood of self return
- Reasons for placement and their implications for the child Written information will be provided to the child/young person about any action that would be taken should they go missing.

As Foster Carers you should be advised of the action which should be taken in the event of the child being absent. The recommendations from the discussions will also be made available to the Emergency Duty Team, as and when appropriate.

What should a Foster Carer do when a child is absent without authority?

As soon as it is clear that the child or young person is absent without authority, you should contact the child's allocated worker or their Team Manager, or outside office hours, the Emergency Duty Team (EDT).

In the event of an absence without authority, the latter should not be reported to the Police, unless a process of risk assessment pertaining to the actual incident has been completed. The allocated worker will obviously know the child; out of hours, EDT will have access to the child's records. You may be

asked for information to help them decide whether to contact the police:

- Your view of child's level of social, emotional, sexual maturity
- History of absences e.g. Never before/once only/more than once/frequently
- Time child left
- Time child expected back
- Amount of time the child is overdue
- History of self harm (this includes substance misuse)
- Health of the child (this includes a consideration of known chronic illnesses and disabilities)
- Particular circumstances at time of absence
- Child's state of mind at time of absence and likelihood of self harm
- Likely associations when absent

Depending upon the individual circumstances relating to the absence, the allocated worker or EDT will decide whether the absence needs to be reported to the Police, and the child's parents informed. In some instances, it may be more appropriate to review the situation after a couple of hours.

The child's allocated worker or the Emergency Duty Team will take responsibility for notifying the Police in the first instance. However, the Police may subsequently wish to discuss the situation with you, as you will be able to provide detailed information about clothing, behaviour, etc. The child's allocated worker or the Emergency Duty Team will take responsibility for notifying the child's parents about the absence.

How to Respond when the Child Returns

As you saw earlier, children run away because they are confused or unhappy about something. Though the reason may sometimes seem very trivial to you; at the time the child ran away it was the only way they felt they could deal with their confusion or unhappiness. They may not have got very far away before they realised that there were other ways of dealing with the problem.

They may feel very embarrassed and so coming home may be difficult and they will need an understanding welcome. It is important not to make fun of the problem or the child's response to it; but better to help the child think about other ways of dealing with a problem in the future. On the other hand an isolated incidence of running away should not result in lengthy post mortem and fears about trusting them to go out etc.

Every missing child who returns to the care of the Local Authority will subsequently be interviewed by someone not involved in the provision of day to day care of the child. The purpose is to ensure that the child's circumstances are reviewed and other options considered, in the light of the child's absence(s).

Why Children and Young People go missing

- Children and young people often 'run' home, either literally or to their local community.

Children and young people often fail to return from agreed periods of time at home.

- Children and young people often go to stay with friends from the care system now living independently.
- Absenting oneself is an effective way of gaining attention.
- For some children and some young people the experience of being located and collected is affirmative that they have been missed and are wanted back.
- Some children and young people absent themselves to find much needed space and privacy.
- Some children may be victimised or bullied by others and absent themselves through fear or to draw attention to the problem.
- Children and young people may absent themselves when frustrated by delay in court appearances or other decision making processes.
- Children and young people often 'run' to avoid difficult and painful decisions e.g. after committing an offence, refusing to attend school, or as a result of a decision made at Planning & Review meetings.
- Some children and young people absent themselves in protest after being reprimanded for some misdemeanour.
- Should there be something seriously amiss in the placements it is possible that the child or young people may signal their distress by absenting themselves.
- Children with chronic conditions, such as diabetes, epilepsy, asthma, cystic fibrosis etc., or with complex disabilities, may rebel. Absence may be a sign of such rebellion, but may also be due to non-compliance with medication or other treatment.

The above factors are not in any way exhaustive, but highlight some of the numerous reasons why children and young people absent themselves from placements. Absences may be diminished if Carers develop a sound understanding of the needs of the child or young person, which will enable them to take precautionary steps in dealing with any of the above factors

Joint Protocol Children Absent Without Authority Who Are Looked After

Your Feelings

Whilst the child is missing you will be trying to understand and perhaps blaming yourself for what has happened. When the child returns you may be filled with a mixture of anger and relief. All these feelings must be managed and you should expect help and support from the child's allocated worker or your Fostering Social Worker, so that you will be in a position to be helpful to the child when they return to you.

Payments

Payments may continue when a child absconds until the placement has formally ended, as long as the Operational Manager for Resources is satisfied that the situation is being monitored closely and is kept informed. Payments will not continue indefinitely but are subject to monitoring and review. There are tight time limits.

Health

In this next part of the Section, we have provided information about the health aspects of looking after the children placed with you.

The Children Act 1989 places a statutory requirement on the Council, as the corporate parent, to arrange for a health care plan and regular health assessments of Looked After children and young people. These arrangements ensure that medical problems are identified and action carried out. In addition, the Fostering Regulations¹ require the Fostering Service to promote the health and development of children placed with Foster Carers. Foster Carers are required to play a significant role in this and so this is included in the Agreement that you are asked to sign when you are approved as Foster Carers.

A description of the child's health needs and procedures about consent for the child to receive medical treatment is given to you as part of the Placement Agreement. If full details of the health needs are not available before placement of a child with you, the allocated worker will make it a priority to obtain these for you as soon as possible.



The LAC Nurses and the Children First Health Team

The Council and the Cardiff and Vale Local Health Board have established the Children First Health Team funded via the Children First Grant to promote the healthy development of Looked After Children (LAC) for whom the Council has a responsibility. The Team work with children over 11 who are placed with Foster Carers in South and West Wales and can offer advice to all Foster Carers. Foster Carers are linked with a named Nurse (referred to in the text here as the LAC Nurse).

The Team has a Medical Advisor, Associate Specialist, two Specialist Nurses and administrative support. They are based at Lansdowne Hospital with the Cardiff and Vale NHS Trust. Reference is made to their work throughout this section. They can be contacted on 029 2093 2838 or 029 2093 2915.

Role of the Foster Carer

Looking after a child's health needs is one of the most basic of parenting responsibilities. Good health care requires a positive approach to general health monitoring and developmental progress. However, some children who have experienced a number of changes in their family life will not always have had their health needs met. We expect therefore that Foster Carers will work with the child's family and allocated worker in fulfilling their responsibilities to promote the physical, social and emotional health and development of the child.

¹ Regulation 15 and Minimum Standard 12

Training on promoting the health of Looked After Children is available for all Foster Carers.

Foster Carers are required to take children placed with them to any health appointments (including dentist/optician) when required, to help the child to access the health services they need, to act as an advocate on the child's behalf and to give attention to health issues in the everyday care of the child. This requirement is included in the Foster Carer Agreement.

When the child is placed, or if in emergency, as soon as possible afterwards, the allocated worker will obtain the signed consent of the parent for the child (LAC Agreements) to Cardiff arranging the following medical treatment (including dental care).

- Emergency medical examinations and treatment, including anaesthetics
- Regular LAC medical assessments
- Routine medical treatment including immunisation

If for some reason you have to cancel an appointment with a LAC Nurse or other Health professional, please make sure that you call to explain this as soon as possible and that you re-arrange the appointment.

Health Records

You should receive a Children's Health Record when the child is placed with you. (If you don't, please ask your Fostering Social Worker for one). This will give you space to record background information e.g. child's GP, immunisations, known health problems, allergies and/or dietary needs. It also provides you with a log so that you can keep a record of any appointments/contacts with health staff that the child has whilst living with you. (Optician, Dentist, GP, Hospital, A and E attendances, Child and Adolescent Mental Health Services-CAMHS). There is space for recording first aid treatments and medication prescribed/ given. Depending on the age and understanding of the child, they can have access to their Record.

GP Registration

All children who become Looked After should be registered with a GP. Where the placement is short term with a plan for the child to return home, it may be appropriate for the child to continue with their own GP. Where the location of their placement means that this is not possible, the child should be registered on a temporary basis with the Foster Carers own GP. Where the child in a short term placement is not registered with a GP, the allocated worker will recommend to the parent that they do so. If you have any queries about this, please ring the LAC Nurse who will try to help.

Health Assessments

Health checks enable the Council to ensure that any health needs the child has are met. Children may have previously undiagnosed health conditions that will affect other aspects of their life. The Assessments also allow sensitive issues to be raised in a nonthreatening way.

All children who become Looked After should have a statutory health assessment no later than their first LAC Review. For those children placed in South and West Wales, this will be undertaken by the Community Paediatrician if they are under 11yrs, for those over 11, by the LAC Nurse. Alternative arrangements will apply for children placed outside the South and West Wales area. All children who are Looked After should have regular dental and optician checks. The way in which this should be achieved will be discussed with you as part of developing the Placement Plan.

Consent to Medical Treatment

Foster Carers cannot give consent to medical treatment on behalf of the Council. The allocated worker will seek consent and advise you of the outcome.

For children who are looked after with the agreement of their parents, it is the parents who give consent for medical treatment. Where a child is subject to a Care Order, an Interim Care Order or an Emergency Protection Order, this has the effect of sharing parental responsibility between the Council and the parents (and/or those with parental responsibility). The allocated worker will always discuss the need for treatment with the parents and ask them to give consent. The Council will give permission only if the parent is unable or unwilling to do so. It is also good practice to discuss any proposed medical treatment with the child to ensure that they understand the reason for it. It may be appropriate for you to assist with this. Make a record of the discussions in your Log (duplicate) book.

Young people who are over 16 can give, or withhold, permission for their medical treatment. Young people under 16 who are deemed sufficiently competent by the medical professional can seek advice and give consent to their own treatment: this includes contraception. The medical profession use a set of Guidelines (so you may hear the phrase "deemed to be Fraser competent"). If the young person does not want others to know of their treatment and they are deemed competent, their confidentiality must be respected.

Young people under 16 and of sufficient competence/ understanding will always be consulted about proposed treatment. Should they withhold consent to treatment advised by a medical professional, the allocated worker will discuss this with their Team Manager and legal advice may be required. The LAC Nurse may be able to assist by talking with the young person. It may also be appropriate for you as a Foster Carer to be involved; this will depend on the particular circumstances of the young person.

Who can sign consent on behalf of the Council

A Team Manager can consent to routine medical treatment and will do so where it is not appropriate to ask the parents to do so or where they have declined to do so. Where non routine medical treatment, anaesthetics and terminations are required, the Case Management team will discuss this with

the parents as above.

Should it not be appropriate to ask the parents to consent, or where they have declined to do so, the allocated worker will initiate discussions within Case Management, consulting with an Operational Manager, Director of Children's Services and Legal Department if necessary.

If it is agreed that it is in the child's best interests to consent, a Team Manager can sign the consent on behalf of the Council. Please also see the information on 'Delegated Authority for Foster Carers' in Section 4.

Giving Medication to a Child in Foster Care

When the child is placed, or if in emergency, as soon as possible afterwards, the allocated worker will obtain the signed consent of the parent for the child (LAC Agreements) to Cardiff arranging the following medical treatment (including dental care):

- emergency medical examinations and treatment, including anaesthetics
- regular LAC medical examinations
- routine medical treatment including immunisation

The LAC Agreements form also requires the parent to confirm that the issue of consent to treatment has been explained to them. There is the option of a parent not giving consent to any medical treatment or immunisations and of stating why. This means that the Foster Carer can give the child appropriate medication to respond to immediate situations e.g. a severe cold. Any such medication given should be recorded in Child's Health Record.

Where you are unsure about whether medication is appropriate, you should seek advice e.g. from the child's GP's practice, NHS Direct Wales (Tel: 0845 4647). This advice should be recorded in the Foster Carer Log (duplicate) book. You can also administer medication prescribed by a GP or hospital doctor. This should be given in accordance with the directions of the GP/hospital. Any such medication given should be recorded by the Foster Carer in the Child's Health Record. Keep all medication in accordance with the pharmacist's instructions (e.g. some medication has to be kept in the fridge) and make sure that it is not accessible by any children in the household. Where a child has several different medications, make sure that you have a system which enables you to verify that all medications have been taken as prescribed. The Pharmacy should be able to advise you about this. There is a section for recording medication administered in the Children's Health Record and **it is your responsibility to complete this.**

Should non-urgent treatment be required at any time during the placement the parent should be consulted wherever possible by the child's allocated worker (for example, if the child has a persistent complaint). However, if this is not possible, or appropriate, then the allocated worker will record efforts made to discuss this with the parent and advise you whether it is appropriate to pursue

the treatment.

Any practice which is considered alternative (e.g. aromatherapy, chiropractic, homeopathy, and osteopathy) should not be given to children placed with Foster Carers unless it is on the advice of a health professional. Where appropriate, this should also be discussed with the parent. This should be recorded on the child's Health Record. You should record any alternative treatment given in your Log (duplicate) book.

Access to Specialist Services

Where a health assessment or a medical identifies that specialist services are required, the best way of accessing these will also be discussed. As a Foster Carer, you may be asked to take a child to appointments where appropriate. There will also be situations where you identify health needs of the child living with you and you should always tell the child's allocated worker as soon as possible. Depending on the circumstances, you may be advised to make a GP appointment, or the LAC Nurse may offer advice. Following a referral, there is likely to be a waiting period and you should discuss with the GP or child's allocated worker whether you should be taking any specific action to help the child. Where the referral is to the CAMHS, you may want to ask the allocated worker for specific advice about managing the child's behaviour.

First Aid

Advice re First Aid can be found at St John's Ambulance web site: www.sja.org.uk/firstaid

Minor cuts, scratches and grazes

Always use disposable gloves and cover any cuts you may have. If blood comes through a dressing don't remove it - bandage another over the original.

- Clean the cut under running water. Pat dry with a sterile dressing or clean lint-free material. If possible, raise affected area above the heart.
- Cover the cut temporarily while you clean the surrounding skin with soap and water and pat the surrounding skin dry.
- Cover the cut completely with a sterile dressing or plaster.

Severe bleeding

- Apply direct pressure to the wound with a pad (e.g. a clean cloth); if you don't have one straight away, use your fingers until a sterile dressing is available.
- Raise and support the injured limb. Take particular care if you suspect a bone has been broken.
- Lay the child down to treat for shock.
- Bandage the pad or dressing firmly to control bleeding, but not so tightly that it stops the circulation to fingers or toes. If bleeding seeps through first bandage, cover with a second bandage. If bleeding continues to seep through bandage, remove it and reapply.
- Dial 999 for an Ambulance if you feel it is required. If not, take the child to see a GP/Nurse.

Objects in wounds

Where possible, swab or wash small objects out of the wound with clean water. If there is a large object embedded:

- Leave it in place.
- Apply firm pressure on either side of the object.
- Raise and support the wounded limb or part.
- Gently cover the wound and object with a sterile dressing.
- Build up padding around the object until the padding is higher than the object, then bandage over the object without pressing on it.
- Depending on the severity of the bleeding, dial 999 for an ambulance or take the child to hospital.

Severe Burns

- Start cooling the burn immediately under running water for at least 10 minutes.
- Dial 999 for an ambulance.
- Make the child as comfortable as possible, lie them down.
- Continue to pour copious amounts of cold water over the burn for at least ten minutes or until the pain is relieved.
- Whilst wearing disposable gloves, remove jewellery, watch or clothing from the affected area - unless it is sticking to the skin.
- Cover the burn with clean, non-fluffy material to protect from infection. Cloth, a clean plastic bag or kitchen film all make good dressings.
- Treat for shock.

Minor Burns

For minor burns, hold the affected area under cold water for at least 10 minutes or until the pain subsides. Remove jewellery etc. and cover the burn as above.

If a minor burn is larger than a postage stamp it needs medical attention. All deep burns of any size require urgent hospital treatment.

Clothing on fire

- Stop the child panicking or running - any movement or breeze will fan the flames.
- Drop the child to the ground.
- If possible, wrap the child tightly in a coat, curtain, rug or other heavy-duty fabric.
- Roll the child along the ground until the flames have been smothered.

Do not

- Use lotions, ointments and creams
- Use adhesive dressings
- Break blisters

Fractures

- Give lots of comfort and reassurance and persuade child to stay still.
- Do not move the child unless you have to.
- Steady and support the injured limb with your hands to stop any movement.
- If there is any bleeding, press a clean pad over the wound to control the flow of blood. Then bandage on and around the wound.
- Dial 999 for an ambulance.
- Do not give the child anything to eat or drink in case an operation is necessary.

First aid courses are offered for Foster Carers, please ask the Training Service or your Fostering Social Worker for details.

Household hygiene to reduce risks of infection

- Always wash hands after handling any body secretions.
- Wipe surfaces which have been soiled by body secretions with bleach diluted 1:10
- Clean spillages of blood, vomit and bodily waste as quickly as possible. Preferably use disposable gloves. If, however, you use non-disposable gloves they should be washed in hot soapy water after use.
- Never share towels, face flannels, razors, toothbrushes or other implements which could be contaminated with blood.
- Never share toothbrushes: gums often bleed.
- Cover minor cuts, open or weeping skin lesions and abrasions with waterproof or other suitable dressings.
- Double wrap and bin sanitary towels.
- Flush tampons down the toilet.
- Burn Disposable nappies, or double wrap in polythene bags.
- Ensure any cut or wound you may have on your hands is covered with a waterproof plaster/dressing.
- Cover up any exposed cuts or abrasions you may have with a waterproof dressing before treating a casualty, and wear disposable gloves.

What to put into a first aid kit

- Disposable gloves
- Plasters/Adhesive dressings (various sizes)
- Box of sterile dressing pads - absorbent but non stick (various sizes) for cuts
- Gel dressings for burns
- Small packet of paper tissues – to use as temporary sterile dressings
- 2 or 3 cotton bandages
- 2 or 3 crepe bandages – for sprains
- Triangular bandage to use as a sling or as a large dressing for a burn or scald
- Small roll of cotton wool for padding
- Scissors
- Tweezers (for stings/splinters)
- Safety pins and roll of adhesive tape – for fastening dressings and slings
- Antiseptic cream - for minor cuts etc.
- Thermometer

Keep a First Aid Kit in the house. Keep another in the car, and always take a kit away on holiday with you.

Specific Health Issues

This part of the Section looks at some specific health issues which you may come across: arranged in alphabetical order for ease of access. It doesn't cover all illnesses/conditions so please do talk with the allocated worker, child's GP or LAC Nurse for specific advice, or if you have any concerns.

The Training Service run several courses on health related issues, please ask the Training Service or your Fostering Social Worker for details.

Accidents

Any accident involving a child placed with you must be reported to the Council - to the allocated worker for the child and to your Fostering Social Worker immediately. The allocated worker will complete an accident report record which has prompts to ensure that they have all the details and that everything required has been done.

See also "Serious accidents and illness" later in this Section.

AIDS and HIV

AIDS (Acquired Immune Deficiency Syndrome) is a condition caused by a virus known as HIV (Human Immunodeficiency Virus). The virus attacks the body's natural immune system, making it unable to fight infections. Not all adults who have HIV will subsequently develop AIDS.

The virus associated with AIDS is a weak one and can only be transmitted by:-

- Some forms of sexual activity, particularly vaginal or anal intercourse
- Direct contact with infected blood and blood products e.g. on shared needles used for intravenous drug abuse. (all donated blood in the UK has been tested for HIV antibodies since 1985: any positive blood is not used)
- Transference from mother to baby across the placenta
- An infected mother to her baby in the womb. These babies carry maternal anti-bodies for the first two years of life.

Few of these babies go on to develop AIDS and the vast proportion lose these antibodies and remain fit and well. However, the first two years of life caring for such babies should be geared to the assumption that they are potentially infected. It cannot be established whether a baby is infected

for at least 18 months. There is no risk of infection where there is no direct contact with the blood, semen or other body fluids of infected individuals. Even where there is direct contact, the virus can only be transmitted via open wounds. There is no danger from handling objects which have been used by an infected person. Our advice to Foster Carers is to follow the suggested standards of hygiene (see box) as general good practice. However, some

Foster Carers will know that children in their care will have come from circumstances where the risks are high. Where this is the position, the Placement Plan should set out what help, support and advice from a range of local specialists you can access. These specialists will give advice in testing, management and confidentiality - all of which need careful consideration to balance the needs of the child with the protection of those around him. We do not know the HIV status of all the children we place. This means you may have to cope with uncertainty.

If you do know of a positive HIV status you must respect confidentiality. For all children placed there is no expectation of an HIV test being undertaken unless there are very clear reasons for believing that it would be in the child's best interest to be HIV tested. If this situation arose the permission of the parents would be needed (and the child, depending on age and understanding).

Information and understanding of HIV and AIDS must also be seen as a vital part of any child's age - appropriate sex education, so that young people in your care are aware of the risks as they grow and develop. The aim is to help them become responsible adults who are concerned about reducing the spread of the virus, behaving sensibly without ignorance, prejudice or fear (*relevant information is also available in the Guidance for foster carers in relation to blood borne viruses - Hepatitis B, C or Human Immunodeficiency Virus (HIV) - you can find a copy of this in the Section on Key Guidance, Policies and Procedures*).

Allergic Illnesses

Many children experience this range of illnesses and so it is helpful if you are aware of the symptoms and the appropriate way of responding. You will be advised at the time of placement of any known allergies, however, it may be that you become aware of these during placement and if so, you should make the child's Social Worker aware and can discuss this at the child's health assessment, or with their GP. The LAC Nurse can also give you advice. On occasion, you may also find that symptoms improve whilst a child placed with you because of the different environment in which they are living. Some children can be allergic to additives/colourings in food; so you may find it helpful to consider whether there seems to be a link to the allergic reaction and a particular food. (You could use the ABC approach described in the "Managing Behaviour" Section).

- **Asthma** affects the lungs making it difficult to breathe and is the most common chronic illness in childhood. Attacks are usually caused by contact with pollens, animal fur, house dust and/or house mites. A child who suffers from asthma can be more prone to an attack if they have a cold or chest infections. When a child with asthma is placed with you, you should discuss the way in which you should respond to any attack, what medication should be used, and whether there are activities that the child should avoid in order to reduce the risk of an attack. It is also helpful to ask about the child's own understanding of their asthma and their ability to manage this.

- **Hayfever** is an allergic reaction to pollen (mainly in summer months) and causes sneezing, running eyes and nose.
- **Eczema** is an allergic reaction which affects the skin, and can require specially prescribed creams to alleviate.

Aspirin

Medical opinion is that Aspirin may be a contributory factor in the development of Reye's Syndrome in some children. Reye's Syndrome is a rare disease, but has a mortality rate in Britain of about 50%, and some of the survivors suffer brain damage. The advice from the LAC Nurse is that aspirin should not be used to treat symptoms of diseases in children, unless prescribed by a doctor for a specific disease. Foster Carers must not give aspirin to children under the age of 16 years. Paracetamol may be appropriate as a pain reliever, administered in accordance with the guidelines on the packet. For younger children, Calpol can be helpful, again, given in accordance with the guidelines on the packet. If you are in any doubt, please seek medical advice e.g. from the child's GP, the LAC Nurse or NHS Direct.

Attention Deficit Hyperactivity Disorder (ADHD)

This disorder, sometimes known as ADD: Attention Deficit Disorder is more common in boys than girls and is a condition in which children experience difficulties in focusing their attention or controlling their behaviour. The indicators are:

- **Hyperactivity:** restless, fidgeting, touching, can't sit still
- **Inattentive:** can't concentrate, skips from task to task, easily distracted
- **Impulsive:** speaks and acts without thinking, can't wait their turn.

All children demonstrate these some of the time, children with ADHD however demonstrate them in the extreme and in whatever setting they are in. Most children will have places in which they behave and others in which they don't; ADHD children cannot manage their own behaviour. Children who have been diagnosed with ADHD may be prescribed medication and/or behavioural therapy; if you have a child with ADHD placed with you, ask for as much information as possible from the allocated worker and previous carers about the way in which the child should be managed so that you continue their previous routines. Children with ADHD understandably find it hard to make friends (because their behaviour is irritating) and also have low confidence levels; feeling lonely, unloved and/or disliked. Children with ADHD often have special education needs and may have additional support at school.

'Living with ADHD' have a website that has been developed to support those whose lives are affected by Attention Deficit Hyperactivity Disorder (ADHD) e.g. parents, carers and teachers: <http://www.livingwithadhd.co.uk/>

It also provides resources for children and teenagers themselves, to help them understand and manage the condition.

The site offers key information, downloadable tools, hints and tips, and useful contact points

Young Minds are a UK charity committed to improving the emotional wellbeing and mental health of children and young people and information is available on their website: <http://www.youngminds.org.uk>

Young Minds provides an information service for parents and they can be contacted:-

- **By Email:** If you are an adult worried about a child, the address is parents@youngminds.org.uk
For general enquiries, the address is ymentquiries@youngminds.org.uk
- **In writing to:** Suite 11, Baden Place, Crosby Row, London, SE1 1YW
- **By Telephone:** 020 7089 5050 or on their Parent helpline: 0808 802 5544
- **By Fax:** 020 7407 8887

Bedtime/Sleep

When children are first placed with you they may find bedtime a difficult time; especially if they have not had a regular bedtime routine. For younger children, everything in their bedroom in your house will be strange in addition to the fact that they are away from their familiar surroundings. Ask questions about bedtime and sleep patterns at the Placement Planning Meeting and if there is a routine, try and keep to it because it will help the child settle with you. If you have children of your own you will know that some children are better sleepers than others. However, even if they are not asleep, it is important for younger children to be in their room, preferably their bed. Try and make the bedtime routine a special time so that they look forward to it, for example, because they have 1:1 attention from you. Younger children will appreciate a story; older children may enjoy reading a chapter of a chosen book with you (although this should not be the same as reading practice for school). Once you have said goodnight, leave the room; making sure the child has a book to look at or a familiar toy (or comforter).

Ensure that children know what to do if they wake during the night: what do they do if they don't feel well etc. you also need to tell the child what happens in the morning in your house; do they get up when they wake, or wait for you to come in?

You may find children come back downstairs after you have said goodnight: it is always best to firmly say that it is bedtime and take them back to their room; try not to engage in conversation. With some children you may find that you need to do this repeatedly: if you are consistent, the child will get the message

that bedtime means bedtime. Sometimes the child comes down because they want reassurance, sometimes it is because they want to be with the rest of the family (especially if they are the first to go to bed) and feel that they are missing out by being in bed. Where visitors arrive after they have gone to bed, they probably just want to see who it is.

Where the child experiences sleep difficulties that don't settle once the child has been with you a while, please discuss this with the health visitor (if a child under 5), the LAC Nurse and the allocated worker.

Body Piercing

Foster Carers cannot give consent for a child to have a body or ear piercing. Please see the information on 'Delegated Authority for Foster Carers' in Section 4. Where the child/young person expresses a wish for piercing, encourage them to talk with their allocated worker and where appropriate, their parent/s.

Burns

See First Aid

Chicken Pox

Is a very contagious viral infection that usually runs its course without any problems in childhood. It causes an itching skin rash with blisters and usually runs its course without problems. Chicken Pox is transferred from one person to another through direct contact with the broken chickenpox blisters and through airborne droplets. The infectious period lasts from about three days before the rash appears until all the blisters have formed scabs. The incubation period between being infected with chickenpox until the disease breaks out and symptoms appear is between 10 and 20 days.

Symptoms are:

- A rash, often itchy, that usually begins on the body and face and later often spreads to the scalp and limbs.
- The rash may also spread to the mucous membranes especially in the mouth and on the genitals.
- It begins as small red spots which develop into blisters in a couple of hours.
- After one or two days, the blisters turn into scabs.
- New blisters may appear after three to six days.
- The number of blisters differs greatly from one person to another.
- The infected person may run a temperature.
- These symptoms are mild in young children.
- Chickenpox lasts 7 to 10 days in children and longer in adults.

The treatment consists of easing the symptoms.

- Remember that an infected child will be contagious until new blisters

have stopped appearing and until all the blisters have scabs. They should stay at home while they are infectious.

- Try to help them avoid scratching the blisters because of the risk of infection.
- Cut the nails short or suggest the child wears gloves e.g. when asleep.
- Calamine lotion will help to relieve the itching.
- Keep the child cool as heat and sweat may make the itching worse.

Once a child has had chickenpox, they will usually have immunity to the disease for the rest of their life. However, the virus may return later in life as shingles. A person who has active shingles can infect others with chickenpox, but cannot give shingles to someone else.

If you have any concerns, speak with the LAC Nurse or the child's GP.

Contraception

Carers cannot give consent to contraception. Please see the section on consent to treatment and the information on 'Delegated Authority for Foster Carers' in Section 4. If appropriate, the LAC Nurse is able to give advice to the young person.

Death of a Child Placed With You

Very occasionally a child placed with Foster Carers dies and understandably this is extremely upsetting for everyone. We have set out here what you need to do as the Foster Carer:

1. If you are with the child (e.g. at home, after an accident) contact the relevant emergency services - doctor, ambulance, and police. Dependent upon the action they take, ensure that you know where the child is being taken.
2. Contact the child's allocated worker immediately by speaking to them personally. If they are not available speak to their Manager or a Duty Officer. You mustn't leave a message - insist on speaking to someone as a matter of urgency. If the death occurs out of normal working hours please ring the Emergency Duty Team Tel: 029 20788570.
3. The allocated worker will take responsibility for informing the child's parents and anyone with parental responsibility. They will also notify senior managers.
4. The allocated worker will discuss with the parents the arrangements they wish to make about the funeral. Any legal order on the child ceases at death and so the responsibility returns to the parents. It is the parent's right therefore to make decisions about the arrangements.
5. Depending on the parent's wishes, you may be involved in the

arrangements for the funeral.

The Council will offer you and your family support and keep you informed of the procedures and the arrangements. This will usually be your Fostering Social Worker.

The Council has a legal responsibility to inform the Welsh Government in writing of the child's death. They may request further information, and it may be necessary to conduct a formal review of events before the child's death.

In the event of a sudden death there is likely to be an inquest, which you may be required to attend.

Children with a life threatening illness

Should you have a child with a life threatening illness placed with you, you should discuss the process to be followed should the child die whilst in your care. Whilst such a discussion can be distressing, it can be helpful for both you and the child's parents to know what will happen and who will do what. The Plan should be in writing with a copy attached to the Placement Plan.

Depression

Children and young people can get depressed just as adults can and do Foster Carers should be alert to this; children who are looked after are more likely to have experienced difficulties than other children.

Depression in children is a problem if the feelings continue for more than a short period and interfere in day to day life. A very small number of children will experience clinical depression: a disturbed state of mind which requires medical help.

Examples of behaviours which could (but don't necessarily) indicate a child is depressed are difficulty in concentrating, loss of interest in play, not wanting to go out, not wanting to go to school, being irritable, loss of confidence. If they are feeling bad you may find they behave in a way that they know will lead to punishment. Teenagers who are depressed will be even more uncommunicative than their peers, may give up interests but not find new ones, lose interest in school work, stop going out, stop looking after themselves, become self critical. They may act recklessly e.g. put themselves in dangerous situations, drink excessively or use illegal substances.

Babies and toddlers may show their feelings in non verbal ways e.g. not eating, becoming clingy, reverting to behaviour of a younger child, difficulty in settling, sleep difficulties, nightmares, and toileting problems. They can quickly pick up the mood of those around them and will worry if they sense losing the people who are important to them. This would include moves between Foster Carers and their family.

Provide opportunities for the child/young person to talk with you as well as advising the allocated worker of your concerns. The LAC Nurse can also offer

help. For some children, a referral for more specialist help may be appropriate and they can arrange this. This will often be via the Child and Adolescent Mental Health Services (often referred to as CAMHS).

Development

A record of a child's weight and height is part of the child's health record/assessment. If you are concerned in any way e.g. the child doesn't seem to be putting on weight/is putting on too much, please discuss your concerns directly with the LAC Nurse. On occasion, children may react to a move of carer with a temporary halt in their development; or conversely, may suddenly increase their development pace as a result of different opportunities and stimulation.

You can find information about expected levels of development in your "Skills to Foster" Workbook.

Diet

See Food and Healthy Eating later in this Section.

Drugs and Substance Misuse

This part of the text is drawn from "Young people in foster and residential care" Ann Wheal, Russell House Publishing 2003.

aw5@socsci.soton.ac.uk

Children's Services does not condone the use of alcohol, drugs or other intoxicating substances by children and young people and has a clear duty to ensure that any legal restrictions on the use of alcohol, drugs and/or substances are adhered to. As a Foster Carer we ask you to assist us in this. The misuse of drugs, both legal and illegal, can damage a child's health - sometimes the damage is permanent. Young people need accurate advice and information in language they can understand. They also need the help of their carers to develop an informed attitude. Your role is same as a responsible parent: providing information, advising and discouraging.

'Illegal' drugs are controlled under the Misuse of Drugs Act, which places them in different classes depending on the penalties associated with offences involving the drug.

For the following drugs, it is an offence to possess them or to supply them to someone else without legal authority i.e. when prescribed by an authorised medical practitioner:-

- Heroin and other opiates
- Cocaine
- Amphetamines and other stimulants
- Cannabis
- LSD

- Barbiturates

Under the Intoxicating Substances (Supply) Act 1985, it is an offence to supply, or offer to supply, solvents to persons under the age of 18 if the supplier has reason to believe that they intend to misuse them.

It is likely that Foster Carers will at times be asked to care for a young person who has experimented with drugs and/or is being helped to give them up if they have become users. Where we know about this, we will advise you; however, we do not always know and you may be the first person to identify, or confirm, the misuse. See "where can I get advice" later in this Section for sources of help.

We are grateful to Ann Wheal and Russell House Publishing for permission to use these extracts from "Young People in Foster and Residential Care" published by Russell House Publishing updated in 2003.

Many young people will have experimented with drugs in some form before they leave school. Why do they do it?

- It's an alternative to alcohol or solvents
- Young people like the excitement, the element of danger
- If adults are shocked, that can be an attraction
- Young people like experimenting with new sensations
- Hallucinations or sensations can be interesting and exciting
- Hallucinations can also be dangerous, unpleasant and frightening but even these can be enjoyable (think of horror films)
- Drugs allow young people to escape - albeit temporarily and only in their imagination
- They may be lonely, feel inadequate, lack self-esteem or confidence and think taking drugs will help
- They think it will help them 'blot out' problems
- They are encouraged by their friends or made to look small if they refuse

What should I look for?

There are often no clear-cut signs and many of the effects are hard to distinguish from normal growing-up. Many teenagers are moody without having taken drugs. Look out for:

- Any sudden change in behaviour or lifestyle, for example, going around with a new set of friends
- Wide swings in mood or behaviour - depression, lethargy, followed by being outgoing, active or chatty
- Loss of appetite
- Being unusually aggressive
- Being unusually drowsy or sleepy
- Asking for money from their friends or carers without explaining what it is for or with feeble explanations

- Loss of money or other objects from the house
- Secretiveness or lying
- Unusual stains, marks or smells on the body, or clothes, or around the house

What drugs might young people take?

Unfortunately there are many different drugs available to young people. They include:

- Cannabis (grass, weed, dagga, marijuana, dope, pot, ganja, hash, hashish)
- Magic mushrooms
- Hallucinogens e.g. Lysergic acid diethylamide (LSD, acid, blotter acid, microdot, white lightning)
- Amphetamines or speed (Billy Whizz)
- Ecstasy (XTC, Adam, MDMA, E)
- Cocaine (blow, charlie, coke)
- Crack (rocks, freebase)
- Heroin (smack, mud, china white, brown, Mexican brown, brown sugar, gear, H, horse, junk)
- Barbiturates
- Benzodiazepines e.g. diazepam / valium.
- Solvents

These often have 'street' names designed to enable conversations without others understanding the true content. These names may change with fashion; some of the current ones are included in brackets.

Injecting drugs

Many young people will try taking drugs and stop immediately. A few will not. Injecting drugs can be the most dangerous because of the risks of:

- **Infection** where injection equipment is unsterile and shared
- **Abscesses and thrombosis** and other conditions from injecting drugs that were never intended for injection
- **Gangrene** from hitting an artery instead of a vein
- **Blood poisoning** caused by a wound becoming infected
- **Overdose** when a drug of unknown strength is delivered directly into the bloodstream

If you have concerns that a child placed with you is using drugs, you should discuss these with their allocated worker. It may then be appropriate to discuss the issue at a Planning meeting or a LAC Review where any decisions e.g. referral to specialist service, will be made.

Watch out also for:

- Scorched pieces of tin foil.
- A home-made pipe.
- The remains of a cannabis cigarette with small cardboard tube filter.
- Dilated pupils in the eyes.
- Rash around the mouth.

What Should I do in an Emergency?

- Make sure they've got fresh air.
- Turn them on their side so they won't choke on their vomit.
- Don't leave them alone.
- Get someone to dial 999 and ask for an ambulance.
- Collect any powders, tablets or anything else they may have been using and give it all to the paramedics when the ambulance arrives.

What can I do if a Young Person is High?

- Keep calm and be patient.
- Talk to them about how they feel at the moment.
- Ask them questions about where they are or what they can see - they may be suffering from hallucinations. One young person said he saw 'pink elephants' but the changes may be more subtle for other young people. The effects will be different for each individual. Sometimes these hallucinations persist even after the person is 'sober' again.
- Gradually, slowly, quietly, explain where they are, who you are.
- Keep talking, don't threaten, be pleasant - the time for punishments (if appropriate) and explanations may be later
- Sometimes just to leave them to themselves is the best solution but you will need to say alert.

From Ann Wheal as before

How can I help prevent drug abuse?

- Talk to the young people about their views on drugs
- Help them have new, interesting and challenging experiences
- Get them to think about how they might refuse drugs without losing their friends
- Teach them to care for and value their health
- Help them build up their self-esteem and respect for themselves
- Treat them with respect
- Take an interest in their opinions and worries

Where can I get advice?

If the young person's misuse of drugs is known, the discussions at the beginning of the placement with you should include what action you are advised to take. The Care Plan will also set out who else is involved. However, the misuse may not be known and you may be the first person to identify this. If so, talk with the young person if you can and then to their allocated worker. There are a number of resources in Cardiff working with young people who abuse drugs: e.g. the CAMHS Drug and Alcohol Team at St David's Hospital, Inroads and Grassroots. See the Addresses Section for

details. You may also find it helpful to talk with the LAC Nurse. If the young person placed with you has a worker from the YOS (Youth Offending Service) they can access advice and support through the Drugs Worker based in the YOS.

What should I do if I find illegal substances in my house?

Where you see/find or suspect the presence of any illegal drugs or other potentially harmful substances, within your foster home, immediate action - involving the police as appropriate - must be taken. This action should ensure the removal of any substance/s and manage the behaviour of and any risk to the child or young person involved. In situations where you feel an incident is so serious that it cannot be dealt with other than by informing the police, this should be discussed with the child's allocated worker. We suggest that you make a full record in your Log and also advise your Fostering Social Worker of the actions you have taken.

Solvent Abuse

After smoking and alcohol, glue sniffing, as solvent abuse is commonly called, is the most common form of teenage experimentation. Children often start as young as 8-9 years but the peak age is 13-14 years.

FRANK (a confidential drugs advice service) have a website that provides useful information about drugs and illegal substances: www.talktofrank.com and they also run a free phone helpline Tel: 0300 123 6600.

What might young people sniff?

- Butane gas (in cigarette lighters and refill canisters)
- Aerosol sprays including deodorants
- Correcting fluids (such as Tippex)
- Solvent-based glues (such as Evo-stik)
- Dry cleaning fluids
- The contents of some types of fire extinguishers
- Thinners
- Petrol
- Liquid shoe polish
- Almost any other household product

Why do young people sniff solvents?

- It's an alternative to alcohol
- They like the excitement, the element of danger
- If adults are shocked, that can be an attraction
- They like experimenting with new sensations
- Solvents are cheap and easy to buy or steal
- Hallucinations when sniffing can be interesting and exciting
- They may hate themselves and see the possible self-inflicted damage as a motivator

- Hallucinations can also be dangerous, unpleasant and frightening but even these can be enjoyable (think of horror films). They allow youngsters to escape - albeit temporarily and only in their imagination
- They think it will help them 'blot out' problems
- Peer pressure.
- They may be lonely, feel inadequate, lack self-esteem or confidence.

What should I look for?

There are no clear-cut signs and many of the effects are hard to distinguish from normal growing up. Moodiness may be a result of sniffing but many teenagers are moody without having tried solvents. Signs to watch out for include:

- Finding quantities of empty butane, aerosol or glue cans, or plastic bags in a place where you know young people have been
- Chemical smell on clothes or breath
- 'Drunken' behaviour
- Any sudden change in behaviour or lifestyle, for example, going around with a new set of friends
- Wide swings in mood or behaviour
- Spots around nose and mouth (glue sniffers' rash only occurs with some glues and may not be as common as acne)
- Loss of appetite
- Asking for money from their friends or carers without explaining what it is for, or with feeble explanations
- Secretiveness about leisure-time activities
- Frequent and persistent headaches, sore throat or runny nose - a quick visit to the doctor would be wise

How can I help?

Most young people who try sniffing will only do it a few times and stop without any help from adults. But if you find a young person **has** tried solvents, it is important to deal with it calmly.

- They may not realise that it is dangerous, so telling them of the dangers may be all they need
- Don't nag or preach, talk to them, show you are concerned, help them to change their ways
- Be a good listener - perhaps there are problems you don't know about. These problems may be far more important than the sniffing
- If they have been sniffing for some time, discuss the need for a health check with their allocated worker
- It may be difficult to stop a determined sniffer, so stay alert
- Arrange other activities together - it will show you care and will give them other things to do. It will also help you to keep track of how they are using their free time
- Suggest they join a club, take part in physical activities or trips out of town - it'll give them a chance to meet new groups of young people
- For those young people who refuse to stop using solvents you may

want to ensure that they receive advice on how to avoid, or reduce, damage to their health. Again, discuss this with their allocated worker

Ears

Children will not necessarily know that they can't hear as well as others: their experience, to them, is normal. Be alert therefore to indicators that they may have a problem:

- Apparently delayed speech development
- Frequent colds/catarrh (or a history of these)
- Turning up the volume on the radio/music/television
- Shouting where others speak
- Ignoring you (e.g. If you ask them to do something)
- Getting frustrated easily

You can test your concerns by noticing whether the child responds to you if you talk at different levels of volume; start low and work up. Similarly, try comparing talking to the child when they can't see you and/or don't expect you to be talking with them.

The LAC Nurse can arrange Hearing Assessments if there are concerns about a child's hearing, or you can make arrangements yourself at your local Clinic (usually held at your GPs Surgery or Health Centre).

Constant exposure to loud music can affect hearing so you may want to encourage young people to try and think about the volume of their music equipment. This should include consideration of how they use their personal music equipment. (which may also affect their ability to be aware of their environment: public announcements, dangers e.g. traffic from behind).

Eating Disorders

See also Food.

As a Foster Carer it is important to recognise the point at which a child or young person's eating habits have the potential to affect their health and development. Everyone's eating habits vary and children certainly won't eat the same amount every day. Children may go off food when they are first placed, particularly a younger child for whom this may be a way of expressing their unhappiness (e.g. at the loss of their former placement, uncertainty of you and your home etc). Other children will refuse to eat certain foods or have phases of fads, and for older children, diets. However, where a child's eating behaviours affect their daily life, you should seek advice. If possible, try to talk to them about it, but don't make an issue of it. Children and young people with an eating disorder will often feel bad about themselves and probably guilty about their condition, albeit not necessarily seeing it as a problem. (for them it may in fact be a solution to their troubles). Both boys and girls can experience difficulties.

The serious disorders are:

- **Anorexia nervosa:** a fear of gaining weight. Sufferers feel fat even when they are not. They usually become preoccupied with their weight and shape and are skilled at hiding their true weight. Periods may stop.
- **Bulimia nervosa:** eating a lot of food very quickly (bingeing) and then making themselves sick to get rid of the food. Sufferers do not look over or underweight.
- **Compulsive eating**

Indicators of eating disorders are:

- Weight loss
- Eating less and less
- Missing meals with excuses e.g. I ate at my friends/in town
- Increasing obsession with calorie counting
- Increasing amounts of exercise
- Hiding food
- Leaving the table promptly after meals and going to the toilet
- Distorted thoughts e.g. success is related to size (thin role models)

As with other health issues, sources of advice are the LAC Nurse and the child's GP.

Other sources of information are:-

- The Eating Disorders Association at www.edauk.com provides information, help and support and has both a youth and adults helpline.
- Beat at www.b-eat.co.uk which provides information and help on all aspects of eating disorders, including Anorexia Nervosa, Bulimia Nervosa, binge eating disorders and related eating disorders. Beat also have two helplines:-
 - the **Adult Helpline** is available to anyone over the age of 18 and the number is 0845 634 1414; this helpline is open Monday to Thursday 1.30pm – 4.30pm. Alternatively, you can email help@b-eat.co.uk
 - the **Youthline** is available to anyone aged 25 or under and the number is 0845 634 7650; this helpline is open Monday to Thursday 1.30pm – 4.30pm. You can also text the Youthline on 07786 20 18 20 – and there is also a Youthline email service at fyp@b-eat.co.uk

Eyes

All looked after children should have eye tests with an Optician and this will be discussed with you as part of the Placement Plan. If you have any concerns about a child's vision, please raise this at the Health Assessment or with the

LAC Nurse.

Feet

Please check children's shoes for size when they are placed with you and then at intervals; near to the beginning of term is a good prompt. When buying shoes for young children, please have their feet measured in the shoe shop: different makes mean that their "size" is not always the same!

Fever

Fever is part of the body's defence mechanism against viruses or Bacteria. The body tries to create extra heat so that the foreign organism cannot survive. Having a temperature helps the child fight illness.

You can take action to reduce a fever which will help the child feel more comfortable but it is not possible, or desirable, to normalise the temperature whilst they are fighting off an infection.

The part of the human brain that controls body temperature is not fully developed in children. This means that a child's temperature may rise and fall very quickly and the child is sensitive to the temperature of his or her surroundings.

The normal temperature for a child is 36-36.8°C (97.7-99.1°F). Use a probe-type digital thermometer as they are quicker to use, more reliable and are much safer if bitten. You can also use forehead strips. Most of the time the exact level of a child's temperature is not particularly important: unless it is very high (39°C or over).

A child with a high temperature needs:

- more liquid than usual, because the fever will make them sweat a lot. So make sure they drink plenty of liquids – a teaspoonful every few minutes, if necessary. Provided they drink plenty of liquids, it won't matter too much if they eat very little for a couple of days.
- their room ventilated and cool, but not draughty
- rest and sleep. They do not have to be in bed all day if they feel like playing, but they must have the opportunity to lie down.

If you think medication is required to get the temperature down, please consult with the child's GP, Pharmacist or LAC Nurse. They will be able to tell you what to use and how much. The dosage will depend on both the age and weight of your child.

German Measles

(sometimes referred to as rubella)

German measles is caused by a virus and is less contagious than measles or

chicken pox. The immunisation programme means that very few children now get German measles. The period between the time of infection and the actual outbreak of German measles (the incubation period) is usually between two and three weeks. There is no special treatment required; although the child is likely to feel unwell and may need to stay away from school.

The best known indicator of German measles is a rash of tiny pin spots. This often starts around the ears and then spreads all over the child's body. Before the rash appears, the child may have a light cold and/or swelling in the neck and base of the skull (due to the enlargement of the lymph nodes). The rash lasts 2 to 3 days.

The infection period usually lasts from a week before the rash starts to one week after it has disappeared, and it is at its worst when the rash is at its peak. There are risks to unborn babies whose mothers are infected with German measles and so you should ensure that the child does not have contact with pregnant women.

Hepatitis A (yellow jaundice)

This should not be confused with Hepatitis B or C as it is usually acquired in a completely different way. It is an infectious disease which is initially spread by contact with food or water contaminated by human faeces. The incubation period is about 3 weeks. It causes sickness, diarrhoea and stomach pains but is not serious to otherwise healthy people. Sufferers usually recover completely in a few weeks and one attack usually gives full immunity. People do not become carriers of Hepatitis A and there are no issues specific to care of children (*relevant information is also available in the Guidance for foster carers in relation to blood borne viruses - Hepatitis B, C or Human Immunodeficiency Virus (HIV) - you can find a copy of this in the Section on Key Guidance, Policies and Procedures*).

Hepatitis B

The type B virus causes infection of the liver. The infection can cause serious illness, though the majority of those infected recover fully. A small number of people continue to carry the virus in their blood. Babies born to mothers with Hepatitis B antibodies are generally defined as chronic carriers and may show poor weight gain and jaundice. They may be at risk of developing serious long term liver disease.

This virus is present in blood and body fluids and so prevention and control of the spread of the virus depends on all the standards of hygiene mentioned previously. It is transmitted by sexual contact, infusion or injection with contaminated blood or other blood to blood contact, and mother to baby.

Vaccination against Hepatitis B is available, though not a necessary requirement. However, should you feel worried or concerned about the risks to you or your family discuss this with your Fostering Social Worker, the child's allocated worker and your GP (*relevant information is also available in*

the Guidance for foster carers in relation to blood borne viruses - Hepatitis B, C or Human Immunodeficiency Virus (HIV) - you can find a copy of this in the Section on Key Guidance, Policies and Procedures).

Hepatitis C

This infectious disease was only identified in 1989: it leads to an acute illness after an incubation period of 2 weeks to six months. It can occasionally be life threatening. Following this, liver damage is common in adults.

Hepatitis C spreads in the same way as HIV and Hepatitis B: contact with blood and other bodily fluids. Infection is high amongst injecting drug users. It can also be passed by a mother to her baby; usually at the time of delivery. There is no vaccination against the virus and therefore careful hygiene precautions are necessary to prevent the spread of the disease. *(relevant information is also available in the Guidance for foster carers in relation to blood borne viruses - Hepatitis B, C or Human Immunodeficiency Virus (HIV) - you can find a copy of this in the Section on Key Guidance, Policies and Procedures).*

Hospitalisation

Should a child placed with you need admission to hospital you must inform the child's allocated worker and your own Fostering Social Worker as soon as possible. There may be issues of signatories for consent to treatment. The child's allocated worker can also advise the parents, where this is appropriate. Discuss with the medical staff the arrangements for a planned admission so that you can give detail to the child's allocated worker and also to help prepare the child. Going into hospital is frightening and added to that they are going to experience a further separation from people they know.

Stay with them in hospital if you can without neglecting your own family. We may be able to provide assistance if this means additional costs or the need for extra help. *See Section 6 for more information*

Immunisations (Prophylactic and Preventative Treatment)

Immunisations are essential for the child's healthy development: the detail of this will be discussed with you at the Placement Planning Meeting and/or at Statutory Reviews. The LAC Nurse will also consider whether the child requires immunisations at the child's health assessments and can make arrangements for any appointments. You will then need to discuss this with the child's allocated worker who will arrange for any necessary consents.

Do not agree to any preventative treatment/immunisation: only the appropriate manager in Children's Services can do this. (Please see earlier section on Consent). It is, however, your responsibility to ensure any appointments for the child are kept. If for some reason you have to cancel an appointment with a LAC Nurse or other Health professional, please make sure that you call to

explain this as soon as possible and that you re-arrange the appointment.

Childhood Immunisation Schedule

Vaccine	Age administered
<p>5-in-1 (DTaP/IPV/Hib) vaccine – this single jab contains vaccines to protect against five separate diseases: diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib, a bacterial infection that can cause severe pneumonia or meningitis in young children)</p> <p>Pneumococcal (PCV) vaccine</p> <p>Rotavirus vaccine</p>	Two months old
<p>5-in-1 (DTaP/IPV/Hib) vaccine, second dose</p> <p>Meningitis C</p> <p>Rotavirus vaccine, second dose</p>	Three months old
<p>5-in-1 (DTaP/IPV/Hib) vaccine, third dose</p> <p>Pneumococcal (PCV) vaccine, second dose</p>	Four months old
<p>Hib/Men C booster, given as a single jab containing meningitis C (second dose) and Hib (fourth dose)</p> <p>Measles, mumps and rubella (MMR) vaccine, given as a single jab</p> <p>Pneumococcal (PCV) vaccine, third dose</p>	Between 12 and 13 months old
Flu vaccine (annual)	2 and 3 years
<p>Measles, mumps and rubella (MMR) vaccine, second dose</p> <p>4-in-1 (DTaP/IPV) pre-school booster, given as a single jab containing vaccines against diphtheria, tetanus, whooping cough (pertussis) and polio</p>	3 years and 4 months, or soon after
HPV vaccine, which protects against cervical cancer (girls only) – three jabs given within six months	Around 12-13 years
3-in-1 (Td/IPV) teenage booster, given as a single jab which contains vaccines against diphtheria, tetanus and polio	Around 13-18 years

Meningitis C booster	Around 13-15 years
----------------------	--------------------

Source NHS Immunisation Information - <http://www.nhs.uk/Conditions/vaccinations/Pages/vaccination-schedule-age-checklist.aspx>

Masturbation

This is part of normal growing up: touching or exploring private parts for pleasure or comfort. Most, but not all, children learn that this should be done in private. Some children will not understand that this is private; especially if their experience has been that to behave in this way generates a response from other people. Although this may have been conveyed as negative, to the child it will be attention. The child may recognise the adult's dislike of their behaviour, but they won't necessarily understand why, or be able to reconcile that displeasure with any positive feelings they are experiencing. This can potentially lead to sexual problems in later life.

Try and gently explain to the child that such behaviour is very private rather than saying that it is wrong. It may be appropriate to discuss the behaviour with the allocated worker, or at the health assessment. For children with disabilities, you may need to agree a specific approach: ask the allocated worker for advice.

Meningitis

Information about Meningitis can be found on www.meningitis-trust.org/disease_info

What are the signs and symptoms?

Meningitis and septicaemia are not always easy to recognise. In the early stages, signs and symptoms can be similar to many other more common illnesses, for example flu. Early symptoms can include: High temperature and fever, possibly with cold hands and feet. Both adults and children may have a rash. Symptoms do not appear in any order and some may not appear at all.

If the child is ill or obviously getting worse, do not wait for a rash. It may be late to appear or not at all.

For babies, look out for:

- Vomiting, or refusing feeds
- High pitched moaning, whimpering cry
- Blank, staring expression
- Pale, blotchy complexion
- They may be floppy, may dislike being handled, be fretful
- They may be difficult to wake or lethargic

Check if the soft spot (fontanelle) on the top of the head is tense or bulging.

In children and adults:

- High temperature, fever, possibly with cold hands and feet
- Vomiting, sometimes diarrhoea
- Severe headache
- Neck stiffness (unable to touch the chin to the chest)
- Joint or muscle pains, sometimes stomach cramps with septicaemia
- Dislike of bright lights
- Drowsiness
- Fits
- The person may be confused or disoriented.

People who have been in close contact with meningococcal meningitis and/or meningococcal septicaemia require antibiotics (close contacts are people who are living or sleeping in the same household).

School friends of the child with meningococcal disease are rarely at higher risk.

Viral meningitis cannot be helped by antibiotics and treatment is based on good nursing care. Recovery is normally complete, but headaches, tiredness and depression may persist for weeks or even months.

Mental Health

See also: self injury, depression, eating disorders, ADHD

A child who is mentally healthy is able to make the most of their life, is confident and able to cope. All children and young people will experience ups and downs but where these affect their day to day life, it is time to seek specialist help.

The Child and Adolescent Mental Health Services (CAMHS) are a team of professionals who specialise in working with children and young people who have mental health problems. The team includes child psychiatrists and psychologists. Which worker offers the service will depend on the needs of the child. The worker will also be able to offer advice to you as well so that you support the child and their treatment programme.

A very small number of children will experience mental illness for example, psychosis; severe clinical depression and severe anorexia nervosa. They are likely to require specialist help at a high level, perhaps even at an in-patient unit. Other children will experience disorder rather than illness; for example, behavioural problems which if not treated will persist and affect the child's ability to function as an adult.

Examples of behaviours about which you should talk with the allocated worker and/or LAC Nurse are:

- Depression (see elsewhere in this Section)
- Eating problems
- Phobias
- Behaviour that affects the child's ability to enjoy life (e.g. anger, aggression, anxiety, disruptive behaviour, sleep and toileting difficulties)
- Misuse of illegal substances (see elsewhere in this Section)

Further information about mental health issues for children and young people can be found at the Young Minds web site: www.youngminds.org.uk

Mumps

Mumps is a viral infection which can take up to three weeks from infection to outbreak and is contagious for about a week before the disease breaks out. It is the least contagious of the five major children's diseases and requires close contact for infection to occur.

The disease is most common after the age of two. Most children are vaccinated against mumps by the MMR (measles, mumps, rubella) vaccination.

Mumps usually begins with two days of discomfort and an increasing temperature. This is followed by an uncomfortable feeling in the jawbone and a swelling of the glands. Often the swelling occurs unevenly, on one side of the face before the other. It is only possible to get mumps in one of the glands. The child may have a temperature and the swelling can feel oppressive and sore. The earlobes stick out and the child's face eventually looks very swollen. The child experiences pain when opening their mouth. In mild cases the swelling may only last three to four days, but it can go on for a week or more.

There is no special treatment for mumps; although the child may need to rest while swelling and temperature is at its highest. They can return to school once they feel well again.

Nits/Headlice

Lice are very common, especially among children of school age. Transmission is via head-to-head contact and has nothing to do with personal hygiene. The head louse is a tiny greyish-brown insect, about 2.5mm long. Head lice are usually found on the scalp and live on blood from the 'host', which they get by biting through the scalp. Adult lice mate and the female then lays eggs that are firmly attached to individual hairs close to the scalp and can be very difficult to remove. After seven or eight days the baby louse hatches out of the egg, leaving a shiny white empty eggshell or 'nit', which may be found anywhere along a strand of hair.

Bites from head lice can cause intense itching and irritation on the scalp but

these symptoms may not occur until at least two months after the lice move in. A rash at the nape of the neck may also develop.

The best way to search for head lice and nits is to buy a specially designed detection comb or 'nit comb' from a pharmacy. After the child's hair has been washed, use conditioner (it makes it easier to comb and also makes a more slippery hair so that lice can't attach).

Lean the child over a sheet of light coloured paper or cloth. Comb the hair in small sections right from the roots to the very end of the hair. Both live lice and empty egg shells may drop onto the paper or cloth. Remember to cover every inch of the scalp, including the area just behind the ears and at the nape of the neck.

If you find any live lice on the child then check every other member of the family, including any adults who have close contact with the child.

It's also helpful to tell the school so that other children can be checked for head lice if necessary. Schools are used to handling this and will deal with it discretely.

Before using any treatment for head lice do be sure that there is an active infestation that needs treating. If you only find nits – the hatched and empty eggshells - these may be the sign of a previous batch of lice that have already been eradicated.

Ask the Pharmacist or LAC Nurse for advice on treatment. They may suggest an insecticide or they may suggest wet combing: using conditioner after washing the hair and combing through for 30 minutes every 3 days over 14 days.

Periods

See also Puberty

It is important that girls placed with you know what to expect if they haven't begun menstruation: not being prepared and not knowing what to expect can make a first period a terrifying experience. This planning should be discussed, sensitively, as part of care planning: when the placement is being considered, or at a Statutory Review. It may be appropriate to talk with the allocated worker about the detail, rather than in front of the girl (and any other children who may be present) and other professionals. It may be that the school will be offering this as part of the curriculum: check discretely with the class teacher. You can help the girl by making sure she has a packet of sanitary protection in her bedroom so that she doesn't have to ask. Explain how she should dispose of towels. Encourage her to tell you when her periods start and take the opportunity of talking to her about this move to the next phase in her life. Make sure she also knows about period pains and what she can do to alleviate these. If period pains impact on her normal life, encourage her to talk with the GP or LAC Nurse.

Older girls may prefer to use tampons: again make sure they know how to dispose of these and also that they are aware of the importance of frequent changes; although rare, they need to be aware of the risk of Toxic Shock Syndrome. Good hygiene reduces this risk. See the information leaflet in the Tampon packet for more information.

Pregnancy

It is important to enable young people to talk with you about pregnancy, and especially if a girl thinks she may be pregnant. It is important to talk with the allocated worker as soon as possible. Young people who are alleged to be the father or say they are the father (putative fathers) should also have an opportunity to talk and to be aware of their options.

Puberty

See also periods

Most children are unprepared for the changes they experience in puberty. There may be some input at the child's school; check if you are not sure so that whatever you say can link with this and convey consistent information. You can also ask your LAC Nurse for advice.

You will need to be prepared to answer the child's questions sensitively and accurately; if they ask at an awkward time, say that you can't respond immediately but that you will do so later (and give an indication of when this will be). It may also be appropriate to think about a trusted male (male carer if relevant) talking to boys placed with you and a trusted female (the female carer if relevant) with girls. However, if this isn't possible, ensure that you discuss with the allocated worker the best way of offering a trusted adult of the same gender for the child to talk with. There are a number of books available which you, and/or the child may find helpful (e.g. "The Body Book", Claire Rayner, Scholastic; "Where did I come from?" "What's happening to me?" both by Peter Mayle and published by Macmillan). A Welsh language book is "Wy Mam" by Babette Cole and published by Cymdeithas Lyfrau Ceredigion.

For Carers of children with a learning disability "Talking together about growing up for parents of children with learning disabilities" Lorna Scott and Lesley Kerr Edwards; Family Planning Association.

Useful websites are:

www.brook.org.uk and
www.direct.gov.uk/en/youngpeople
www.lifebytes.gov.uk
www.mindbodysoul.gov.uk

Private parts

With young children, you may have a role in teaching them which parts of their body are private (you can say the parts beneath swimwear). Helping them use suitable words for their private parts may also be necessary; some children

won't have any words, others may use inappropriate words; and if so, you will need to gently teach them something more appropriate so that others will understand them.

Teach the child where it is appropriate to show or touch their private parts, e.g. bathroom or at the GP/Surgery/Hospital.

Changes in their bodies

Boys and girls both need to know what changes to expect before they happen so that they are not worried or embarrassed. Be sensitive in the comments you make. For example, puberty can be a time at which eating disorders start and so avoid comments about putting on weight, looks etc. Spots can become a problem and affect a child's self esteem. Seek advice about treatment from their GP.

Wet dreams

Be reassuring and quietly undertake any additional laundry. Help them understand that wet dreams are normal.

Self Care

You may need to help children understand why they need to wash/shower/bath regularly. Remember, not all children will have had the opportunity of a daily bath/shower; others of course will not want one!

With younger children, you have the opportunity of making bath time a fun experience; with older children you will need to try and ensure that they have the opportunity and privacy for a shower or bath each day. Provide appropriate toiletries; letting the child/young person choose their own can help. Find out what brands they used previously and supply these if you can. Try providing towels that they choose, or with an appropriate age-related theme.

Tell the child where they should put dirty washing; if you can, provide a clothes basket in their room. With older children, help them to use the washing machine and iron; although until they are well into their teens they should not be expected to do this routinely.

Self Injury

Self injury is the means by which some young people deal with difficult feelings and stress. It can include:

- cutting or burning
- bruising
- overdosing
- pulling hair
- picking skin

The seriousness of the injury is not necessarily related to the seriousness of the problem: a young person who self harms in an apparently minor way may be feeling just as bad as one who hurts themselves a lot.

Young people usually hurt themselves secretly for some time before, or if, they are able to tell someone. Often the young person will want to stop injuring themselves but not know how else they can cope with their stresses. They will probably feel ashamed, be scared and feel out of control and worried that you, and others who know, will think that they are attention seeking. By being there for them and demonstrating a non judgemental approach, you can help them take steps towards managing their stress and feelings more appropriately.

This is a situation in which you cannot agree not to pass on the information. You may need to explain the reason for this; that you and the Council have a responsibility for their health and you don't want them to be in a situation which if it escalated could mean that they die or are seriously injured. Encourage the young person to talk to their allocated worker and if possible their GP or the LAC Nurse. You could offer to be there when they do so or to convey the information yourself if they think that would help. Alternatively, if they don't feel comfortable with a face to face conversation, suggest that they telephone or perhaps send an e mail.

If you suspect that a young person placed with you is self harming, provide opportunities for them to talk with you, accepting that they may neither wish nor choose to do so. Talk with their allocated worker and/or the LAC Nurse and agree how to approach this.

Websites that provide some useful information about self-harming behaviour are:

- www.nhsdirect.wales.nhs.uk/encyclopaedia/s/article/selfharm/
- www.mind.org.uk
- www.youngminds.org.uk

Where a child/young person has taken, or you think they have, an overdose, seek medical advice immediately.

Serious Accident And Illness

Serious illness or the necessity for urgent medical treatment must be notified to the child's allocated worker immediately. The allocated worker will inform the parents and put in place arrangements for signing of any consent forms. Please also let your Fostering Social Worker know. Out of Hours, please inform the Emergency Duty Team Tel: 029 20788570.

Sexual Health

See also the earlier part of this section on consent.

As the corporate parent, the council has a responsibility to promote the sexual health of children who are looked after. This role involves you as the Foster Carer actively and appropriately promoting the sexual health of children placed with you. The preparation for the Statutory Review facilitates discussion about the issues in relation to the child's age and level of understanding.

The health assessments also provide specific opportunities as they include discussion about recognising and coping with the physical and emotional changes associated with puberty, understanding issues relating to sexuality and sexual activity including its role in relationships, contraception, sexually transmitted infection and risks of early sexual activity.

There are a number of factors which may need to be taken into account in these discussions; for example, cultural, moral and religious views of young people and their parents. Young people may have a limited knowledge of the facts of life and of sexually transmitted diseases, albeit not necessarily wishing to acknowledge this! It is important that you are aware of the child/young person's rights.

Sensitivity to the child/young person will be important; similarly it is important that you convey to the children placed with you that they can talk openly and honestly with you; although you may sometimes need to suggest that you set aside time to continue a conversation when it is a more appropriate time. Respecting the child's right to confidentiality is also important; ensure that where you need to share the information they have given you that you explain why you need to do this.

Carers need to be knowledgeable and confident about discussing contraception, sexual preference and identity and the consequences of unprotected sex. It is important that you can do this in a non judgemental way. There are training courses which may be helpful.

Always answer questions from children as honestly and straightforwardly as possible. You may want to ask a few questions before you answer to try and establish why the question is being asked: young children for example may be checking out something they have overheard or be seeking clarity; they may not necessarily want, or need, the detailed answer that you thought you may need to give! If you don't know the answer, or it isn't appropriate to reply, tell the child that you will answer later. It is important that they know it was appropriate to ask as you could otherwise convey the message that it isn't something to talk about. Be sensitive also to the fact that if a child has been the victim of sexual abuse they will have more knowledge than other children of their age; albeit they may not be able to make sense of this and/or be confused about it.

The Welsh Government has produced six leaflets concerning sexual health and Looked After Children. They address issues including puberty, sex education and contraception and can be downloaded from their website:

<http://wales.gov.uk/topics/childrenyoungpeople/publications/sexual/?lang=en>

The Welsh Government's Information Sheets suggest the following ways of addressing issues of sexual health:

- Be clear about privacy and that you are not willing to talk about anything in respect of your own sex life
- □ Find ways of you can help the child feel comfortable about asking questions. Remember they may want to talk about feelings as well as factual questions
- Recognise that explicit or jokey questions may be to test you out.
- □ TV Soaps can sometimes offer opportunities to discuss relationships and sexual behaviour
- Keeping appropriate books
- Challenge inappropriate use of language

Discussions about the Placement Plan and then the Statutory Reviews should agree who should be advising the young person. Where there is particular concern about a young person's sexual activity, it may be appropriate to involve other professionals e.g. GP, LAC Nurse.

Children who have been the victims of sexual abuse may have learnt inappropriate sexual behaviours and part of the role of the Foster Carer will be to help them learn more appropriate behaviours. (Please see Section 8 for more information). Other children may not have been abused but have perhaps been exposed to adult behaviour and are copying that. They will not know that their behaviour is inappropriate. Be alert to talk about friendships; especially if you have concerns that they may be inappropriate e.g. friends who are much older. Looked After Children are often more vulnerable as a result of their life experiences and it is important to ensure that they are not exploited. If you have any concerns about the child's behaviour, please talk with the child's allocated worker.

You will also need to be alert to material which could be seen as pornographic. Young people may have, or have had, access to inappropriate images and it is important that they are helped to see that these can cause offence.

The NHS website has a section that provides information about sexual health for young people:

<http://www.nhs.uk/Livewell/Sexandyoungpeople/Pages/Sex-and-young-people-hub.aspx>

The Sexual Health Information Line: **0800 567 123** provides information on:

- Contraception
- emergency contraception
- Sexually Transmitted Infections

- pregnancy testing
- where to find your nearest Sexual Health Service.

Sexwise is a helpline that offers free, confidential advice on sex, relationships and contraception: **0800 282 930**.

Help and information about contraception and sexual health (including a facility to search for local clinics) can also be found on the website of **FPA Cymru**: www.fpa.org.uk and they also have a helpline: **0845 122 8690** which is open 9am to 3pm Monday to Thursday, 9am to midday Friday (except bank holidays).

Sexual Identity and Gender Identity

Confusion about gender identity and sexual identity are issues which may concern and confuse young people placed with you. Again, sensitivity is essential.

Gender Identity

Gender identity is a person's self-perception of their gender or that is, the gender they feel themselves to be and it is not always the gender they were assigned at birth.

Traditionally gender identity was either male or female however, it is now accepted that there is a third gender for people who do not wish to be exclusively identified as one gender.

Transgender

Transgender is a term used to describe individuals whose gender doesn't match their physical bodies and is an umbrella term that includes transexual, transvestite and cross-dresser.

There are some transgender people who say they wake up one morning feeling like a man and another when they feel like a woman.

Transexual

Transsexual people identify as a member of the sex opposite to that assigned at birth and desire to live and be accepted as such. Surgery is an option however not all transsexuals have surgery.

Androgyny

Androgyny is a where a person's self-perception of their gender does not fit into the typical masculine or feminine gender roles.

Pangender

Pangender is a where a person does not wish to be labelled as female or male in gender as they feel they are all genders.

Cisgender

Cisgender is when someone's self-perception of their gender matches the sex

they were assigned at birth.

Sexual identity

Everyone has a right to express their sexuality in a way that best suits them, as long as they do not abuse others.

Sexual identity and sexual behavior are closely related to sexual orientation but they are distinguished:-

- sexual identity refers to an individual's self perception of themselves in terms of who they are romantically or sexually attracted to;
- sexual behavior refers to the actual sexual acts performed by the individual;
- sexual orientation refers to romantic or sexual attractions toward the opposite sex, the same sex, both sexes, or having no attractions.

Whatever the young person's sexual preference or the reason for it, it is essential to respect this. Some young people may have strong feelings of guilt due to social or family attitudes towards their preference. It is important that you are non judgemental.

There are a range of different services for young people and these can be accessed either directly by them, via the allocated worker or the LAC Nurse.

The following organisations offer further information, support and advice on issues related to sexual identity:-

- the **NHS** has a section that provides information about gay and lesbian health:
<http://www.nhs.uk/Livewell/LGBhealth/Pages/Gayandlesbianhealth.aspx>
- **Stonewall** – the lesbian, gay and bisexual charity:
<http://www.stonewall.org.uk>
- **Mermaids** is a charity that originated as a support group formed by a group of parents in 1995 brought together as a result of their children's longstanding Gender Identity Issues : <http://www.mermaidsuk.org.uk>

Sun: Safety in the Sunshine

It is important to take appropriate measures to reduce the risk to children from the effects of sun. Children under 2 years shouldn't be exposed to the sun at all. They should be shaded with a hat and clothes: you can buy clothing that incorporates sun protection: useful for wearing in water.

Please make sure that you use appropriate sun protection: you can help children learn to see this as part of their summer routine by using lotion especially formulated for children; some of these change colour when rubbed in. If you are caring for very young babies, seek advice from the Health Visitor or LAC Nurse.

Schools may request that children have a bottle of sunscreen at school; make sure that the child knows how to apply this themselves.

Teeth

As the Foster Carer you have a responsibility to ensure the child receives appropriate dental care. This should begin as soon as teeth appear. As you probably know, teething can cause discomfort for children; seek advice from their health visitor or the LAC Nurse if this causes the child distress.

Toileting Issues

Wetting - Daytime

The majority of children will be dry by their 3rd birthday but some children will not. Sometimes children who have been dry may start wetting because of the upheaval in their life; the best way of dealing with this is not to make a fuss; simply ensure that the child has access to clean underwear and knows where to put the wet clothes.

If this continues for more than a short period, seek advice e.g. at the health assessment from the LAC Nurse, or your GP. They will be able to see whether the child has a treatable infection or whether to support you implementing a daytime toileting programme.

Bedwetting

Some children will be dry at night by 3 years but for others they will be 5 or 6. Find out at the Placement Planning meeting how the child's parents/previous carers have handled this; e.g. some parents will not give a drink after a certain time, others lift children and take them to the toilet when they themselves go to bed.

Where a child starts wetting after they have become reliably dry at night, check with the GP as it is possible that the child has a urine infection which can be treated. Where a child has difficulty in becoming dry at night, talk with the LAC Nurse who will advise you of practical ideas to help. Do take every opportunity of praising the child for their efforts; being realistic about these e.g. a child who has always wet the bed is making progress if the size of the damp patch on the sheet is smaller. As with daytime wetting, don't make an issue of bedwetting - the child is probably embarrassed as it is - ensure the child knows what to do if they wake in the night with wet sheets.

The child should have a shower or bath in the morning, both from a hygiene perspective and to remove any chance of other children teasing them because of the smell (which may have happened previously).

Constipation and Soiling

Some children will soil their pants and it is important to distinguish whether this is because they haven't learnt to wipe themselves properly or whether they have a soiling problem (sometimes called encopresis). This can often

arise because a child does not go to pass a motion when they feel the signal, with the result that they become constipated and as this continues, faeces dribble out, leaving the child still constipated and feeling increasing pain when they do go to the toilet. Talk with the LAC Nurse about this as she will be able to provide guidance about treatment.

Overall, as with wetting, it is important not to make an issue of this; the child will probably be very embarrassed and you may find that they hide soiled clothing. You can address this by quietly explaining that you know how difficult this is for them. Ensure that they always have access to clean clothes and that they know what to do with the soiled clothes e.g. you could put a nappy bucket with disinfectant in the bathroom for them. You may need to talk with the school to explain your approach and seek their support. Again, it is possible that the child will be bullied as a result of their soiling.

The next part of this Section looks at food and related issues.

Food

Food & Mealtimes

One of the challenges Foster Carers share with all parents is that of providing interesting and varied food for children which provide them with enough protein, fat, carbohydrate, vitamins and minerals to ensure that they grow to be healthy.



Ideally, helping children develop appropriate healthy eating habits is a part of everyday child care. As a Foster Carer you may meet children who haven't had the opportunity for this and who perhaps have a limited experience of different foods.

Not all children will have experience of sitting at a table for a family meal and so could find this a difficult situation to begin with.

Even where this is not the case a child may refuse to eat unfamiliar food when they have just left home. If possible, try and find out what foods the child has been eating at home and if this is different to your family diet, try and introduce new foods to the child gradually. This may need some discussion with your own children about the reason for this.

You may encounter a range of eating related behaviours: overeating, hoarding, stealing, faddyness, refusal, vomiting. Whatever the case may be, it is always best to avoid confrontation; discuss your concerns with the child's allocated worker and with the LAC Nurse. They will be able to advise you of steps you can take to help the child whilst he is with you.

This is especially important for children with disabilities who may need special diets and/or help with eating. Some children you will care for may need different diets for religious, medical or cultural reasons. Providing culturally varied meals can be an interesting experience for all the family and can help encourage all children to try different foods.

Healthy Eating

You will probably be well aware of the rules for this, but as a reminder:

- Cut down on fat, sugar and salt.
- Provide meals which have more fibre-rich foods.
- Provide plenty of fresh vegetables and fruit.
- Variety and moderation are the key things to remember.

This means thinking about what children eat, how much they eat and why they need certain foods. The connection between diet and health is now well recognised. Try to find ways of getting a child to eat well and healthily - your health visitor or LAC Nurse will be able to give you further help.

Involving children in planning and preparation is often an easy way of helping a child try new and/or unfamiliar foods.

Food Safety and Hygiene

Good food safety depends on good standards of personal hygiene and proper storage and preparation of food.

Health and Safety

Our expectations

Health and safety issues are an important part of the fostering role and so we now look at these as part of the assessment of applicants. We then undertake an annual Health and Safety Check to ensure that everything is up to date. This is for your benefit as well as for the Council to ensure that all appropriate precautions and safety measures are in place.

The following topics are included here under the health and safety "umbrella" but are equally topics in their own right. A copy of the annual Health and Safety questionnaire is included at the back of this Handbook.

Alcohol

The use of alcohol in foster homes should be considered in terms of health promotion as well as the risks associated with drinking too much. Carers have a responsibility to encourage positive health promotion through modelling the sensible use of alcohol. Remember that many children will have experienced or witnessed violence associated with alcohol misuse.

Smoking

There is clear evidence that the earlier regular smoking is established the greater the risk of subsequent lung cancer. Early smoking is also associated with more immediate health problems.

For example, children who smoke are at risk of respiratory illness, coughs, and phlegm production. This effect operates from primary school onwards and

results in reduced school attendance.

We are aware that many looked after young people do smoke and the issue is discussed with them as part of their Statutory Review. Wherever possible, we will encourage the child/young person to reduce or stop smoking. They may need help with achieving this, and specific detail will be discussed as part of the Placement Plan if appropriate and as part of their Care Plan.

Rules about when, where and by whom smoking is allowed in and around your home should be clear. Carers are asked not to smoke inside their home or in front of children under 16 years of age. Electronic cigarettes or pipes would be classed the same as normal cigarettes. It is important to remember the effects of 'modelling' behaviour and passive smoking. Please also refer to the Fostering policy in respect of Smoking.

The annual Health and Safety check has a question about smoking and the response from this forms part of your Annual Review.

Fire Risks

We ask you to install smoke alarms in your house (if you don't already have these) and to check these in line with the manufacturer's advice. It is also a good idea to have a plan for evacuating your household in the event of fire: and make sure that everyone in the house knows what this is.

Garden: reducing risks

There are a number of measures you need to take to ensure that your garden doesn't pose risks for children and we ask about these in your Health and Safety check.

- Remove access to any poisonous plants
- Ensure slides, swings etc are securely fixed
- Keep Garages and sheds locked
- Greenhouses should be safe
- Swimming pools / hot tubs / ponds / water tanks/rainwater butts should be fenced off or covered
- Sandpits must be covered when not in use
- A Trip device must be fitted into the electrical circuit used for garden equipment (this prevents fatal shock)
- All DIY equipment/chemicals etc should be securely locked e.g. in shed/garage
- Any dangerous equipment e.g. farm machinery, should be secured
- The garden should be fenced and secure.
- Dustbins should be kept covered / wheelie bins kept closed.
- Drains and manhole covers should be clean and secure.

Poisonous Plants

The following list of plants are known to be poisonous, irritant or otherwise harmful - the list is not exhaustive:-

Considered to be the most dangerous (some lethal if eaten)

- Aconitum – Monkshood
- Arum - Cuckoo pint.
- Colchicum - the autumn crocus
- Convallaria - Lily of the Valley
- Cytisus - the Broom
- Daphne
- Delphinium
- Digitalis - Foxgloves
- Gloriosa superba - the Gloriosa Lily
- Laburnum
- Lantana
- Nerium
- Phytolacca - the poke weed
- Ricinus communis - Castor Oil Plant.
- Taxus
- Veratrum

Considered to be either poisonous or skin irritants:-

- Aesculus - Horse Chestnut
- Alstroemeria – The Peruvian Lily
- Aquilegia - Garden Columbine - Ladies Bonnet
- Caltha - The Marsh Marigold
- Chrysanthemum
- Datura - Angels Tears
- Dicentra spectabilis – Bleeding Heart
- Dictamnus alba
- Euonymus
- Euphorbia - the Spurge
- Fremontodendron - Californian Poppy
- Gaultheria – Popular ground cover plant
- Hedera helix - common ivy or it's variegated forms
- Helleborus - The Christmas or Lenten Rose
- Hyacinthus – Potted or garden
- Hypericum
- Ipomoea - The Morning Glory (Seeds)
- Iris
- Juniperus sabina - low growing Juniper (Seeds or foliage)
- Kalmia - Calico Bush
- Ligustrum - Privet hedges etc
- Lobelia - the perennial types
- Lupinus – Lupins
- Narcissus – Daffodils etc
- Nerium - The Oleander
- Polygonatum - Solomon's Seal
- Primula obconica
- Rhamnus - The Sea Buckthorn
- Rheum
- Ruta graveolens
- Scilla
- Solanum tuberosum
- Symphytum - Comfrey
- Thuja occidentalis
- Tulip - tulip bulbs can be severe skin allergen
- Wisteria

Using computers and the internet

Using computers

When using computers it is important to set equipment up properly and to avoid discomfort:-

- make sure that you have enough desk space to accommodate a monitor, keyboard, mouse (plus mouse mat) and additional books or paperwork that may be in use when you're using the computer. A simple document holder can be attached to the monitor / placed alongside the monitor, to keep paperwork off the work surface.
- make sure both keyboard and mouse, are positioned appropriately to avoid wrist strain.
- set the monitor at a position where the top of the screen is either level or slightly below your eye level, so that you are looking down at it.
- make sure that your seat and desk are set up in a comfortable position – your legs should have enough space between the desk and the seat
- make sure that you have a suitable chair that is adjusted correctly - you should sit in an upright position with your back fully supported by the chair. If the seat height is adjusted appropriately the arms, wrists and thighs should be horizontal. If the chair has armrests, these should be adjustable to ensure they support the forearms
- if after adjusting your chair your feet are not flat on the floor you will need to support them by using a footstool.
- make sure your computer equipment is set up correctly and that you can see the text on the monitor clearly. Make sure it doesn't have a flicker, it is free of reflections or glare from lights and windows and is adjusted properly for screen brightness and contrast.
- try to avoid twisting or reaching for items whilst seated at the computer - make sure all items that you need to use are in an easy to reach location.
- if using the computer for a long period, try not to remain in a static position – stretch occasionally and move all limbs.
- for every hour spent using the computer you should take a break of at least five to ten minutes (and during this break you should undertake an activity that does not require mental or visual concentration).
- to avoid visual fatigue, re-focus the eye on a distant object about every twenty minutes to allow eye muscles to relax;
- make sure the light in the room is adequate – it shouldn't be too bright but also shouldn't be too dim.
- Make sure all electrical cables are tucked away neatly to avoid anyone tripping and to reduce fire hazards.

The Computers 4 Carers(C4C) scheme is supported by a C4C technician who can assist carers with any problems they are having with their computer package e.g. they can provide advice and information or more practical support e.g. repairs to a computer.

If you need support or further information, please contact your Supervising

Social Worker (or the Fostering Duty Worker in their absence).

Using computers / the internet - Guidance for Carers and children

- **Get Involved**- open the lines of communication between you and the children e.g. find out about what they are doing and which internet sites they like to use.
- **Don't Go Overboard** - know the risks but don't ban the internet outright: it's a great tool. If you are over-anxious children won't tell you what they are doing.
- **Agree Ground Rules** - these will depend on the age of the children and the type of websites you are happy for them to view.
- **Keep The Computer In Your Sight** - with your PC in a main room you will be able to keep an eye on what websites the children are going on and how much time they are spending on it.
- **The Internet Is Part Of School Life** - schoolwork often includes internet research and used safely the web represents an important learning resource. Try and encourage the children to ask for your help when using the internet for schoolwork. The Council can arrange for specialist packages to be installed if needed e.g. to better support a child with a physical or learning disability. If you would like further information about this please contact your Supervising Social Worker.
- **Parental Control Software** - the Council will install software which is designed to block websites that are not suitable for children.
- **Bullying On The Internet** - be aware that this is a growing problem for kids, particularly when using email, chat rooms or message boards. Make sure you look out for signs that children might be having trouble with cyber bullying. Possible signs could be them becoming withdrawn, not wanting to spend so much time on the internet and becoming irritable if you go near the computer when they are on it. If you are concerned that a child in your care is being bullied, please advise their allocated Social Worker and your Supervising Social Worker as soon as possible.
- **Sexual Abuse On The Internet** - sexual abuse via the internet is also a growing problem for children. If you would like further information and advice please contact your Supervising Social Worker as they can provide you with literature and / or arrange for you to have training about some of the risks related to the internet.

Websites that provide some useful information about the safe use of the internet are:-

- http://www.bbc.co.uk/parenting/your_kids/safety_internet.shtml
- www.thinkuknow.co.uk
- www.kidsmart.org.uk
- www.ceop.gov.uk
- www.getsafeonline.org
- www.childnet-int.org/kia
- www.internetsafetyzone.co.uk

Internet Guidance for children and young people

The SMART Rule		
S	SAFE	Keep safe by being careful not to give out personal information – such as your name, email, phone number, home address, or school name – to people who you don't trust online
M	MEETING	Meeting someone you have only been in touch with online can be dangerous. Only do so with your parents'/carers' permission and when they can be present.
A	ACCEPTING	Accepting emails, IM messages or opening files from people you don't know or trust can get you into trouble – they may contain viruses or nasty messages.
R	RELIABLE	Someone online may be lying to you about who they are, and information you find on the internet may not be reliable.
T	TELL	Your parent, carer or a trusted adult if someone or something makes you feel uncomfortable or worried.

The Council can also provide you with literature and / or arrange for you to attend training about computers e.g. training related to safe use of the internet.

If you need support or further information, please contact your Supervising Social Worker (or the Fostering Duty Worker in their absence).

Hazards

Every year one in five children has an accident at home which is serious enough to need the doctor or to go to hospital for treatment. Although both children and adults can have accidents in the home, the most vulnerable time for children is the time between a baby starting to crawl and about the age of four when they are more able to recognise the main dangers.

Children learn through exploration: their natural curiosity and lack of fear being the strongest and most positive factors in their learning process; they are imaginative, daring and inquisitive. It is however, these factors that also put them at the greatest risk of accidents.

It is important for you therefore as the Foster Carer to be alert to risks so that you can take preventative action e.g. safeguarding against risk of injury from every day hazards such as kettles, cups with hot drinks in them, climbing aids such as chairs and stairs, electrical gadgets and power points, fires, glass, DIY and garden tools, chemicals, drugs and cleaning materials.

As children grow you can begin to teach them to recognise and cope with the

dangers around them. This learning process has to be gradual, related to the child's age and ability whilst not inhibiting their natural inquisitive-ness.

Children with disabilities may need greatest safety precautions taken in order that they receive the maximum encouragement to learn from exploration. Depending on their disability, they may not be able to recognise everyday dangers. As a Foster Carer you may need to be more imaginative in making adaptations to the home in order to help children who have a learning disability or limited mobility.

When buying equipment, furniture and toys for children, please be safety conscious.

Keeping Children Safe

Cars

Babies and children should always be securely strapped into car seats for every journey, no matter how short. No car ride can ever be completely safe, but if a child is using the right safety restraint, the likelihood of being injured in an accident is considerably reduced.

- All children under three years old sitting in the front seat of the car must wear an approved child restraint, appropriate to their weight.
- Children aged 3-11 years (and/or under 5 feet/1.5m in height) must be restrained in an appropriate car seat or booster seat.
- All children up to 135cm (4'5) or the age of 12, whichever comes first required to use the correct child restraint.
- Children aged over 11 (and/or over 1.5 metres tall) must use an adult seat belt. Make sure seat belts and harnesses are positioned low on the child's hips to avoid abdominal injuries in the event of an accident.
- Rear facing infant carriers should never be used in the front of cars fitted with passenger air bags.
- Children should never travel in the boot area of estate cars unless the model of car is specifically designed to take passengers.
- Never carry a child on your lap in the front or rear of a car, even with a seat belt. It is highly dangerous because in a crash you could crush and kill the child.

All car seats and restraints must comply with either British or European Safety Standards. Make sure that your car is properly fitted, as incorrectly fitted seats can be a danger and offer little or no protection. For the first few months a baby will need the extra support and protection of a head support cushion.

Never buy a second-hand car seat, because the protective structure may be invisibly damaged, and thus could prove fatal in the event of an accident. Always replace the child's car seat as they grow. A car seat that is too small will not offer adequate protection.

All Cardiff Foster Carers must buy their car seats from an approved retailer and they must also have them fitted by Must be fitted by an approved fitter.

Please contact your Fostering Social Worker for further information about the providers that are considered approved by the Fostering Service.

Further advice about the law in relation to car child seats can be found on the following website: www.childcarseats.org.uk/law

NEVER LEAVE A CHILD ALONE IN THE CAR - EVEN IF THEY ARE STRAPPED IN.

Bikes

Motorcyclists and cyclists can be viewed as the most vulnerable road users as:-

- cars and lorries do not always see them;
- weather conditions considerably increase the risk e.g. heavy rain, ice, etc.

As it is not viewed as a safe mode of transport, the Local Authority will not give their authorisation to looked after children being transported by carers via pushbikes or motorbikes on a public highway.

However, there will be scenarios where foster carers can transport children or ride with them recreationally away from the public highway for example, on cycle paths and this will be viewed differently. Foster carers who wish to seek authorisation for a child to be transported or use a bike recreationally should make a request to their Fostering Social Worker (who will then undertake a risk assessment and forward it to a Fostering Manager to gain their decision).

Please also refer to the information about cycling provide under 'Away from home' on pages 148.

Bedroom

Never lock a child in their bedroom.

Kitchen

We will undertake a safety check of your kitchen with you as part of your annual Review. This will include:

- Accessibility to the kitchen e.g. is there a stair gate across the doorway to prevent small children getting in when you are cooking
- Are kettle flexes short and out of reach
- Are chest freezers kept locked
- Is a cooker/hob guard fitted
- Are kitchen surfaces and flooring undamaged and kept clean
- Is food appropriately stored and the fridge kept at the right temperature?
- Are bleach, poisonous substances, matches etc stored in their original containers and out of reach of small children

Pets

We recognise the benefits of pets as part of family life. However, the Council also has to ensure that any health risks are minimised and so we do ask questions as part of the assessment of your application to become Foster Carers and then at the annual Health and Safety check. As part of the initial assessment process and as part of the annual Health and Safety check the Fostering Service will undertake pet questionnaires in relation to dogs, cats and exotic pets.

We need to ensure that:

- Pets are healthy, e.g. regularly wormed
- Pets are kept under control and do not present any form of risk
- There are hygienic arrangements for pets to feed and sleep.
- Feeding bowls and litter trays are not within reach of children
- Gardens are free from pet urine and excrement
- Carpets and furniture are kept free of pet hairs.

We also need to consider the safety of children placed in a family with dogs because we have to be alert to the fact that it is always a possibility that a dog may attack a child; the dog may be provoked or merely perceive a threat.

You will probably find that your pets can help children settle when they move into your family: sometimes children feel safe with a dog or cat that doesn't answer back and like to talk to them and tell them things. However, children can also feel jealous of pets, resenting their place in the family and can behave spitefully towards them, sometimes when no one is looking.

It is important to remember that children's experiences of animals may be very different from those of your own children and family. They may have seen animals teased and abused and may think that this is an acceptable way to treat them.

Don't leave children you are looking after in a room alone with a dog or cat, even for a short while. No matter how docile and relaxed your family pet may be they may naturally respond angrily to a sudden action from a child, especially if the child is unknown to them. Do not risk this.

Please let us know of changes in your pet's health or temperament that may affect the care of a child.

Safety and Accident Prevention

This is a summary of action you can take to prevent accidents.

Burns and scalds

- Don't drink or eat anything hot with a baby or child on your lap.
- Beware dangling kettle and iron flexes, table cloths, protruding pan

handles.

- Always have fire guards in front of all fires (whatever the fuel used) when in use.

Falls

- Use straps for high chairs and pushchairs
- Use stair gates.
- Supervise children in baby walkers
- Ensure rails round landings and upstairs windows are in place and working.
- Fix Rugs in place

Safety

- Plastic bags, ribbons and strings should be kept away from young children.
- Young children often put small objects (including food such as peanuts) into the mouth, nose and ears (they are "exploring").

Cuts

- Glass doors, especially Patio doors, and low windows must be protected with safety glass or film.
- Never let young children walk around carrying anything made of glass, or other sharp objects including pencils.
- Keep knives, scissors and razors stored safely and out of reach.

Poisons

- Medicines must be kept in a locked cabinet out of reach of children.
- Household and garden chemicals must be stored safely and out of reach.
- Know your plants, berries, seeds and toadstools.
- Teach children not to put anything other than food or drink in their mouths.

Drowning

- Babies and young children can drown in a few inches of water (bath, paddling pools, hot tub, sea) - take care and **never** leave them alone even for a few seconds.
- Teach children not to put anything other than food or drink in their mouths.
- Ponds, swimming pools and hot tubs should be fenced or covered.
- Teach children about the dangers of water and to swim as early as possible.

Electricity

- Provide safety covers for all electric sockets that small children can reach.
- Look out for worn flexes on appliances and replace immediately.
- Don't overload electric sockets.

Away from home

- For small children, use walking reins or hold their hand.
- Teach children the Green Cross Code.
- Make sure children have cycle helmets and that they use them.
- Encourage the child to take a cycling proficiency test if there is one available
- Make regular safety checks on the bike.
- Try and avoid the need for children to use a bike in the dark: if they do provide a fluorescent band (which can be worn over a coat) and the bike should also have lights.

Cycle helmets

Research shows that a cycle helmet can reduce head injuries by up to 88 per cent but to be effective they must be fitted correctly:

- Make sure the helmet is standard approved with a recognised safety certification such as British (BS 6863 or BS EN 1078). Ideally, a helmet should have a British Standard Kitemark.
- Check it is the right size – a helmet should fit snugly and securely on the head with a minimum use of pads. Do not buy a helmet a child will grow into.
- Try to buy a brightly coloured helmet that can be easily seen by other road users.
- Remember the polystyrene layer inside the helmet, which compresses to absorb the force of an impact, can only be compressed once, so helmets should be replaced after any knock or crash. Never use a second hand helmet, unless you know it has not had a knock or been in a crash.

To wear a helmet correctly:

- Loosen all the straps.
- Place the helmet squarely on your head, sitting just above the eyebrows and not tilted back or tipped forward.
- Do up the chin strap, securely fasten and check straps are not twisted.
- Check there is only enough room for two fingers to be inserted between chin and strap.
- Adjust the back straps. The back and chin straps should be just below the ear lobe.

Whilst getting younger children to wear a helmet can be relatively easy, encouraging older children can be much more difficult. Many teenagers face peer pressure from their friends not to wear a helmet and as a carer they need your support and understanding. One way to encourage them to wear a helmet is allowing them to choose their own, within a limited budget.

Talk to children about what to do in an emergency such as a fire.

Teach them to dial 999 and what to say to the Operator

It may help if you write this on a card (include address and postcode) and keep by the phone; especially if you have short term placements

Our Expectations of you in respect of day to day safety

When a child is placed, the Council delegates the responsibility for their every

day safety to you as the Foster Carers. As a responsible adult you must take proper care of the child both inside and outside your home, taking account of the child's age and understanding.

What the Council (and the law) expects is that Foster Carers will exercise common sense and if in doubt ask themselves what is reasonable care. If you are unsure please ask the child's allocated worker or your Fostering Social Worker.

The legal provisions relating to health and safety are extensive and complex. Do make sure you are clear about the differentiation between criminal and civil liability.

Legal liability for claims of negligence lies with the Foster Carer and not the Council as the approving or responsible authority. The insurance arrangements we make to cover Carers for the expense of such litigation do not imply our taking such responsibility away from you. The Occupiers Liability Act 1984 imposes a "common duty of care" upon an occupier i.e. a duty to take care as is reasonable, depending on the circumstances of the case, to ensure that any visitor will be reasonably safe while using the premises for the purpose for which they are permitted to be there. There is a special duty of care where children are concerned.

Caring for Babies

This part of the Section summarises key issues about caring for babies. It is important that you keep appointments with the child's Health Visitor. Your allocated LAC Nurse will also be able to offer advice.

Sleeping Position

Babies should be laid down to sleep:

- (a) on their backs or
- (b) on their sides with the lower arm forward to stop them rolling over.

Do not be worried that babies might be sick and choke if laid on their backs: there is no evidence that this happens. Some babies who require special care or who have particular medical problems need to be nursed on their tummies. Take advice from the child's GP or health visitor.

For babies who have been sleeping on their tummies try them on their backs or sides. They may not like the change and find it difficult to settle. If this happens then it is probably wise not to upset them by insisting on the new position. If you are at all worried, again, speak to the Health Visitor or GP.

The right sleeping position is only important until babies are able to roll themselves over in their sleep. Once they can do this it is safe to let them take whichever position they prefer.

When babies are placed with Foster Carers you will be given a new mattress;

this should then go with the baby when they move.

Temperature

Babies should be kept warm, but they must not be allowed to get too warm. Keep the temperature in the baby's room so that you can feel comfortable in it.

Use light weight blankets which you can add to, or take away according to the room temperature. Do not use a duvet or baby nest which can be too warm and can easily cover a baby's head. All bedding should have a British Standard Safety Mark on it.

Recommended Developmental Reviews

Health and development checks are usually done by the child's GP and the health visitor. Young children should be seen at 6-8 weeks; 6-9 months; 18-24 months and then at 36-48 months. Let the child's allocated worker know when these are due to take place so that they can involve the parents where this is appropriate.

Sometimes the regular developmental review is included when the child has a statutory health assessment. Foster Carers should check whether this is the case.

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

All babies have a new-born hearing screening within their first few days. They may then need a further check at 7 - 8 months.

Milestones: Infants aged 0-1 years, 1-2 years

Babies develop according to a recognised pattern. "Milestones" are the ages at which a child first smiles, sits, crawls, walks, etc. It is a good idea to keep a record of when Milestones are reached. This information may be very helpful when assessing a child's development. It is also of interest to the child as he or she grows up and may be included in the life story book.

You can find more detail about milestones in your "Skills to Foster" Workbook.

Children with Disabilities

In General

About one child in twenty has a disability of one kind or another: many disabilities are minor and do not impact much on the child's quality of life. Others may be more serious, requiring specialist treatment, and, in very rare cases, such as multiple disability, specialist care. Some children will require surgery and/or treatment; the severity or length of treatment will depend on the seriousness of the disability. Other children may need remedial or rehabilitative help over a longer term and this can bring its own special

stresses for the child, their family and you as their Foster Carers.

Particular skills and a sensitive approach are needed for working with children with special needs or disabilities and their families: you have to be able to care for them and help them handle the difficulties that having a disability may bring. Sometimes, the child may experience discrimination and helping them learn to manage this is another skill required. We will give you information about the child's health needs at placement. However, Foster Carers may identify that a child has a special need after placement which, for one reason or another, had not been previously identified. Please discuss any concerns with the child's allocated worker. The LAC Nurse can also provide helpful information. If you are asked to take the child to their GP e.g. for a referral to specialists, please advise the child's allocated worker as soon as possible so that they can consult the child's parents and obtain any necessary consents.

Children from particular ethnic groups may be at risk of inheriting certain diseases, for example, thalassaemia and sickle cell disease.

Children with these diseases do require special care and treatment and you will be advised on how to provide this. There are a range of specialist organisations relating to children with special needs and disability: a search of the internet will provide details or you can ask the GP, Health visitor, and LAC Nurse.

As a Foster Carer you can help a child learn to live with their disability: the earlier a child learns to cope with a disability, the better chance they have of leading as normal a life as possible and of minimising any negative effects. You may also be in a position of showing, and demonstrating ("modelling") to the child's family how this can be done.

If you can help children overcome difficult life experiences they will grow up with a sense of well being about themselves and their bodies, despite any disability that they may have. If you would like specific training, please refer to the Training Manual. If you feel that you need additional training; please ask your Fostering Social Worker.

Some children will be entitled to extra financial benefits - we can advise you of these (See Section on Finance).

Equipment

The Council is responsible for providing any specialist equipment, adaptations and aids to daily living needed to provide the child with stimulation and a degree of independence. There is more detail on this in Section 12 - Finance.

Adaptations

The Council is also responsible for ensuring that the accommodation is safe and that access to entrances and exits are suitable for a child with disabilities in the event of a fire or other emergency.

In certain circumstances e.g. a long term placement of child with disabilities,

the Council may arrange for adaptations to your house to facilitate the caring of the child.

Lifting and Handling

The Manual Handling Regulations 1992 relate to the safe handling of loads. They may be applicable if you are caring for a child with disabilities and you should ask the child's allocated worker or your Fostering Social Worker for advice.

Education of Children with Special Needs

Please see Section 9: Education

Speech and Language

Foster Carers have a role in helping young children develop language skills. Children who are looked after are more likely to have communication difficulties than other children and so we have included some suggestions here of ways in which you can help them develop their skills.

Ask questions at the Placement Planning Meeting about the child's daily experience at his previous home as this will give you some idea of things to talk about, as well as an indication of whether there are issues to take into account. For example, a child who is the youngest in a large family may not have developed as many words as an only child because they have probably found out that their needs are met by their brothers and sisters or by pointing, rather than asking. If you are looking after a sibling group and notice that the older children tend to "look after" the baby; gently help the older children "teach" the baby language: that way you are not criticising the older children or putting them down and they can take pleasure in the progress the youngest child makes.

If you are worried that a child's speech and language is not as it should be talk with their health visitor or the LAC Nurse, who can offer specialists to help. If the child has a hearing problem (see Ears earlier in this Section) this may affect their speech development.

section six

Working with Looked After Children

Introduction

This Section looks at working with children placed with you. Some of the issues here will be known and included in the Care Plan to ensure that they are addressed: you may have a role in undertaking some of the direct work with the child. Other topics will arise during everyday living. There will therefore be some overlap with the contents of other Sections in this Handbook and so cross references to other Sections which you may also find helpful are included.



Communication

We start this Section by considering the key skill for working with children: communication. This includes listening skills. Many looked after children will not have had good experiences of being listened to and they may not themselves be good at listening. If you have a child placed who has learning difficulties or a disability, you will need to think about different ways of communication. The child's allocated worker will be able to advise you.

As well as your day to day life with the child, as a Foster Carer there will be specific issues for you to discuss with the child e.g. arrangements for contact, preparation for a Statutory Review. You may find it helpful to set aside some time when you can sit with the child to do this. This will also convey that you think the issue, and the significance for the child, is important.

As a Foster Carer you are likely to hear a lot about the child's family and previous life and experiences. It is important that you respect confidentiality (See Section 4). However, if you feel from something the child has said that they or someone else (e.g. a brother/sister) could be at risk of significant harm you will need to pass on this information (see Section 8 for further detail). Explain this to the child and let them know what is likely to happen next.

How can I be a good Listener?

- Never be too busy to listen. Children have important things to say at the most inconvenient time of day.
- Listen to what is being said. Give the child your entire attention.
- Don't anticipate what will be said next. Wait and listen. That way you'll be sure.
- Keep your thoughts to yourself as to what is being said. Don't let your mind jump away from the topic.
- Pay attention to both what is being said and how it is being said.
- If you have a question, make a note of it unless it disturbs the child. Ask the question at the proper time. Don't interrupt or write while the child is actually talking. Asking questions can certainly help but they require careful handling and good timing.
- If you disagree, don't get angry. Wait until he/she is finished. He/she may say something that makes your anger unnecessary or even embarrassing.
- If the child is continuing for a long time, jot down a few notes when there is a pause or when the child has finished speaking. This will help later on in remembering what was said.

*Source: The Foster Carer's Handbook, Ann Wheal, Russell House Publishing 2000
(Aw5@socsci.soton.ac.uk)*

Good Practice Tip from a Cardiff Foster Carer

Sometimes it can be helpful to talk with a child when you are both involved in an engaging activity; e.g. washing dishes, cooking; so that you are not looking at the child when you raise difficult topics that need to be addressed.

Values

As a Foster Carer you have the opportunity of helping children placed with you to develop their own set of values. As you have seen in other parts of this Handbook, there are many ways in which you can demonstrate appropriate values; it is important that children observe you putting into action what they hear you say.

For example, you can show that you do not accept bullying, cheating, discrimination, lying, prejudice, or sexism.

It is important that they learn to consider other people and respect that not everyone will have the same values in life; for example religious values may be different.

Try and find opportunities to help children consider their values in practice. For example, encourage them to give up their seat on a bus to an older person, help them to own up to a misdemeanour.

Children need to learn to:-

- Know the difference between right and wrong
- Tell the truth
- Keep promises
- Share
- Respect the rights and property of others
- Act considerately
- Help those less fortunate and weaker than themselves
- Take personal responsibility for their actions and self-discipline

*Source: The Foster Carer's Handbook, Ann Wheal, Russell House Publishing 2000
Aw5@socsci.soton.ac.uk*

Culture and Religion

We take a child's racial, religious and cultural needs into account both when determining a care plan and when deciding on a placement. We aim to match a child's needs with an appropriate family, but this is not always possible. It is important to acknowledge that placements of children with Foster Carers from a different culture require special thought and consideration.

A child's cultural background: their heritage¹, is fundamental to their identity and as such, needs to be maintained and encouraged. We ask you as Foster Carers to actively promote the child's heritage (See your Fostering Agreement) as this encourages the child to develop a positive sense of identity. You will be conveying very clear messages to the child that they are valued for who they are.

¹ Heritage is everything that comes to a person from their family background: race, language, country of origin, religion, culture and traditions.

Try and find out as much as possible about the child's background; for example, their parents may have different backgrounds and so you would need to help the child learn about both. A key part of a child's heritage is their name. There is a helpful section about names in the "Skills to Foster Workbook" (the book used in the Preparation Course).

If you don't share the child's heritage, make finding out about it an opportunity for you and your family. You may be able to ask the child's parents for information; you can look on the Internet and/or you could borrow books and music from the Library.

Skin and Hair Care

Children from different ethnic backgrounds may require different products for skin and hair care. If possible, discuss this with the child's parent and seek their advice on what products they use.

In Cardiff you can buy European and Afro-Caribbean products at:

- Andy's Hair Hut, Cardiff Central Market Tel: 02920 394770, website: <http://www.Andys-HairHut.com>
- Post Office, Corporation Road, Grangetown
- Lloyds Chemist, Cryws Road, Cathays
- Chemist in Bute Street, Butestown
- Lazarou Brother Hairdresser and Barbers:

59A Merthyr Road, Whitchurch
17 Morgan Arcade
121 Caerphilly Road, Birch Grove
12 Churchill Way

Children seeking asylum in Wales

Asylum seeking children are likely to be vulnerable because of their experience in their home country: many will have seen persecution and horrific events and may have moved many times before coming to Wales. English/Welsh is unlikely to be their first language. Some young people will arrive in Wales "unaccompanied" and Children's Services have a role in ensuring their needs are met.

A team working specifically with unaccompanied asylum seeking children is based within the LAC Service 14+ team Service based at Suffolk House.

Questions to ask when planning a placement so that you can encourage cultural identity

- Do the child/their family have any special dietary rules?
- Do the child's parents use any particular hair and skin care?
- Do you have appropriate toys, books which reflect the child's heritage: if not where can you get them?
- Do the child's family have rules of religious observance?
- How can you help the child maintain any church/religious attendance?

Ideas for enabling the child to maintain their cultural identity

Where appropriate, enable the child to keep contact with members of their cultural/religious community - see Section 10.

- Learn about the child's culture and show the child that you are interested in this
- Be aware of, and alert to, racism
- Where the child's first language is not English, find ways of enabling them to speak it.

Discrimination

Children who are looked after are likely to experience discrimination: this may be because they are looked after and/or because of their culture. This can impact on their self confidence.

Try and explain, if they are old enough, the nature of prejudice and discuss some coping tactics they can use (which may be about ignoring it). Where appropriate, you should challenge discrimination e.g. if you hear another adult make a racist comment or use inappropriate language. This gives the child, and your own children, positive messages about valuing the diverse society in which we live.

Loss

See also Section 5 on Attachment

In the same way that attachment is a key issue in caring for children who are looked after, so is loss. Looked After Children will experience this in many ways; for example, when they leave their family, it isn't just their parent/s that they are separated from, but their brothers/sisters, close relatives such as grandparents, pets and friends. They also lose their daily routine: even if that was not as structured as yours, it was still their daily experience and would have offered a degree of security for them. This may be particularly difficult for children from a minority ethnic group who move to live with a family from a different background.

These children may also move to an area where there are no other black children, adults or cultural facilities. It is important therefore that you make every effort to learn about the child's culture and provide appropriate cultural experiences for them. (See Culture later in this Section).

We have included here key aspects of loss and separation: death; divorce; hospitalisation. Many aspects of these will be relevant in working with children placed with you.

Death

This part of the section has been drawn from material in The Foster Carer's Handbook, Ann Wheel, Russell House Publishing 2000
[\(Aw5@socsci.soton.ac.uk\)](mailto:Aw5@socsci.soton.ac.uk)

It is sensible to talk about death from quite an early age, taking opportunities appropriate to the child's age or responding to their questions: e.g. a dead bird, dying pet. Young children will ask why the bird/pet has died, and often

want to know what happens afterwards. The younger the child, the simpler the explanation required. Avoid saying anything that isn't true since that could cause problems at a later date. There are a number of story books for young children that can be helpful: ask at your library. For older children, you could talk about the ageing changes that occur throughout life; how illnesses cause different changes; and why people die. However, do be very careful what you say since children can make links you may not intend; e.g. saying that the cat was very ill and so he died could worry a child if he hears about a loved adult being ill since he will expect them to die as that is his understanding of the consequence.

If you know that someone close to the child is likely to die then the child should be prepared. Discuss how this should be undertaken with the child's allocated worker. It can be helpful also to talk with your own Fostering Social Worker.

Carers might need to explain the meaning of words such as:

- death
- bereavement
- burial/cremation
- funeral
- mourn
- cancer

If the child is old enough to understand, you could also talk about the feelings and emotions of the different people involved; how different people will react in different ways.

When a death occurs, you may also need to remind the child what the words mean and also explain, probably more than once, what is happening.

Rituals around death vary depending on the culture or religion. You may have to ask the child's allocated worker for more information so you can help and support the child.

What happens afterwards?

The better prepared children are the more control they will have. The most common complaint of children bereaved is "I wasn't included".

On hearing the news of the loss of someone they know and love children might feel a sense of shock and disbelief - a numbness.

This may be followed by:

- misery
- anger
- questioning
- sadness
- self-blame
- blaming others

If children know in advance that the loss is to occur they will have time to prepare themselves mentally. The impact of the loss is much greater if the loss is sudden.

When the time is right, talk to them or let them talk to you:

- talking helps to dispel mistaken ideas
- talking helps to make sense of the loss

Children will feel pain. Don't try to get them to get over it too quickly. There is no set time that bereavement lasts, and children can take as long to recover as adults.

The pain will recur again - at birthdays; anniversaries; at Christmas, Eid or other religious festivals; at holiday times and at other times that were special for the particular family.

Some children may want to go to the funeral service, others may not. Some may want to visit the cemetery or crematorium, others may not. Whatever their wishes, these should be respected and if at all possible acted on. It may be necessary to check that the child understands the occasion if they wish to attend. The final decision should be made by the allocated worker taking into account the child's wishes and those of the parents, if appropriate.

Be aware of rituals and symbols that different religions or cultures practise and use.

Depending on the age of the child and their relationship to the person who died you may need to help the child find practical things they can do, such as collecting mementos or photographs or writing down how they feel. Encourage them to remember the person and the happy times they enjoyed together.

Children can develop new relationships such as those with Foster Carers without destroying other relationships. Children need to know this; how to make room for that relationship; to realise that nothing will take the place of the person, only that things will be different.

Losing a pet they have loved can be just as traumatic for a child as losing a loved one. Buying a replacement straight away probably won't solve the problem for them.

Further information can be found on the RD4U website - www.rd4u.org.uk - which was designed for young people by young people. It is part of Cruse Bereavement Care's Youth Involvement Project and offers support after the death of someone close.

RD4U also have a free phone helpline on **0808 808 1677** (Monday - Friday, 9:00 - 5:00 pm).

Divorce (or separation of parents/key figures in child's life)

Many children who are looked after will have parents who are divorced or separated: so another form of loss they experience will be that of two adults in the household as well, of course, as contact with the parent who moves out. Some children will feel just as much loss when a subsequent relationship of a parent ends, even if the person who leaves wasn't a step-parent. Numerous research studies have found that children often blame themselves for the break-up of their parent's relationship and so as a Foster Carer it is important that you are able to reassure children that this isn't the case.

For many looked after children, significant changes in their family composition take place whilst they are in care e.g. a parent leaves, a new partner joins the family, a new baby is born. The child understandably will be upset about losing their family as they knew it and this can be a further form of bereavement/loss for them; especially if it means that they now have to share their parent/s with others.

Going into Hospital

This part of the section has been drawn from material in The Foster Carer's Handbook, Ann Wheal, Russell House Publishing 2000
[\(Aw5@socsci.soton.ac.uk\)](mailto:Aw5@socsci.soton.ac.uk)

Hospital admissions mean separation for a looked after child: whether it is themselves or someone else, the child needs to know the reason for the admission. If it is the child, ensure they know it is not a punishment. They are not being sent away. They are being taken to hospital to be made well again/to help ease their pain/because the doctor thinks it is best.

What should a child be told before going into hospital?

- What will happen
- Explain that some people and children stay in bed all the time, have their meals in bed and use a potty in bed instead of going to the toilet
- Tell them who they will meet: doctors, anaesthetists, nurses, porters and other people who work in the hospital to look after people who are sick
- If children are going to have an operation simply explain that they will have a special sleep. When they wake up they will be sore, may have bandages on them but that they will gradually get better. If they are old enough to understand you may, or the doctor may, give them more details. Tell them you will be there all the time they are asleep.
- Be honest and accurate about how often you will see them and don't make promises about how soon they will be out of hospital, or that it won't hurt.
- Be calm and reassuring.

If the admission is planned you will have the opportunity of preparing the child.

Again, your library will have some age appropriate story books you can use with younger children. For a small child, discuss with the allocated worker whether an adult should stay with the child during his hospital admission, and if so, who that should be. You should also be clear about who may visit the child whilst he is on the ward; planning ahead will avoid any difficulties that could otherwise arise.

Permission for an operation/treatment **MUST** be obtained from the parent or Children's Services: see Section 5 Health.

What should a child take if he or she is going to stay in hospital?

- Toothbrush, toothpaste, brush and/or comb, soap, flannel
- Clearly marked dressing gown, night wear, slippers and normal day clothes
- Toys, games and books to remind him or her of home and your house
- A comforter (if they have one)

What to tell the hospital staff

- Any particular names a child might use, for example for toileting
- Any rituals a child may have to get off to sleep
- Special dietary needs
- Medicinal needs such as an inhaler

How will the Foster Carer or the child know what will happen?

The Hospital will explain what will happen and what to expect.

Many also provide useful booklets to read at home. If you have a worry or a query, please ask the nurse or doctor. You can also contact the LAC Nurse for advice.

What should a Foster Carer tell the child when leaving at the end of a visit?

- Tell the child where they are going and when they will be coming back
- Tell the nurse when this will be so he/she can comfort or occupy the child
- Never pretend that you are going outside for a few minutes when you are actually leaving. This will cause the child even more stress.

There are lots of books about illness/hospitals which can be helpful in preparing children; please see your local library for details or do a search on a web site such as Amazon.

Bullying

As a Foster Carer you should be alert to indicators that a child is being bullied. Bullying is the abuse of a power imbalance between one individual (or a group) and another individual. The bully/ies exploit the power imbalance to abuse another who is perceived as different and weaker. Children's Services Policy is that bullying in any form is totally unacceptable and that steps should

be taken to address it. In some instances, we will activate the Child Protection Procedures: please see Section 8 for more information.

Children and young people can be bullied, be bullies, or be both at the same time. In all cases, children and young people will need support and intervention.

Bullying can take many forms:

- Physical, verbal, psychological, emotional, racial or sexual.
- An action or actions that hurt, threaten or frighten another person either physically or mentally; either directly or indirect e.g. via text message or e mails.
- An action or actions that is intended to cause distress and may be a single action or take place over a period of time.

Bullying might be through individual incidents of a relatively minor nature but which assume a greater significance when viewed in context, perhaps through their frequency or reason.

Children who are victims of bullying may experience:

- Depression
- Low self-esteem
- Shyness
- Poor academic achievement
- Isolation

Anyone can be bullied but it seems that quiet, solitary and less aggressive children tend to get bullied more as do children who are smaller than their peers. Children with special needs and children from minority ethnic groups are twice as likely to be called names as other children.

Many of the effects of abuse may apply to a child who is being bullied so Foster Carers need to be observant. Foster Carers need to be aware that children and young people living away from their families can be vulnerable to bullying. Training provided to Foster Carers includes this topic so that you can be alert to the indicators that a child may be being bullied.

Behaviours which may indicate that a child is being bullied

He/She

- Does not want to go to school, or out of school activity
- Asks for lifts when normally they are happy to use public transport
- Frequently loses school kit/possessions
- Loses new belongings e.g. CDs
- Loses pocket money
- Gives unlikely excuses for losing things and not want these questioned

- Becomes withdrawn
- Stops eating
- Experiences sleep difficulties
- Becomes more aggressive than previously

Please note that the above behaviours could be indicators of other issues and not just of bullying.

We expect Foster Carers to talk honestly and openly to the child about any suspicions/concerns you have that a child is being bullied and/or bullying others. You should reassure the child that no one is allowed to hurt them, and they are not alone as it is your (as the Foster Carer) responsibility to ensure they are looked after properly and protected from harm - which includes bullying.

Even though they may not want to talk about it, the fact that you have raised the topic shows that you are interested, gives you an opportunity to be clear that bullying is unacceptable and could pave the way for another conversation at a later time. If they prefer not to talk with you suggest others they could talk with e.g. teacher or someone else at school.

You should also report the concerns to the child's allocated worker and advise your Fostering Social Worker. The allocated worker will discuss and agree with you a plan for responding to the concerns.

If the bullying is at school, the allocated worker may also convene a meeting with the school to discuss the issue and agree how to address it.

It may be appropriate for other education staff to be involved e.g. educational psychologist. The child may be worried that telling will make matters worse, let them know that schools are used to dealing with bullies and it is important to stop them. All schools will have policies designed to reduce bullying and it will be worth finding out the specific policy of the school so that you can discuss this with the child.

On occasion, you may become aware of a specific incident e.g. physical assault. You should report this immediately, either to the allocated worker (or their Team Manager) or if out of hours to the Emergency Duty Team. They can then decide whether the child protection procedures should be initiated and/or the police involved.

You may be able to support the child in a number of ways:

- Help them practice what they might say to a child who is bullying them
- Help them practice how they say this
- Reduce opportunities for bullying e.g. not taking items of value to school, staying with a group in school, even if not his friends
- Encouraging them to join an activity based club which can help them develop confidence e.g. drama, sport, dancing
- Provide opportunities for doing well at home so that you can praise them

Helping children who are bullies

As a Foster Carer you will also have children placed with you who may be the bully. There may be a reason for this, although the child may not necessarily be able to identify it themselves. It may be a way of dealing with a situation they have experienced e.g. separation, such as moving to the Foster Carer, a parent leaving home, death of a loved one. It may be simply a means to get their own way or it may be a learned behaviour e.g. if they have been a victim of bullying. Whilst bullying can be the means by which the child is exercising control over others, it is also an indicator of an unhappy child.

- Find a quiet time to talk with the child and see if they recognise that their behaviour is received as bullying by the other child (they may not)
- Ask if they have been bullied themselves
- Look for alternative tactics to help them deal with key issues e.g. making friends
- Talk with the child's allocated worker; but please be careful that the child does not see this as a criticism of them
- Take every opportunity to reinforce appropriate behaviour (to try and increase the child's self esteem)

Anyone can be a bully:

- Children of the same age
- □ Older children
- □ Dinner Supervisors
- Caretakers
- Swimming pool attendants
- Teachers
- Carers
- Police Officers
- Parents

Sometimes younger children bully older children who are disabled or children who are quiet, nervous or shy.

Source: *The Foster Carer's Handbook*, Ann Wheal, Russell House Publishing
2000Aw5@socsci.soton.ac.uk

Cardiff Against Bullying is a City of Cardiff Council initiative that works in partnership with schools, charities, the Police, young people's services, parents and young people to support children and young people experiencing bullying or bullying others.

The Cardiff Against Bullying website can be found at:-

http://www.cardiff.gov.uk/content.asp?nav=2869,3047,3049,3073,5443,5448&parent_directory_id=2865

and contains information leaflets, advice and links to other helpful organisations.

As a Foster Carer it is important that you promote an atmosphere in which

bullying is not tolerated and is seen as unacceptable. You will find helpful information at www.kidscape.org.uk: this website also has pages for children and young people.

Friends

See also Section 10

This part of the section has been drawn from material in The Foster Carer's Handbook, Ann Wheal, Russell House Publishing 2000

[\(Aw5@socsci.soton.ac.uk\)](mailto:Aw5@socsci.soton.ac.uk)

We all need friends so it is important that children have as many opportunities to make friends as possible.

Friends are very important in helping a child's development. Carers should:

- Arrange opportunities for the child to play with other children
- Help them to share and take turns with favourite toys and games
- Try not to get involved if they argue; children can usually sort things out themselves
- Be ready to offer sympathy and a listening ear afterwards
- Make sure that the child has the chance to meet other friendly adults, too, and can answer them politely. Many children will make a special friend of an adult such as a grandparent.

Many of the worries children mention relate to friendships:

- Falling out with friends
- Losing friends
- Changing schools and missing friends
- Moving on and not seeing friends again

Life Story Work

How does Understanding the Past Help?

People who have lived and grown up in the same family will have an understanding of where and how they belong to their family and wider community. This knowledge will have been extended by personal memories, good and bad, photographs, anecdotes and family folklore. All this is the foundation on which we build our self image and become adults.

Most children whose lives have been disrupted have had to experience sad and painful experiences. These are part of their history. The child has a right to know about these and to understand the reasons for what happened to them.

Friendship means

- Giving
- Taking
- Listening
- Laughing
- Joking

- Being with
- Confiding
- Talking
- Playing
- Sharing
- Being able to say sorry
- Not gossiping

Children need help to keep friends

- As a Foster Carer consider:
 - Inviting friends to tea
 - Inviting friends to stay the night
 - Encouraging the child to telephone their friends
 - Encouraging the child to write letters to their friends
 - Making sure a child who moves on leaves a new address/telephone number
 - Helping the child organise a meeting of old friends
 - Allowing the child to stay with a friend if that is possible

See Section 9 on overnight stays

When a child first arrives at your home and you are being given information about the child, ask about the child's friends, who they are, and where they live. Try to help maintain these friendships

Children, particularly young children, seem to live in the present and forget the past. If a child has had a particularly unhappy past, as Foster Carers you may be tempted to try to protect them by encouraging them to forget the past. Though memories will fade in the long term, curiosity - the deep need to know about their parents and understand the past in search of a true identity – will almost certainly surface, particularly when the children are in their teens. Helping children understand their past is not simply explaining all the bad things that happened, but putting those bad things into context alongside other information about them and their family.

At the point of placement, you may not know how long the child needs to be looked after, but regardless of this you and your family will become a part of the child's history. So it is important that you find ways of documenting this history, whether the child returns home or moves to a permanent placement. This is particularly important for young children who change and develop very quickly.

Documenting this history

Keeping a diary can be helpful - perhaps on a daily basis – with information about the child's development, when they walked, talked, what toys they liked, what food they liked etc, etc. When deciding on what information you should store in trust for the child, think about the sorts of things your own children asked you about when you were younger, or the questions you asked your own parents about your childhood. You should write this in your Log so that the information is passed to the allocated worker.

Taking photographs and/or using a video on a regular basis and on special occasions.

Photographs of you and your family and of the child's parents and family may all be very important in the future. Write the date, location and names of people in the photo on the back. If you use a digital camera, save a copy of any photographs relating to the child onto a CD or memory stick which you can give to them or their allocated worker.

Keeping mementos of places you visited, holidays you shared, some playgroup pictures, school reports etc. These offer tangible evidence that the child had many experiences and provides a record of them. It can be helpful to have a box for these that you give to the child when they leave you.

Carefully recording factual information - e.g. take the full address of the playgroup or school the child attended with full names of staff/teachers etc.

Life Books

This contribution is from a Cardiff Foster Carer.

I have one child who came to me aged 5½, having had 18 previous placements over a 3 year period. Yet on his arrival he had no photographs of him with Father Christmas, his first day at school, any holidays or activities he had been on or school photographs which as we know are taken yearly. The only photograph he had was of him with a group of children, there were no names, dates or any information on the photograph to give an idea of who these children were and how important they may have been to this child and when he was asked who they were, he did not know.

For each of the children I foster I purchase a photograph album with self-adhesive pages and I always carry a disposable camera in my handbag, so when an opportune moment presents itself, I am prepared.

When I have had the photographs developed, I put them in the album and type out little labels to go with them. These contain the date, the place and often a humorous comment. When a child moves on, the album goes with them in the hope that they will have further photographs to add to it.

I am often struck by the sense of emptiness that young people who have grown up in care have. Many of the teenagers I have worked with often comment that they have little memory of all the people they have lived with, or they have no photographs of them as young children, no-one to ask if they were funny, had a nickname or were good at something. This kind of hollow childhood can be eradicated with a little time and effort and give a lifetime of memories to a child that they can look at time and time again.

Recording the contacts they had with their family and keeping information about their family; from what they look like to what they were good and bad at. This is especially important if the child is not returning home because it will help them understand why this was not possible.

When the child is placed with you, discuss with the allocated worker whether work is being undertaken with the child on a "Life Story Book": this is usually undertaken with a child who is not able to return to their parent's care. If it is, ask how you can help. Even if the Plan is for the child to return home and so there is no need for a Life Story Book, it is still important to keep the mementos and records mentioned as they reflect a part of the child's life. If a Life Story Book is required in the future, your information can be included.

End of Placement

There are a number of reasons for a Fostering placement to end: some of which are planned and some unplanned. Most placements end positively and in a planned way with the child returning to their parents, moving to a long term or permanent placement (such as adoption) or moving to independence. Planning for the move will have been discussed and actions agreed at the child's Statutory Review/s, so that all the significant people are aware of the proposals and have the chance, where appropriate, to comment and inform the Plan. As the Foster Carer you will have a significant contribution to make in this process.

As the day approaches:

Children often have mixed feelings about their move. They will be excited and at the same time anxious e.g. will it be what they expect (research shows that for many children in care, major changes take place whilst they are absent such as a new partner, new baby so that the family they are returning to is not the one they left). Your task is to reassure the child that you support the move, whilst at the same time being clear that you will miss them: it is important that they do not unwittingly get a message that you want them to go. Many Looked After Children will have received such messages, either directly or indirectly, from their own families so it is vital that they know that you have enjoyed having them to stay with you.

If they are returning to their own parents try to encourage them to share with you their hopes and fears about rejoining their family, to "rehearse" with you some of the difficulties there might be in managing the homecoming and the ways in which their behaviour and attitudes might make things easier for themselves and others.

Life Books: the young people's thoughts

"It's good to have an album with photos of where you have been and what you have done over the years.

When I am older I will have memories to look at" (George age 18)

"I have 2 Albums: my birth family one has photos that my Foster Mum had managed to collect over the years. She contacted my birth family to ask for them. We also drove to the area where I used to live and took photos of the house and street I grew up in". "My Life Book is full of photos of me and things I have done and places I have been over the last 6 years since I have been living here. M keeps all the cards we have for birthdays and Christmas and my artwork from school that I have made. I have a drawer under her bed with all my things in. I can get them out and look at them when ever I want." (Tyrone age 11)

Achievement Books: young people speak

"The Achievement Book is really good: when you go to interviews it gives you something to show and talk about. I didn't think I had achieved anything in my life, but when M made this book for me it showed me that I had" (George at age 18yrs)

"My Achievement Book is different from George's mine has competitions I have won, sports clubs I have attended and certificates from school for good behaviour or listening well in lessons" (Tyrone at age 11).

If the young person is leaving you to move into their own accommodation they and you will have been working towards this via their Leaving Care Plan. This will include help with the learning of practical and social skills and the assurance of adequate continuing support.

When the child leaves they should know whether they will have contact with you. It can be helpful for a child to be able to have a visit with you after they have returned home, even if you don't have a continuing role with them. For young people who move to independence, you may have a bigger role to play. You may be the one reliable, accessible adult to whom they can turn for advice. If they know they are welcome to come back to see you and perhaps stay the night occasionally, that will add considerably to their sense of security. This will be discussed as part of the development of their Leaving Care (Pathway) Plan. See *Leaving Care later in this Section*.

Achievement Books

This idea is from a Cardiff Foster Carer.

I buy a scrap book for younger children and an A4 slip in page book for the older children in which to place all their achievements. For my younger child I have every certificate he has had for reading, good behaviour etc from school, certificates for completing the reading challenge each year with the library, competitions he entered and won and certificates of attendance for groups such as "sports camp" that he has been a part of.

For my older child his achievement book has certificates from the Advocacy Group in which he has been an active participant, programmes of plays or workshops he was involved in with the Sherman Theatre, as well as attendance and exam certificates from school. When he had an interview to go to college I told him to take his achievement book with him to show the tutor as it would demonstrate that he could work as part of a group, be involved in decision making activities and act as a tool of discussion in the interview. The tutor asked him various questions about his theatre class and what the Advocacy Service was about.

Allowing this child to have an interview in which he actively participated with confidence. Where as prior to the interview he had a real fear about the discussion element of the interview because he felt he had no achievements or anything he could discuss with confidence. This book has grown over the years with certificates from college and photographs of items he has made on his Carpentry Course.

He has recently had a job interview with a local authority and before leaving the house asked for his achievement book and took it with him to the interview. On his return, he told me that the interviewer had looked at every page and asked questions on some of the items in there. An Achievement Book is not only a child's permanent record of accomplishments in a child's life but a tool to help them move onto the next stage of independence.

Departure Day is likely to bring mixed feelings for the child, you and your family. The child will be excited and also sad at leaving you, you and your family will be sad at the child leaving, even though your help has enabled the child to move back to their family or to permanence. You may like to think about a special activity to "celebrate" the child's stay with you and leave them with a positive ending. It may also help you and your family if you are able to have something organised for the rest of the day the child leaves to provide distraction.

Unplanned Ending of Placement

See also Section 10

The discussions about the Placement Plan should include consideration about the end of the placement. However, there may be occasions when a parent or someone with parental responsibility decides to remove the child without prior warning.

Section 20(8) of the Children Act allows parents to remove a child from accommodation at any time, without prior notice (This does not include a child who is the subject of a Care Order who can only be moved with the agreement of the Council). The only ground that you as a Foster Carer have for preventing the child's removal is if you have reasonable cause to believe that the child is at risk of significant harm. If so, contact the allocated worker or Emergency Duty Team (if out of office hours) **immediately** (Tel. **029 20788570**).

Please inform the allocated worker as soon as possible (and the Emergency Duty Team if out of office hours) if the parent removes the child without notice.

Disruption

This term refers to an unplanned move. The term reflects the upheaval which is experienced by all concerned. It is not about "blame" or "failure". Placements are rarely disrupted because of one single incident or person, but more often the coming together of a number of factors.

The decision to end a placement in this way is an unhappy experience for all concerned. It is worthwhile trying to understand what went wrong, so that lessons can be learned for the future. We may therefore hold a "Disruption Meeting" to which you might be invited, or which you may want to request. If you are involved in a disruption, your Fostering Social Worker will offer you support.

The meeting will look at:-

- History of the child's care prior to the request for placement;
- Identified needs of the child for accommodation or care;
- Foster carers approval and skills to meet the child's needs;
- The matching and introduction process;
- The placement;
- The stages of the placement and support given;
- The circumstances leading to breakdown;
- Any identified learning processes for the future placement of the child;

Whatever the reason for the placement ending, you have a role in helping the child prepare for leaving. Try to be honest about feelings; yours and theirs. Let them know that even though you will not be living together any more, you still care about what happens to them.

Your Fostering Social Worker will talk with you after the placement has ended about your future wishes in respect of fostering. The ending of the placement

does not necessarily mean you are not good carers. It does provide an opportunity to think about what went wrong and ways in which, if a similar situation occurred, you would handle it.

Moving to an Adoption Placement

If you are caring for a child for whom the Plan is adoption you will have a key role to play.

Once the decision to look for permanence by adoption is made, often endorsed by the Court in Care Proceedings, the child's allocated worker will complete a detailed report called a CARA (Child's assessment report for adoption) .

The Social Worker will present the child's case to the Adoption Agency Decision Maker (ADM) and the ADM will consider whether adoption would be in the best interest of the child. This is referred to as a "best interests" or the "approval to be adopted decision". Sometimes this happens before a final Hearing in the Care Proceedings.

Once a decision has been made that adoption is in the child's best interests, the Adoption Team look for an adoptive family who could meet the child's needs. The Team make a referral to the South Wales Adoption Agencies Consortium (sometimes referred to as "the Consortium"). This means access to a pool of adopters approved by all the Councils in South Wales. If there is no suitable match, then an approach is made to the Adoption Register which covers England and Wales.

The Adoption Team will usually consider several families for a child; the aim being to find the best fit. Once a family who can meet the child's needs has been identified, they will be given an opportunity to meet the child's allocated worker and hear about the child. They will then be given time to consider whether they are interested. If they are, another meeting will follow, with more detail. Sometimes, prospective Adopters talk with the Foster Carer but they do not meet the child at this point and the child is unlikely to hear about them. If the Adopters want to proceed and the Adoption Team assessment is that they are the appropriate parents, they will present an application to the Adoption Panel in respect of the Match. The child's CARA will be included in the paperwork and the allocated worker will update this so that it is up to date and includes any changes since the approval to be adopted decision was made. As the Foster Carer, you will be asked to contribute to this and complete a 'profile' for the child.

Once the child has been matched with adopters an intensive period of introduction will take place: some of it in your home. You should be involved in the development of the Plan for this. The younger the child; the shorter the period of handover that is required.

Good quality input by the Foster Carer/s at this time can set the scene for the child to adjust to their new family and home (*See Section 5 on attachment*). But it can be a difficult and stressful time for everyone.

Try and get to know the adoptive parents; they will be feeling anxious; especially if this is a first adoption. They will have waited many years to become parents and feel as if they have gone through many hurdles; they may therefore be very anxious now that their dream is about to become reality. Any advice you can give about managing change will probably be welcome. You may also want to keep in contact, at least for a short while, so that you can be reassured that the child has settled, and also to offer information when required e.g. about aspects of routine.

As with the ending of placements of children returning home, you are likely to feel sad when the child leaves you: please remember that you have contributed to the child's future and their chance of doing well in life. Sometimes, it is appropriate for children placed with adopters to have some contact with their former Foster Carer/s: this will depend on the individual circumstances of the child e.g. their age, length of time with you, their new family and where they live, and/or whether any brothers/sisters continue to live with you. This would be discussed as part of their Care Plan.

Feedback

At the end of every placement we ask the Foster Carer and the allocated worker to complete a Placement Feedback form. This helps us to look closely at the placement and help us to match comfortably future children into your home. These forms are also useful for us when we undertake your Annual Review. They allow us to see, or you to identify strengths and development needs and reach informed decisions in the future about the resource you are offering.

Leaving Care and Becoming Independent

Adolescence is a key period of transition in our society. Childhood is a period of dependency on the adult world - physical, emotional and economic. Adulthood in contrast is a period where we are seen as independent, a state where we can 'look after ourselves' and often have others who in turn are dependent on us. Adolescence is the period of transition between these two key periods - a time of change as the child moves from childhood to adulthood. Adolescence is a period of great excitement and challenge. It should be a time for new experiences and opportunities of building identity and self-image. As the child gets older, they need opportunities for learning from making mistakes, taking risks and rising to challenges.

Young people who have been 'looked after' are more likely to have experienced loss and change, less likely to have educational qualifications and more likely to have suffered deprivation in childhood. Thus whilst the transition to adulthood may be difficult for many young people, it is likely to be more difficult for young care leavers.

Preparing Young People for Leaving Care

The Care Leavers Act 2000 (see Section 11) sets out the responsibility of the Local Authority in helping a young person prepare for leaving care and moving

to independence. The LAC 14+ team work with young people from the time they are 14 : they will attend the Statutory Review at this time and work with the young person and other significant people in their life (which will include you as the Foster Carer). The young person may also have a Personal Advisor who will work along side them and provide practical support and advice as they move towards independence.

The principles underpinning work in preparing young people for leaving care are:

- All Care Placements used by Children's Services will promote opportunity for young people to learn and develop the skills required to establish and sustain their future independence
- The Authority has a responsibility to ensure that young people do not leave care until they are ready to do so and the move should be based on their ability to do so and not on age
- Young people will be encouraged to become more involved in all assessment, planning, review and decisions relating to their future
- Young people will also be encouraged to take responsibility for and co-operate with the planning processes and services set up to assist them
- Plans will give consideration to the links that young people have with their families, friends and local communities and will increase opportunity for support from wider communities
- All Plans and resources for young people leaving care will take account of differing needs in terms of religion, race, culture, linguistic background and sexuality. They will also be tailored appropriately to the age, gender, abilities and any special needs the young person may have
- Planning for independence will begin when a young person is 15. For young people between the ages of 15 and 17 who begin a period of accommodation, planning for independence will begin at the time of placement
- Children's Services will work in close collaboration with all other relevant statutory, voluntary and private bodies (including private landlords) to enable young people to develop the skills necessary to maintain a tenancy and, when appropriate, to obtain permanent housing.

The 'Pathway' Leaving Care Plan will set out how the young person will be helped to develop the skills they need to live independently successfully.

These include:-

- How to shop for, prepare and cook food
- Eating a balanced diet
- Laundry, sewing and mending and other housekeeping skills
- How to carry out basic household jobs such as mending fuses (which will involve basic electrical and other knowledge)
- Safety in the home and first aid

- The cost of living
- Household budgeting including the matching of expenditure to income, the regular payment of bills and avoidance of the excessive use of credit.
- Health education, including personal hygiene
- Sexual education, including contraception and preparation for parenthood
- Applying for, and being interviewed for, a job
- The rights and responsibilities of being an employee
- Applying for a course of education or training
- Applying for Benefits after entitlement to Leaving Care Funding ends
- Applying for housing and locating and maintaining it
- Registering with a doctor, dentist, optician
- Knowledge of emergency services (fire, police, ambulance)
- Finding and using community services and resources
- Contacting the Council and other caring agencies
- Contacting organisations and groups set up to help young people who are, or have been, in care

The Plan will also help the young person ensure that they have their birth certificate, national insurance number, NHS card and that their legal status is secure.

The Leaving Care Team have links with a wide range of resources e.g. Supported Lodgings, Housing, Registered Social Landlords (RSLs), Careers Wales and Voluntary Organisations. They also run a Mentoring Scheme to which young people leaving care will be linked if appropriate.

The Plan will look at addressing specific issues for the young person. However, preparation for independence is really a process which takes place throughout the care experience of the young person and so as a Foster Carer you should take all opportunities to provide children in your care with age and developmentally appropriate opportunities for learning independence skills.

As a Foster Carer, you can also help the young person by offering opportunities for them to explore their feelings about moving on - positive and negative, their feelings about transition from being a young person dependent on others to one with responsibility for their actions, how to handle the freedom which they may have aspired to once the novelty has worn off. Many Foster Carers, especially those who provided longer term placements, continue to keep contact with young people after they have moved to independence.

The Training Centre provides courses which you may find helpful: please contact the Training Centre (Tel: **029 20788435**) or your Fostering Social Worker for details.

Care of Dependent Child Skills

Some young people will become parents themselves whilst they are still

looked after. Please encourage the young person to advise their allocated worker as soon as possible because this will enable appropriate planning to take place.

Skills for Independence (preparation for adult life)

Children can begin learning skills for independence at a very young age even as young as 2 or 3 years old. Ways in which you can help them develop their skills at 2 – 4 years:-

- asking them to put their toys away in to a box.
- asking them to find shoes etc.
- taking out plastic plates/cups/cutlery from a low cupboard for snack.
- feeding themselves.
- Socialisation.
- Keeping safe

Ways in which you can help them develop their skills at 5 – 12 years:-

- All of the above
- Involve the young person in discussions relating to topical news items in the newspaper and on television.
- Voting/election – introduce the concept of democracy by discussing political differences and local issues.
- Educationally, at this age young people will be introduced in school to political, social history, environmental issues and other important subjects that will influence their future. This should be reflected in discussions in the home as a natural part of family life.
- Giving choices – choosing clothes and shopping with friends, hairstyles including colour, makeup, staying over with friends (if appropriate). Choosing own diet (vegetarian one day vegan the next).
- Be aware that young people will experiment with all types of substances. Be open and relaxed about these subjects in the home, giving the young person the opportunity to discuss in a non-judgemental environment.
- Money management – At this age young people should be choosing and buying their own toiletries, makeup etc. saving for dvds, cds, games, magazines etc. Learning that when their money is spent they have to wait until the next week.
- Friendships/Relationships – these are part of a young persons support networks and can be lifelong as well as transient.
- Health -
- Keeping safe – Informing Carers of their movements etc. addresses, contact details of friends should be available to Carers.
- Right to privacy

Ways in which you can help them develop their skills at 13 – 15 years are:-

- All of the above

- Involve the young person in discussions relating to topical news items in the newspaper and on television.
- Voting/election – introduce the concept of democracy by discussing political differences and local issues.
- Educationally, at this age young people will be introduced in school to political, social history, environmental issues and other important subjects that will influence their future. This should be reflected in discussions in the home as a natural part of family life.
- Giving choices – choosing clothes and shopping with friends, hairstyles including colour, makeup, staying over with friends (if appropriate). Choosing own diet (vegetarian one day vegan the next).
- Be aware that young people may experiment with all types of substances. Be open and relaxed about these subjects in the home, giving the young person the opportunity to discuss in a non-judgemental environment.
- Money management – at this age young people should be choosing and buying their own toiletries, makeup etc. saving for dvds, cds, games, magazines etc. Learning that when their money is spent they have to wait until the next week.
- Friendships/Relationships – these are part of a young persons support networks and can be lifelong as well as transient.
- Health
- Keeping safe – informing Carers of their movements etc. addresses, contact details of friends should be available to Carers.
- Right to privacy

Ways in which you can help them develop their skills at 16 (plus):-

The above can open the door to further discussions about lots of issues that interest young people for instance sexuality, sexual health, drug misuse, alcohol abuse, risk taking/behaviour, pregnancy. Also you could discuss green issues, political issues and what is happening in other countries. This can lead to young people becoming positively involved in community projects. Looked After Children rarely understand that they have rights, one of these is the right to take part in choosing the local Councillor and Members of Parliament.

section seven

Working in Partnership

Introduction

As a Foster Carer you will be part of a team working together to ensure that the needs of the child are met. As the person/s with daily responsibility for the child, you will be in a first-hand position to observe and understand the child's reactions and feelings and to know their wishes.

The Children Act 1989, together with the associated Guidance, sets out the roles and responsibilities of the Local Authority (City of Cardiff Council) in respect of looked after children. In addition, the Welsh Assembly has issued materials to ensure consistency in the way in which councils work with children. (e.g. the Framework for the Assessment of Children and their Families) This Section looks at key components of working with children.



Written Information

Forms

The most important forms you will come across are:

- The Foster Carer Agreement - signed by you at the time of approval, and following each annual review (*see Section 2*).
- The Essential Information Record (EIR) Part 1 complete before the time of placement, Part 2 as soon as possible after the placement begins. (*See Section 4*).
- The Placement Plan Part 1 to be completed before a placement and Part 2 within 14 days. (*See Section 4*)
- The Risk Assessment on the child which will be shared with you before you agree to that child being placed with you.
- The Child Care Plan, which includes and ICS Care Plan and PLAC Care Plan, should be completed before a placement or as soon as possible after a placement begins but well before the first review. (*See Section 4*)
- The Statutory Review forms at four weeks after the Placement begins, after three months and then at least every six months.
- Assessment and Action Records (AAR).The first is completed between the second and third Review and then for children 0-4 every six months and for 5-17s every year.
- Initial Assessments of need; completed within 7 days of a referral to Children's Services (*See Section 8*)
- Core Assessments: completed within 35 days of the end of the Initial Assessment (*See Section 8*)

Recording/Record Keeping

It is essential that all Foster Carers keep records and so we will give you a Diary and a Log / duplicate book to record in. (Your Fostering Social Worker can advise and help you with recording). Please ensure that you have somewhere secure to keep information in order to retain confidentiality.

Keeping records will:

- Help you discuss your fostering role with your Fostering Social Worker
- Help you discuss the child and their progress with the child's allocated worker e.g. you may see patterns of behaviour emerging.
- Provide key details which will help plan the best way of helping a child and their family
- Provide facts (evidence) which may be helpful in any Care Proceedings
- Maintain information for children and young people who are 'Looked After' for their life storybooks or just for information in later years.
- Protect the Carers by giving clear information about the care given and any accidents / injuries caused to the child.
- Help keep you safe if an allegation is made.
- Record evidence for your own Reviews.

- Provide detail about a child's life which can be converted into Life Story work together with written details such as school reports, photos, etc.

Record of Accidents

It is sensible to keep a record of any accidents that happen to a child. If an injury is later questioned you will be able to show how it happened and what action you took. You should always advise the child's allocated worker of any accidents and also let your own Fostering Social Worker know.

Record as far as possible the date, time and the action taken e.g. medical care, prevention of the accident happening again, who you reported it to and the names of anyone else who witnessed the accident.

Diary

You should keep a note of all dates relevant to the children placed with you. The information remains the property of the Children's Services and could be requested if required e.g. for Court.

We expect you to keep a record of:

- Any Reviews, Planning Meetings, Case Conferences in respect of the child/ren placed. Make a note if they are cancelled and the reasons why.
- All the dates that allocated workers/social workers visit, who they see and the purpose of their visit.
- All contact from the child's family, any times that contact did not happen and the reasons for it not happening.

Child Protection

If you have any reason to believe that a child could be at risk of abuse or is being abused then you have a duty to report it. See the Section 8 on Child Protection. You should record the incident clearly and the action that you took.

Statutory (LAC) Reviews

Foster Carers should bring the dates of the last LAC medical, dental and optical appointments and any other health appointments to the review as this is information that the Independent Reviewing Officer will require.

All of this information should be recorded on the child's Health Record so it may be helpful for you to take this with you to the review meeting.

Developing your recording skills

Good recording is a skill that takes time to develop. Use your supervision with your Fostering Social Worker to look at your recording and advise you on ways in which you can develop your skills.

Children's Services occasionally run training courses about recording, which you may find helpful. Please contact the Training Centre (Tel: **029 20788435**) or your Fostering Social Worker for details.

† An exception would be if a Foster Carer had to report a child missing to the police

End of Placement

When the child moves on please give any written information you have (other than your diary) to your Fostering Social Worker.

Confidentiality

Please also see Section 4

As Foster Carers you are required to respect confidentiality. You are in a privileged position of knowing a lot of personal and intimate detail about a child and their family. This places upon you and your family a heavy responsibility not to abuse this position. Confidential information must not be given to anyone else without the Council's agreement. Please think about this very carefully. Friends and neighbours can be very curious and you will need to avoid answering their questions. Be honest with them and say that you are not at liberty to discuss certain things with them. The child you are caring for will also be trying to work out what they are going to tell people. Together you can decide what you can and cannot share.

Remember: the child has a right to privacy about their origins and their past experiences. However, if a child wants to confide in you on the understanding that you will not share the information with anyone else you cannot promise confidentiality. You should tell the child that depending on what they say, you may have to tell someone else. *(See Section 8: Child Abuse)*

Any serious breach of confidentiality by a Carer will be taken up by your Fostering Social Worker and their manager and may lead to a recommendation to the Fostering Panel that you be de-registered.

Confidential information is often discussed at support groups. Information shared in this way must remain confidential to that group.

Foster Carers are expected to store confidential information in a lockable cabinet. The Fostering Service will purchase lockable cabinets for Carers so contact your Fostering Social Worker to ask about this if you don't already have one.

Sharing Information within Your Own Family

You may be sure of your own ability to keep information confidential, but not necessarily of your own children's ability. It is best to avoid putting too much responsibility on them and making them anxious. However, there is some information they may need to protect themselves. It may also be necessary to share some details with members of your extended family e.g. if there are concerns about abuse or allegations. Always check this out with the child's allocated worker and share the responsibility.

Information We Have About You

We keep the following information about you: *(See also Section 2)*

- Your Assessment, (Form F, and related papers).
- The Foster Carer Agreement that you have signed to enter into a partnership with the Council.

- Annual Foster Carer Reviews - the form which is completed by you and your Fostering Social Worker when the statutory reappraisal of your approval takes place (at least once a year).
- Records of your Fostering Social Worker's visits to you.
- Records of training attended.

All information held by the Council (apart from third party information such as personal references) in relation to Foster Carers is available to you under the terms of the Data Protection Act 1998 and the Freedom of Information Act 2000. If you would like to see it please ask your Fostering Social Worker.

Planning For Children

Planning and Reviews of Looked After Children

The forms we use were developed by the Department of Health to provide a consistent approach to planning for children. They reflect clear expectations about the breadth and depth of records that are necessary when a child is looked after.

These forms are:

- Essential Information Records (EIR) Part 1 and 2
- Placement Plan Part 1 and 2
- Care Plan
- Consultative Papers and Review Form

The **Essential Information Record Part 1** forms the basis of all the information held on a child who is currently looked after. This must be completed before a child is placed as it gives the information needed immediately by Carers. The blue copy must be retained by you as the Carer and must be updated if necessary. Part 2 must be completed as soon as possible after placement and no later than 14 days after a child is looked after.

The **Placement Plan Part 1 - Placement Agreement** must be completed before a child is placed. It incorporates the agreement to accommodation and medical treatments. The blue copy must be retained by you as the Carer and updated if necessary.

Part 2, day to day arrangements, provides detailed information about the child's routines and should be completed jointly by the child, parent(s) and Carer(s) prior to placement. However, in an emergency it can be completed within 14 days.

The **Care Plan** ensures that there are clear objectives set out for the child or young persons care and that there is a strategy for meeting team. This must be completed well before the first statutory review. It is then reviewed at every Review and can **only** be changed at a Review.

All Foster Carers must have a copy of the Care Plan. The Review of the Care

Plan (usually referred to as the Review) ensures that the day to day arrangements still meet the child's needs, that the Care Plan is still appropriate and that the work being undertaken with the child and his family is that required to meet the objectives of the Care Plan. It is a meeting where all the people involved with the child can get together and share in the decision making. The Children Act sets out timescales for Reviews and we monitor these to ensure that we keep to timescales. Foster Carers are expected to contribute clear and accurate information to Reviews and there is a form for you to complete in advance of the Review meeting- your diary will help in completing this. The Child also has a consultation form to complete and you may like to offer to help them with this, if appropriate. It is important that the child's contribution to a meeting is valued and that the child knows this. Whilst it is best if children attend their Reviews, or at least part of them, once they are able to understand their purpose, there will be some children who will not want to attend directly and so it is very important that you are aware of their views and enable them to find a way of conveying these to the Review meeting (e.g. a letter to the Chair, a tape recording, a telephone conversation with the Chair). You may need to bear in mind that they do not want (and they don't have to) to tell you what they want to say.

Statutory Reviews are chaired by an Independent Chair (an Independent Reviewing Officer): they have no direct involvement with the child or the management of the case. This ensures that there is an independent point of view, and also that the Foster Carer, Fostering Service and the District Worker are working together in the best interests of the child.

A Care Plan can only be changed at a Review.

The **Assessment and Action Records (AAR)** ensures that the assessment of a child or young person is based on a comprehensive picture of their needs and experiences. The forms are age related and divided into the seven dimensions of development: education, health, identity, social relationships, social presentation, emotional and behavioural development and self care skills. Responsibility for the completion of this form lies with the child's allocated worker - but they will work collaboratively with Carer(s) and others to complete it. Carers are in a unique position of having a lot of detailed information about a child and in some circumstances you may be the best person to complete some sections with the child.

Visits from Children's Services

When a child is placed with you their allocated worker will discuss the frequency of the visits and this will form part of the Placement Plan. These visits will be for the allocated worker to both see the child alone and with the rest of the foster family. You should always be aware of the work being undertaken and feel part of the Care Plan.

The minimum frequency of visits is laid down in the Regulations:

- Within 1 week of placement
- And then at intervals of not more than 6 weeks in the first year and at

intervals of 3 months after that, or at any other time at the request of the child or Carer.

These are minimum requirements and depending on the needs of the child they may be more frequent. You can ask for more visits. The allocated worker will talk with the child - sometimes alone - and yourselves to ensure that the placement plan is working and suitable. These visits also allow you the opportunity to share information and ask questions.

The Regulations require that:

- The child is seen at each visit (alone if appropriate)
- The Foster Carers are given appropriate support and advice
- The allocated worker writes a report on the visit after each visit

There are a number of reasons for the visit:

- To work with the child towards achieving the Care Plan
- To assess how far the Care Plan for the child is being achieved
- To provide a measure of child protection

Your own Fostering Social Worker will visit you at regular intervals and will make a written report based on the visit. This is a meeting for you and it is where you can discuss concerns about the fostering task and then can assist you with advice and information. (See Section 3)

Initial Assessment

This is undertaken in accordance with the "Framework for Assessment of Need of Children and their Families" by the Children's Services at the point at which a referral is made. It will often therefore be the Worker from the Intake and Assessment Team who does this. It has to be completed within a maximum of 7 days. The outcome of this may be that intervention is required to protect the child.

Core Assessment

Where the Initial Assessment identifies needs that require intervention if the child is to achieve their potential, a more detailed Core Assessment will be undertaken. Where a child is placed with you, we will ask you to contribute. The timescale for completion is 35 days from the completion of the Initial Assessment.

Meetings

Foster Carers will often be invited to meetings about children you are looking after because you have a unique and important contribution to make. Listed in the table are a range of meetings you may be invited to - their purpose and who else may be there.

Other meetings may be called in response to particular developments. Some will be in your home, others at an office. The place and timings of all meetings should be convenient for you, the child and their parents. Some meetings will

be more formal than others. Please make a note in your Log of any meetings that you have been to, and if they take place in your house, who else attends.

Meeting	Purpose	Membership
Introductions	To introduce the child or person to a Foster Carer and their home	Foster Carer and family. Child/young person and their family. Allocated Worker
Placement Agreement	To work out the details of the placement, the work to be done and the Care Plan for the child.	Foster Carer, Allocated Worker for child, Fostering Social Worker, child and child's parents.
Statutory Review (sometimes referred to as the LAC Review)	To review the Care Plan for the child -to assess progress and decide future work to be done. Can be called at any time - not just at statutory intervals	Foster Carer, Child, Allocated Worker, Parents and Representatives from other agencies e.g. school and health. (If child is 14 or over - a worker from the 14+ Team)
Anti-disruption Meeting	To review the placement, gather information and to help make plans to further support the placement and avoid a disruption (where possible)	Child, Parents, Foster Carer, Allocated Worker and Fostering Social Worker and other interested parties.
Disruption Meeting	To review the placement and gather information to help make new plans for child after the unplanned disruption of a placement.	Child, Parents, Foster Carer, Allocated Worker and Fostering Social Worker and other interested parties. Where applicable - Independent Chair.
Child Protection Conference (sometimes referred to as a case conference)	To make protection plans for the child following an incident of, or concerns of, abuse	Child, Parents, Allocated Worker, Carers, Police, Education, Health, and other interested parties: Foster Carers may be invited to part of this (see <i>Section 8</i>)
Conference Family Group Conference	To look with the child's family and friends to see whether there are solutions within the family network to address concerns	Chaired independently via Tros Gynnal; Foster Carer, Child, Allocated Worker, Parents, other family and friends as appropriate, representatives from other agencies e.g. school and health if appropriate

Young People in Trouble

(See also Section 11)

As a Foster Carer, you may have children and young people placed with you who have offended, or do so during their placement. Where we know about this, we will tell you when we ask you to consider a placement. However, we will not always know. This section summarises what you should do if you are advised that a child placed with you has been arrested or detained by the police. If a child placed with you gets into trouble with the police, contact their allocated worker, or out of hours EDT (Tel: **029 20788570**).

Anyone under 17 years must be accompanied by an adult when being interviewed by the police; the allocated worker (EDT) should identify an appropriate adult to accompany the child/young person.

The Youth Offending Service provides an Appropriate Adult service, although for a young person who is living with Foster Carers it may be better for the Foster Carer to undertake this role. The Training Section provides courses about the Appropriate Adult role which you may find helpful. The role of the Appropriate Adult is to:

- Advise the young person
- Observe the interview to ensure that it is carried out properly and fairly
- Facilitate communication with the young person

What rights does a child/young person have?

A person under 17 has the same rights and entitlements as any other detained person together with extra safeguards. These are described in the 'Notice to Detained Persons' and 'Notice of Entitlements', which should be given to the child/young person.

What Rights do I have as a Foster Carer for the young person in trouble?

- Free legal advice on behalf of the child/young person. If s/he does not have a solicitor, one can be made available through the Duty Solicitor scheme. If you want to contact the Duty Solicitor, tell the Custody Officer.
- To speak to the child/young person in private at any time if the child/young person requests it.
- To be with the child/young person when any of the following procedures are undertaken: When he/she is told about and given notices explaining their rights while in custody, and when s/he is told why they are being detained.
- To be with the child/young person when they are interviewed (except in urgent cases authorised by a Superintendent) and when s/he gives or signs a written statement. Note: You must be allowed to read and sign any written statement, too.
- To be with the child/young person is intimately searched. This is very rare; it needs authority from a Superintendent and you will be told the

reasons for it.

- To be with the child/young person if they are cautioned or charged.
- To be with the child/young person when they are given information, asked to sign documentation or asked to give consent regarding any identification procedure.

What do I do at an interview?

If you have asked for a solicitor, the child/young person cannot be interviewed until the solicitor has given legal advice unless there are exceptional circumstances and a Superintendent has given authority or you no longer wish to consult a solicitor yourself, in which case an Inspector must be consulted.

If the solicitor is available at the time of the interview, you and the child/young person can insist on him/her being present at the interview and get further advice if you need it.

Other Rules About Detention

Please also see Section 11

Accommodation

A young person should not be placed in a police cell unless no other secure accommodation is available and the custody officer considers that it is not practicable to supervise the young person if s/he is not placed in a cell.

A young person may not be placed in a cell with an adult. If a young person is placed in a cell the reason must be recorded on his/her custody record. At regular intervals the police must review whether it is necessary to keep a person in detention. You may make representation to the Reviewing Officer (usually the Custody Sergeant or the Station Inspector) at this time, and so can the child's solicitor.

Other Workers Who May Be in Contact

We have listed these alphabetically for ease of reference.

Complaints Officer

Children's Services have a dedicated Complaints and Representations Officer who is based in County Hall (Tel. 029 2087 3880). He has a role in overseeing the complaints process and is also involved in undertaking investigations of some complaints. *(See Section 2 for more detail).*

Education Welfare Officers (EWOs)

EWOs have a role in helping children achieve an adequate education. They enable access to specialist services such as home tuition, special needs support, specialist services for pregnant teenagers.

Guardians

Guardians have the role of looking after the interests of children involved in family proceedings. They work with children and their families, and then advise the Court on what they consider to be in the child's best interests. They

will be involved in:

- Arrangements for children when parents who are separating or divorcing can't agree (Private Law Proceedings)
- An adoption application
- Applications for Care or Supervision Proceedings (Public Law Proceedings)

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 social services. They are independent of Children's Services, Courts and everyone else involved in the case. Children's Guardians work for CAFCASS Cymru or may be self-employed and contracted by CAFCASS Cymru. Their role is to help achieve the best possible outcomes for the child they represent. In Public Law Proceedings they:

- Appoint a solicitor for the child who specialises in working with children and families;
- Advise the court about what work needs to be done before the Court makes its decisions;
- investigates the child's circumstances
- Write a report for the Court saying what they think would be best for the child. The report must tell the Court about the wishes and feelings of the child.

To do this, Children's Guardians spend time getting to know the children and members of their family. They talk to other people who know the family, such as relatives, teachers, social workers, Foster Carers and health visitors. They attend meetings on behalf of the child, 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. They will therefore make contact with you to arrange to meet with you, and on occasion, to meet the child in your home. You will also need to be aware of other meetings e.g. the Guardian may observe a Contact session between the child and his parents/relative.

Independent Visitors

For any child who has had infrequent or no contact with his/her family in the past twelve months, the Council must consider whether it would be in the child's best interests for an Independent Visitor to be appointed. A question will usually be asked about this at the Statutory Review.

An Independent Visitor is a person, unconnected with the Council, whose duty is to visit, advise and befriend a child. The person may be invited to attend Reviews and other meetings if this is the wish of the child. The child must be in agreement with the appointment being made.

When a child is in a permanent placement the appointment of an Independent Visitor is unlikely to be necessary. Although contact with the child's family may have been reduced or terminated, the relationship with the permanent Carers and their friends and relatives will usually provide enough opportunities for the child to seek friendship, advice and Guidance.

Tros Gynnal (Advocacy)

Tros Gynnal is an independent charity providing advocacy for children who are looked after. They run a range of activities including a helpline for children and young people (Tel. 0800 581862).

YOS Officers

For children and young people who have offended, or charged with an offence, the Youth Offending Service will become involved as they have the role of delivering interventions that address the offending behaviour. Their overall aim is to prevent offending and re-offending of children and young people between the ages of 10 and 17.

Please see earlier in this Section (young people in trouble) Section 3 and 11 for more information.

section eight



Child Protection

Introduction

Children living with Foster Carers may have been abused and so this Section gives you information about abuse and about the way in which the City of Cardiff Council works with other agencies to protect children.

A child may come into care because they have been abused. If this is the case, then we will advise you and give you information about the nature of the abuse and the effect this may have on the child and his/her behaviour. There will be occasions however, when we place a child who then begins to talk about the abuse once they are in placement and feeling safe. If this is so, it is important to follow the guidance in this Section so that we can work together to protect the child appropriately.

Definitions of Child Abuse

Child Abuse

Somebody may cause abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional, or community setting, by those known to them, or more rarely, by a stranger. A child or young person up to the age of 18 years can suffer abuse or neglect and require protection via an inter-agency Child Protection Plan.

Categories of Child Abuse include:

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child whom they are looking after. This situation may be described as fabricated or induced illness by carer.

Emotional Abuse

Emotional Abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger; for example, by witnessing domestic abuse in the home or being bullied, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of ill treatment of a child, or it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non contact activities. Such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological need, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter or clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or

† from the All Wales Child Protection Procedures

treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. In addition neglect may occur during pregnancy as a result of parental substance or alcohol misuse.

Bullying

In some instances, bullying can be considered as child abuse. Please see Section 6 for further information.

Child Protection Investigations

Investigating allegations or concerns of abuse

We have included this section so that you can see how Children's Services respond to concerns.

All agencies who work with children are required to follow the All Wales Child Protection Procedures². These have been developed with the support of the Welsh Assembly and ensure that everyone works to common standards. The source material is the Children Act 1989; Working Together to Safeguard Children (1999); and the Framework for the Assessment of Children in Need and their Families (2000).

The All Wales Child Protection Procedures are an essential part of the wider agenda of safeguarding children and promoting their welfare. The common standards they provide guide and inform child protection practice in each of the 22 Local Safeguarding Children Boards across Wales. They outline the framework for determining how individual child protection referrals, actions and plans are made and carried out. They are based on the principle that the protection of children from harm is the responsibility of all individuals and agencies working with children and families, and with adults who may pose a risk to children. Partnership working and communication between agencies is identified as key in order to identify vulnerable children and to help keep them safe from harm and abuse.

In line with the Children Act 2004, each Local Safeguarding Children Board will have a key role and responsibility for ensuring that the revised All Wales Child Protection Procedures are fully implemented within their areas. They will also have to monitor their effectiveness.

The 2008 Procedures became operational across Wales on 1st April 2008 and you can view a copy on the All Wales Child Protection Procedures Review Group website:-

<http://www.awcpp.org.uk/areasofwork/safeguardingchildren/awcpprg/index.html>

Section 47 of the Children Act refers to investigating concerns about abuse: hence sometimes you will hear reference to a "Section 47 Investigation." The City of Cardiff Council via Children's Services has the responsibility of co-ordinating the assessment of the child's needs, the parent's capacity to keep

the child safe and promote his/her welfare, and of the wider family circumstances.

The procedures set out in detail the way in which allegations and concerns about abuse are investigated. Briefly, following a referral, the Intake and Assessment team will undertake an Initial Assessment of the child's needs. If, during this assessment, concerns arise that suggest a child may be at risk of significant harm, a Strategy Discussion/Meeting is arranged, usually between Children's Services and the Police although may also involve other agencies. A decision will then be made as to whether Section 47 enquiries are indicated. Such enquiries will always involve talking to the child(ren) along with any significant family members, as well as all relevant professionals. This will be to establish the facts about any offence that may have been committed and to collect evidence. This is known as a "best interests" interview³.

A medical examination may be part of the investigation; again depending on the concerns. This is always undertaken by a medical practitioner with specialist training e.g. a Community Paediatrician or Forensic Medical Examiner.

A Core Assessment of the child's needs will be initiated at the same time as any Section 47 enquiries, the outcome of which will inform decision making and planning for the child.

If the enquiries conclude there is a need to safeguard the child, the best way of doing this will be discussed at the Strategy Discussion or Meeting. Options could include requesting the alleged abuser leave the household; those with parental responsibility make safe arrangements for the child to be cared for within the extended family or the child is provided with accommodation by Children's Services - with agreement of those with parental responsibility. If none of these are either possible or will not ensure the child's immediate safety, the police can use their powers of protection or Children's Services can apply for an Emergency Protection Order.

Once the Investigation is completed a decision will be made by Children's Services taking into account the views of the other agencies. There are three possible outcomes; concerns are not substantiated, concerns are substantiated but the child is not judged to be at continuing risk of significant harm or the concerns are substantiated and the child is judged to be at continuing risk of significant harm.

Child Protection Conferences

A Child Protection Conference may be convened where it appears that the concerns are substantiated and that action under child protection procedures is necessary to safeguard the child's welfare. This brings together family members, the child where appropriate, and those professionals most involved with the family. As a Foster Carer you may be invited to this, although depending on what other information may be discussed (e.g. historical information about the parents which isn't relevant to your fostering task), you

²The guidelines for staff are "Achieving Best Evidence in criminal proceedings" Home

may not be involved in the full meeting. Child Protection Conferences are organised and chaired by the Safeguarding Unit. The purpose of the conference is to:

- Bring together all the concerns and information from the enquiries, the Initial and Core Assessments and previous knowledge about the family, and to objectively analyse this.
- Make judgements about the future likelihood of the child or other connected children suffering significant harm in the future
- Consider what future action is needed to safeguard the child and promote his/her welfare and how to take this forward.

The only decision a Child Protection Conference can make is whether the child's name should be placed on the Child Protection Register and if so, under what category.

The chair person of the Child Protection Conference should determine under which category of abuse a child's name should be registered, taking into account the views of the conference members.

The category used in registration will indicate to those consulting the register the primary presenting concerns at the time of registration. This can be one or more of the following:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

The categories should reflect all the information obtained in the course of the child protection section 47 enquiries and subsequent analysis and should not just relate to one or more abusive incidents. Any potentially abusive incident has to be seen in context to assess the extent of harm to a child and appropriate intervention. Often it is the interaction between a number of factors that serve to increase the likelihood or level of actual significant harm. In each case it is necessary to consider any ill treatment alongside the family's strengths and support.

A further purpose of placing a child's name on the register is also to alert all professionals working with a child to their risk of significant harm, registration also confirms that an interagency plan for the protection of the child is in place and must be complied with, and that a key worker is working with the child and family. Professionals therefore have a duty to inform the key worker of significant events or changes of circumstances relevant to the child. The fact that a child's name is placed on the register must never deter anyone from raising concerns with Children's Services or the Police.

A child's name will be included on the Register if they are judged to be at risk of continuing significant harm and require inter-agency intervention via a Child

Protection Plan to reduce this. All children whose names are included on the Child Protection Register will be allocated a key worker (who is usually the child's allocated worker). The Conference will also agree membership of the Core Group which is a small group of relevant professionals who will oversee the development and implementation of the Child Protection Plan on a day to day basis. Foster Carers may be invited to join this along with the parents of the child(ren).

Where a child is placed on the Child Protection Register, a Review Conference will be held within 3 months of the Initial Case Conference, and thereafter at intervals of a maximum of 6 months. The purpose of Review Conferences is to consider whether a child continues to be at risk of significant harm and whether or not their name should continue to be on the Child Protection Register. The Conference can decide to remove the child's name from the Register if they are satisfied that the significant harm, or risk of significant harm, is either no longer present or has reduced so that Registration is not warranted.

What to do if you Suspect a Child May Have Been Abused

As a Foster Carer you will get to know the child well and so you may be in a situation where you are concerned that a child could have been abused. Please see the later part of this Section for advice on what to do if a child you are caring for tells you something that indicates they may have been abused.

We have included here some indicators that a child may be abused; however, they are just that, indicators. **The presence of an indicator does not necessarily mean that the child is a victim.** There may be other perfectly acceptable explanations. If you have concerns, you should discuss them with the child's allocated worker, as well as your allocated Supervising Social Worker. However should the worker not be available, foster carers should ensure that you pass the information onto a duty worker without delay. They will be able to advise you of what to do, depending on your concern, they may ask you to keep a note in your Log, and document the information concisely and factually. This can help build up a picture and can be helpful if an investigation under Section 47 of the Children Act is required.

Indicators that a child may be being physically abused

- Bruises in unusual places e.g. where it is unlikely to be result of an accident/fall (accidental bruises tend to be in the prominent part of the body). □ Bruises in babies; the younger they are, the more concerning.
- Small, but unusual injuries; again, the younger the child, the more concerning.
- Bite marks; especially if an adult size
- Bruising to ears
- Cigarette burns
- Parents who tell you that a child has an injury e.g. bruise/cut, before you see the child

- Children who appear uneasy in presence of a parent
- Children who don't look at you when answering your questions about how their bruise/injury occurred
- Explanation of injury doesn't fit with the developmental age of child
- Explanation of injury doesn't fit with the marks that you can see
- Parent tells you about the child's behaviour but no-one else has seen this (e.g. he is said to have several fits a day)
- The description a parent gives you of their child is at odds with that of others who know him e.g. teacher, and your own experience of him

Indicators that a child may be being neglected

He/she:

- is underweight
- has few clothes, they are in poor repair, dirty etc.
- has unwashed hair,
- has untreated head lice
- eats very quickly and isn't used to regular mealtimes or variety of food
- isn't able to occupy him/herself at an age appropriate level
- looks after younger brothers and sisters
- is self sufficient at an earlier age than you would expect

Indicators of emotional abuse

Emotional abuse is a factor in all types of abuse, but on occasion, it will be the primary cause of concern:

- Parent persistently ignores the child during a contact visit
- There is no warmth observed between parent and child
- Child appears fearful of parent
- Parent blames child inappropriately e.g. for wetting their nappy
- Parent has unrealistic expectations of child for their age and/or developmental level e.g. expecting a 5 year old to read fluently
- Parent comments to you suggest that he/she appears to be using child to meet own needs rather than vice versa
- Child doesn't want to go home

Possible signs of sexual abuse

Foster Carers need to be aware of these so that they are aware of the effects that abuse can have on children and be alert to the possibility of the abuse continuing, or starting, or starting again while the child is living with them.

This list should be used with care; it is about possible signs; but the existence of a sign could equally indicate something else. It is important that you record any observations in your Log. If something has happened, the dates and your observations could help any investigation.

- Infections, e.g. recurring uro-genital infections (where there is no obvious cause).
- Continuing aches/pains, e.g. headache, stomach ache.
- Signs of physical assault in the genital area, e.g. bruising, bite marks
- A baby who cries and stiffens excessively when its nappy is changed.
- Discomfort in genital area e.g. itching, pain when passing urine, sore vagina or anus.
- Behaviour more appropriate to a much younger child e.g. wetting or soiling or deliberately holding back when there is need or desire to go to the toilet.
- Sleeping problems. If the abuse occurred at night, the child may have nightmares, wear a lot of clothes in bed, have difficulty getting off to sleep or want to lock themselves in their bedroom.
- Inappropriate sexualised behaviour, e.g. mock intercourse with dolls/teddys, other children, excessive masturbation in front of other people
- An awareness of sexual activities which would not be expected for the child's age
- Sexually provocative or promiscuous behaviour
- Sudden and unexpected changes of behaviour, often noticed in school (especially if the child has changed placement but stayed at the same school). There might be a pattern which indicated that a child does not want to go home or somewhere else, or a sudden behaviour change after abuse stops/begins.
- Eating problems - the child may over-eat or may become anorexic, or have difficulty with certain foods.
- Pregnancy, especially if there is no obvious boyfriend.
- Overdose or substance misuse
- Self harm e.g. cutting

If a child displays any of these, sexual abuse could be a possibility, so please discuss your concerns with the child's allocated worker as soon as possible. If the allocated worker isn't available, ask to speak to their Team Manager. If you aren't able to do that, ask to speak with the Duty Worker at the Cardiff Children's Access Point (CAP) Tel: **029 2053 6490**) and ask for advice. You should also advise your Fostering Social Worker that you have done this.

What to do if a child you are caring for tells you something that indicates they may have been abused

If a child/young person in your care tells you something that makes you think that they are being abused in any way your responsibility is to protect that child from suffering further abuse.

The child may well begin by asking that the information be kept confidential. It is impossible to agree to this, and therefore it may be helpful to say, before the child starts, that you cannot keep it a secret and that you will have to do something about it. Because it is a difficult subject, telling you is going to be difficult, it is most important to remember exactly what the child says.

If the child is giving you sexual details, check out the words they use for the genital areas and don't correct them. Let the child talk naturally about what has happened in their own time and at their own pace.

You must listen carefully to what they are saying and as soon as possible record what was said in detail using the language that the child used. You must take care that you do not ask leading questions such as "Did Mummy hit you?" or "Is someone hurting you?" Sometimes questions may be necessary in order for you to understand what a child is saying. If so, use open questions such as "could you explain that to me?" or "could you give me a bit more information?" which would hopefully clarify the allegation for you. It is your duty to report any concerns immediately to Children's Services (see previous paragraph). The child will probably have to be questioned again so do not make them give you lots of detail. An allegation could lead to a child protection investigation and possible criminal proceedings against the offender. It is important therefore that you do not jeopardise the chances of a successful prosecution by having asked leading questions or not recording fully what was said to you.

What will happen next?

See earlier part of this section on child protection investigations. If this is the first time that the child has told of the abuse, he or she will probably have to talk in detail to the police. It may be appropriate for you to be present but this decision will require further discussion with the child's allocated worker. The police involvement will be organised by Children's Services.

Fostering a Child Who Has Been Sexually Abused

If we know that a child has been sexually abused, we will tell you at the time of considering a placement with you. The Placement Plan will show what support is being given to enable the child to overcome this and you should also discuss any additional support needs that you might have.

However, we may not always know if a child has been abused. If we suspect that they may have been, again we will tell you. Often children do not say anything until they are in a place where they feel safe, or perhaps where they see that other children do not have the same experiences as they have had. (They may not have realised that not every child had the same experience as they had, and/or they will have been told by the abuser that the behaviour is normal).

If a child has been sexually abused it will be difficult for them to talk about what has happened and to discuss the feelings that it has aroused. For this reason it is essential that all adults concerned with children have the ability to communicate and discuss sexual matters openly and without embarrassment. Discussions and attitudes to sex are thus part of any Foster Carer assessment procedure.

The child will also take time to acquire the confidence to be able to talk about private matters. Children who have been abused may find it difficult to trust adults or may approach adults indiscriminately.

The effect of sexual abuse, like other forms of abuse, can remain for life. Although an adult may be able to come to terms with having been abused, it may nevertheless affect their behaviour if they lack confidence and self-esteem, and it is particularly likely to affect their capacity to maintain a stable sexual relationship.

Children who have been sexually abused behave in very different ways depending on their personality. Some may act in a sexually inappropriate manner, some may become aggressive, and some may become withdrawn.

What can Foster Carers do to help children who have been abused?

Although the following list of suggestions is important for any child who is living away from home, some aspects are additionally important for a child who has been abused and especially if they have been sexually abused. They are included in detail here because this is a difficult, sensitive area of work and one which Foster Carers are increasingly being asked to undertake.

- **Belongings**

When children leave their own home they lose their own territory. However welcomed and cared for they may be in your home, they are unlikely to feel safe when they first arrive. You can help by enabling the child to keep as many familiar things as possible e.g. toys and for younger children something from their parents e.g. a piece of clothing will have their smell and thus be a comfort to the child.

- **Bedrooms and bedtimes**

Bed times may present special difficulties for children who have been sexually abused since the abuse may have occurred there. Other children may have been sent to their room as a punishment and so don't have pleasant experiences of their bedroom as being their territory.

When the child first comes to stay, show them who will be sleeping where and also where they will be sleeping. If the child is in a room of their own make out a notice for the child which says "this is (...)s room. Please knock and say who you are." Let the child give permission to people to come into their sleeping space. This may sound extreme, but often a sexually abused child has an urgent need to recover self respect and control over their environment and what happens to them.

For the sexually abused child, the following is especially important:-

- Do not touch the child, but tuck them in.
- Blow a kiss goodnight.
- Check whether they want the light on or off.
- Check whether they want the door open or closed.
- Remind the child where they can call you in the night

If the child calls out in the night, stand at their door and say who you are and ask if it is OK to come in.

It can be helpful to have a family rule that children do not share beds.

- **Bathroom/personal care**

Children who are old enough and able to bath and wash themselves should have privacy in the bathroom. If they need help and supervision, it should ideally be from a carer of the same gender. In the case of single carers, or same sex couples, these issues should be addressed before placement. We suggest that you keep the door unlocked and slightly open. Please take care not to touch the abused child when they are undressed. Tell them that no-one will touch them unless they have given permission. Let the child choose as this is a way of helping them regain control over their own body and what touches it - a decision that has not previously been theirs.

When a child with learning, physical or sensory disability is being cared for, remember that physical contact may be the primary means of communication. Where a child has been sexually abused, the Foster Carer needs to be extra sensitive to the child's needs and wishes. Privacy and respect need to be carefully considered, especially where children need a lot of physical care. A Foster Carer should ask permission before helping with intimate care, i.e. toileting and feeding. There should, of course, be "proper" physical contact between the Foster Carer and the child in the same way as between "good" parents and their children.

- **Behaviour**

Where a child has been sexually abused, Foster Carers should expect to find some behaviour difficulties and distress. Try and keep in mind the experiences the child may have had as this will help you understand why they find normal daily life difficult. Research suggests that abuse/neglect can restrict normal age appropriate development. This may not be immediately apparent and may only be exposed as relationships develop. Some children get "stuck" at earlier stages of development because they have missed vital experiences necessary to mature. Some demand what feels like excessive attention and affection - e.g. they can often be greedy or have tantrums at the slightest frustration.

You should discuss with the child's allocated worker how to handle this and your allocated Supervising Social Worker; or if the child is receiving specialist help, with that person, so that your actions are consistent with the therapy.

It is possible that children who have been abused sexually will involve other children in inappropriate sexual activity or may be sexually provocative especially towards male Foster Carers. Both these situations need careful handling and must be discussed immediately

with the child's allocated worker, as well as, your Supervising Social Worker.

Powerlessness is a feature of being a victim and the feeling continues for a child who is then removed from home. You can help by praise and positive reinforcement. Encouraging a child to make age-appropriate decisions helps them develop feelings of independence and gives them the opportunity of experiencing personal responsibility in an appropriate way.

This may help reduce the tendency to take on the "role of victim" in the future.

It is important to keep in mind that the child may be confused about so many aspects of normal family life and relationships, that the task will be frustrating and often confusing for you too. At the outset you should also be prepared for repair to be slow and sometimes hard to detect, but your consistency in understanding and caring will be having a positive effect. You may find it helpful to talk with other Foster Carers who have cared for children who have been abused; ask your Fostering Social Worker.

- **Your feelings about the abuser**

In some cases, children are also protective of their parents, especially if their parents have their own difficulties. Therefore it is important that Foster Carers keep these aspects in mind and never say anything negative about the parent; although it is sometimes appropriate to say that the behaviour was unacceptable.

See Section 10 for more information on working with the child's family.

Where children have been sexually abused, it is usually by someone well known to the child. What this means is that children can be very confused; they probably wanted the abuse to stop, but they didn't want to leave their family. Some abusers will have told the child not to say anything because if they do the family will break up and it will be their fault. Some children will be confused because they may have experienced some pleasure at the hands of the abuser and yet everyone is saying that what happened was wrong. Whatever you may feel about their abuser, it is important that you keep this to yourself. Your role is to help the child overcome the difficulties arising from their experiences and you need to be careful not to give the message that it is wrong for the child to have good feelings about the abuser.

Protecting yourself and your Family

The growing awareness of the extent of sexual abuse has caused everyone to be cautious when showing physical affection to children, although we know how important good physical contact is for the well adjusted development of children.

The problem is the unknown - often we do not know whether a child has been sexually abused, we do not know when and where the abuse took place, we do not know the "triggers" that may reawaken memories of any abuse. For example, what may be normal teasing and touching in your family may give very different messages to a child who has been sexually abused.

Remember:

- Children who have been sexually abused can have very sexualised behaviour and to respond inappropriately to this could make the child or your family very vulnerable.
- Children who have been sexually abused may not have had loving physical contact and may misinterpret your caring physical contact. A cuddle or an arm round the shoulder may give a very different message to an abused child, as may a kiss goodnight.
- Family acceptance of members appearing scantily dressed may be very difficult for a sexually abused child. You will have to think about and adapt your rules of privacy.
- A sexually abused child may have a pattern of behaviour that they know will please the parent, and this creates a very vulnerable situation to everyone, if so, it may be better that the child is not left with only one carer. If you need to do this, please talk with the child's allocated worker and your Fostering Social Worker.

What happens if an allegation is made against a Foster Carer?

This will be investigated in accordance with the All Wales Child Protection Procedures. *See Section 2 for details.*

Training

There are a number of courses that Foster Carers will find helpful. Please speak to your Fostering Social Worker or the Training Centre (Tel: **029 20788435**) for dates of courses.

- Child Sexual Abuse (2 days)
- Caring for sexually abused children (2 days)
- Safer Caring (compulsory for Foster Carers)
- Caring for young people involved in sexually harmful behaviour
- Domestic violence and child protection
- Safeguarding children (2 days)

Reading

"Safe Caring" (Fostering Network 2001) is written by an experienced Foster Carer and has lots of practical suggestions

section nine

Education and Leisure

Introduction

Many children who are looked after have experienced difficulties at school and care provides an opportunity for help to be given so that the child has every opportunity of achieving the outcomes of which they are capable. Children living with Foster Carers want the same things as any other child; success at school a good well paid job and a happy family. The Assembly has recognised that children in care are less likely to achieve their potential than other children and has set targets which are monitored. The aim is to ensure that looked after children are not disadvantaged in comparison to their peers¹.

This Section looks at aspects of education which are relevant to your role as a Foster Carer. It goes on to consider out of school time; be it leisure or, for some young people, employment.



¹ You can find more information at www.childrenfirst.wales.gov.uk/content/education

Support For Looked After Children

Looked After Children (LAC) Education Liaison Team

The LAC Education Liaison Team are a multi-disciplinary team based within the Education Service. The team are based at County Hall and they can be contacted on **029 20788493**.

The Team was set up in 2001 in response to Welsh Assembly Guidance on the education of children who are looked after by Local Authorities. Their purpose is to ensure that there are close links between the Schools and Children's Services so that children who are looked after receive all the support they need to do well at school.

They provide a first point of contact and liaison service for schools, foster carers, and social workers, ensuring a joined up multi agency approach to support children and young people who are accommodated on their road to success.

The aim of the team is to support LAC with all aspects of their education, monitor their achievements, and assist them in overcoming any barriers to their success, ensuring they achieve their full potential.

What they do:

- Provide Helpline support for social workers, foster carers, schools, young people and any other professionals involved.
- Provide advice and support to schools, foster carers, residential care workers and social workers in all aspects of education.
- Co-ordinate bespoke support packages for individual pupils.
- Provide a range of training packages for schools, foster carers and any other agency working with Looked After Children.
- Co-ordinate the Personal Education Plan programme (including instigation, collection, identifying needs and distribution).
- Monitor attendance, attainment, pupil progress (at every Key Stage), and placement changes.

Links with others:

In addition to social workers, schools and foster carers the team also work with Educational Psychologists, the SEN Casework team, the Education Welfare Service, Behaviour Support, Youth Mentoring, the Child Health & Disability Service, the Safeguarding Service, Adoption Services, other authorities and they have access to Fair Access Panel and Alternative Curriculum providers.

Personal Education Plan (PEP)

All looked after children should have a Personal Education Plan (PEP) within 20 days of becoming looked after. There are different formats for this

according to the child's age. These include relevant education about attainment to date, the child's view about school and their teacher's assessment. They provide an opportunity for discussing non curricular activities and look at attendance records.

The development of the PEP enables targets relating to the child's learning to be set according to the child's age and ability. If the child has a disability or special education needs, these are taken into account when setting targets.

The PEP is then reviewed alongside their Care Plan. The Chairperson of the Statutory Review will want to check that the PEP targets are being met as well as ensuring that the targets are realistic and adjusted to meet the individual educational needs of the child or young person.

Should there be any major life changes such as a new home placement or changes in care status following the local authority obtaining a Care Order etc., the whole PEP has to be re-written.

This again must be completed within 20 schools days of any major life change.

Designated Teachers

All Cardiff schools have a Designated Teacher who takes overall responsibility for looked after pupils in that school. Awareness-raising are held to ensure that nominated teachers are fully aware of the issues that can affect looked after children.

The Designated Teacher LAC is the only point of contact that agencies will require when they need to communicate with a school. Schools are now conversant in all aspects of the Personal Education Plan and the Personal Education Plan Statutory Review form.

The Designated Teacher LAC will be aware of all looked after children in their particular school: they are notified of new placements and then of any changes by Children's Services.

This teacher ensures that PEPs and their Reviews are completed once a request has been made by the child's allocated worker. The teacher will access support as appropriate and if necessary.

The teacher also ensures that all attendance and attainment data is passed to the Liaison Team for monitoring.

School and Education

The National Curriculum provides a framework so that parents and carers know what a child will be taught and should know at a given age.

We ask that Foster Carers:

- Support the child in every way, not just when there is a problem.
- Ensure the child gets any additional help they need, especially if they have changed schools several times.
- See the teacher regularly.
- Go to Open Evenings, with parents, if possible.
- Know what the child's homework is - it is usually recorded in their Homework Book. Show an interest and help if asked but the child must become responsible for doing it themselves.
- Have a quiet place available for homework
- Enable the child to use the computer (provided by the Council) to help with their schoolwork
- Fill in reply slips and return them straight away.
- Show an interest; read to or with the child; talk and discuss; make plans; cultivate good working habits.
- Talk about the child's education with the parent(s) wherever possible.

Please do not:

- Compare the child unfavourably with others of the same age when they are within hearing.
- Allow late nights beyond normal bed times except for special occasions or at weekends.
- Be disappointed, irritated or show your anxiety if the child is slow to learn. That will make it even harder for them to learn (some children do learn more slowly than others: it isn't their fault).

Children absent from School

If the child is away from school for any reason:

- You must inform the school
- If it is likely to be more than a few days, ask the child's teacher to provide school work for the child to do.
- Ensure this work is done and returned to the school for marking and further work received if appropriate.
- Ensure that a child is out of school as little as possible. This may mean suggesting that Planning Meetings, Reviews or Life Story work take place after school.
- With some children who have had problems at school, it may be appropriate for you to personally take the child into the school building to ensure they arrive: if so, we would discuss this with you as part of developing the Care Plan or at a Review.

This part of the section has been drawn from material in The Foster Carer's Handbook, Ann Wheal, Russell House Publishing 2000

[\(Aw5@socsci.soton.ac.uk\)](mailto:Aw5@socsci.soton.ac.uk)

Which School?

This is a matter for careful discussion between you, the child's allocated

worker and the child's parents (and the child depending on their age) but there are many things for you to take into account and different needs to be balanced. You may find the Schools Services pages on the Council's website useful (www.cardiff.gov.uk)

If it is possible and appropriate for the child to continue attending the school they attended when they were at home, this may cause the least disruption and therefore prove to be the best alternative, especially if the placement is clearly short term. In addition, it can be a way of retaining contact with their culture and ethnic background, especially if their placement with you doesn't reflect this. If your home is too far away from the child's original home then the child will need to attend a school local to you. This may prove more appropriate if you have children of your own.

As the Foster Carer you are responsible for taking the child to and from school unless there is an exceptional reason why this cannot be managed.

If you are asked to register the child at school you should tell the school that you are the Foster Carer, the name of their allocated worker and how they can be contacted and also that Cardiff is the responsible Local Authority. You should also be able to tell the school the name and address of the child's previous school. Some schools like a lot of information about each pupil and if you believe that the school is asking for information that has been given to you in confidence, you should ask the school to contact the child's allocated worker themselves.

You will be the person to have regular, personal contact with the school, once the child is attending and you know that staff can be more helpful and sympathetic to the child if they have sufficient information. What represents "sufficient information" is a difficult balance and as changes in the child's legal status and family situation occur, you may need to check with the child's allocated worker how information should be shared with the school. The Schools Liaison Team receive regular updates from the Children's Services database. The careful sharing of information with schools is a two way process. You need to make it clear to the school that you want to know if the child is having difficulties at school. Difficulties, like behaving badly or truanting for example, need to be dealt with as soon as possible.

School is an important part of the child's life, and they spend a large part of the week there. How they got on at school is a useful indicator of the general state of well being. Often children who have experienced difficulty at home and perhaps are part of a chaotic household, do not achieve as well as they might if they were given support and encouragement. It is well documented that children perform significantly better at school when their parents take an active interest and involvement in the school. As Foster Carers, it is important to view education in as broad terms as possible: in addition to the academic aspects, school provides the opportunity for development of social skills and self esteem. A child's ability to make a good friend, to be helpful, co-operative, thoughtful, active, interested and interesting are vital lessons to learn and the importance of development in these areas should never be underestimated.

Problems you may encounter

- A child may be anxious about what to tell the other children about not living with their own mum and dad. Help them decide on a way they can tell their story.
- A child who has to change schools when they move to your home will probably be anxious about this; especially if it is in the middle of term. Help them prepare by acknowledging that they may have preferred to have remained in their old school and encourage them to discuss worries with you
- A child may be worried that they will be teased. Help them prepare responses to children who tease them about being different: e.g. for being in care, being a different culture, having a different surname to the Foster Carer etc
- Emotional difficulties may make the child's behaviour stand out from the other children. They may not have friends and be lonely or unhappy. Talk with their teacher and help to improve their self confidence in other ways, taking every opportunity of showing that you accept them.
- Non attendance - refusal or truanting. You will need to work closely with the school and allocated worker- do not deal with it on your own.

Always talk with the child's teacher about any issues and advise the child's allocated worker.

Children Excluded From School: Fixed Term Or Permanent

Guidance on exclusions was issued by the National Assembly for Wales in January 2004: Exclusion from school and Pupil Referral Units Circular No1/2004.

This Guidance covers the exclusion of pupils from schools and Pupil Referral Units (PRUs); the procedures for appealing against exclusion and steps to take to maintain the education of excluded pupils. The Guidance is based on the first set of Welsh Regulations governing exclusions and appeals for maintained Schools and PRUs which came into force on the 9th January 2004, replacing provisions previously contained in the School Standards and Framework Act 1998. It does not have the force of law, but schools and LEAs must have due regard to follow it.

In all cases of more than a day's exclusion, work should be made available for the pupil to complete at home. Arrangements should also be made for this work to be marked and further work set.

A Programme of behaviour or pastoral support should be put in place for all pupils who may be at risk of permanent exclusion, including those who have had more than one fixed-term exclusion in the last school year. Guidance on drawing up a formal Pastoral Support Programme (PSP) is available through the Behaviour Support Service and advice should be sought in appropriate cases. A PSP (or equivalent) should normally have been attempted before a

permanent exclusion becomes appropriate, unless there has been a very serious incident, usually involving violence or dealing in drugs, by a pupil not already identified as at risk of permanent exclusion.

Further advice

Staff from the Education Welfare Service (EWOs) are available to advise Head teachers, parents and Foster Carers. For advice about individual children, it is usually best to contact the LEA's Pupil Support or the Behaviour Support Team in the first instance. They are often able to suggest alternatives to exclusion, or to assist in supporting individual pupils. General advice on procedures can be obtained from the LEA's Exclusions Officer.

Because children placed with you are "looked after" by Children's Services, full consultation should take place with the school's designated teacher, a member of the LAC Education Liaison Team and the allocated worker to see if any alternative strategies may be possible to avoid the need for the exclusion.

Finance

The Fostering Allowances include an element for school related expenses: e.g. bus fares or driving to school if more appropriate, bus passes, school lunches etc. In exceptional circumstances an extra payment may be possible. *(See Section 12)*

Preparation for Leaving School

During the child's last years at school, there will be long discussions between the child, the Foster Carers, the birth parents, if they are involved, the school and the allocated worker about future jobs and further training. The child may or may not have a very clear idea about what they want to do.

Careers Wales can provide careers guidance and information to young people in Year 8 upwards. This can involve individual discussions with a Careers Advisor and assistance in development of a Career Plan.

For further information and advice on jobs, careers, learning or training you can contact the Careers Wales Connect helpline Tel: **0800 028 4844** – it is open between 9am and 7pm Monday to Friday. If calling out of hours please leave a message.

Information is also available from the Cardiff Careers Wales office is:-

53 Charles Street, Cardiff CF10 2GD

Opening hours:

Mon-Thu 9:00 - 4:30

Fri 9:00 - 4:00

Or from their website: <https://www.careerswales.com/en/>

Higher Education and Further Training

If the child is able to and wishes to continue their education at college or university they should be encouraged to do so. Preparation for this will be discussed as part of the Statutory Review of the Care Plan (and PEP). You will need to be prepared to assist with course and grant applications. The child's allocated worker from the 14+ team should be able to help with this and let you know of any financial assistance to which you or the child may be entitled.

The young person may be able to remain living with you if this is appropriate.
(See Section 12 Finance)

Managing a Change of School

All children in mainstream schools will change schools at the end of Year 6 in the year of their 11th birthday. Some children will also change schools at around seven years of age when they go from infants to junior school. The fact that this change is the same for all children in the class will make it easier for you to help the child prepare. Many of their friends will be making the same move and the school will also be helping to prepare the children. It may be helpful to discuss the change at the relevant Statutory Review so that everyone appropriate is involved in assisting. There may be practical tasks you can undertake e.g.

- If you have previously taken the child to school and now they will catch a bus, take the bus together and ensure that the child knows where to get on and off and the route back to your house. Ensure that they know what to do if they miss the bus.
- Talk about your own recollections of changing school; it can help to normalise the experience e.g. I found it really confusing for the first week as the building was so big I kept getting lost
- This may be an appropriate time to consider a mobile phone for the child; it will enable you to keep in touch with each other.
- Ensure that you have a uniform list for the new school and that the child has the correct uniform. See Section 12 re grants. It is important that they are not seen as any different to other children.

If the child is changing school other than at age 7 or 11, talk with them about the reasons for this. Ask them questions so that you can help answer their worries.

Early Years

Not all children who are placed with you will have had appropriate early years experiences and so as the Foster Carer you have a role in facilitating these. There are many activities you can undertake with children which will help them so that they are prepared for attending school. For example:

- helping the child get used to routines
- providing opportunities for informal play with children of a similar age
- promoting appropriate behaviour (See Section 5)
- helping the child learn to dress/undress themselves and know which is their clothing (so that they can go to the toilet; cope with changing for PE)
- helping the child learn to share and take turns
- providing opportunities for developing language skills

Children may worry about:

- new teachers
- new lessons
- new buildings/classrooms
- new children
- missing old friends
- being youngest instead of oldest
- intrusion
- getting it wrong
- being late
- going to wrong room/getting lost
- fear of being bullied or belittled
- not making friends
- loss of self esteem/status

They may exhibit:

- restlessness
- sleeplessness
- dreams/nightmares
- naughtiness endless talking

*Drawn from The Foster Carer's Handbook, Ann Wheal, Russell House Publishing
2000aw5@socsci.soton.ac.uk*

Pre-School Opportunities

When the child is placed with you, find out if they have already joined a pre-school activity, and if the placement is short term, see whether it is possible to continue talking the child. If this isn't possible, or appropriate, involve them in your local facilities and activities.

The Family Information (FIS) provides free advice and information on a wide range of childcare options and activities for children aged 0-20, their families and their carers. The FIS website includes information on nurseries, child minders, out of school clubs, playgroups and parent and toddler groups and help and advice on paying for childcare and working in childcare:-

http://www.childcareincardiff.info/content.asp?nav=2867,2904,4626,5690,5637&parent_directory_id=2865

Flying Start

Flying Start is a Welsh Government funded programme which is targeted at children aged 0-3 years 11 months and their families who live in certain areas of Cardiff defined by post code.

Flying Start provide a range of services to support both parents and children; more information of which can be found on their website:-

<http://www.cardiff.gov.uk/content.asp?nav=2869,5228,5723,6586>

Children placed with you may have attended the programme so do check with the allocated worker whether it is appropriate to continue; (if this is feasible geographically) this is especially important if the Plan is for the child to return to live with their family.

Education for Children with Special Needs (Special Educational Needs: SEN)

Cardiff Schools Service has Guidance Criteria for identifying and providing for children with special educational needs across the whole continuum. This is based on the SEN Code of Practice for Wales. Most children with special educational needs remain in mainstream schools. A small number of children will need specialist provision.

Early identification and intervention for a child with special needs is really important. You may have children placed with you whose special needs have already been identified. In this instance, the details of these should be included in the Placement Plan.

However, some children may have needs which have not been identified and as the Foster Carer it is important that you share any observations of the child's behaviour which lead you to suspect this with the allocated worker and the child's teacher. Schools can measure a child's progress by referring to:

- their performance monitored by the teacher as part of ongoing observation and assessment
- outcomes from baseline assessment results
- progress in literacy and numeracy
- standardised screening or assessment tools
- information from people who know the child e.g. parents, you as Foster Carer

Where this shows that the child's rate of progress is not as it should be, (against their own baseline and in their particular context) the school will consider what additional support is required.

The Schools Service provides Special Educational Needs Coordinators (SENCOs) to work with schools to help them identify children with special needs, and to support them in implementing Individual Education Plans and

Individual Behaviour Plan IEPs/IBPs.

Each school has a link with an Educational Psychologist and specialist teacher input to ensure that children are as supported as possible.

Children with complex needs (at or below the 1st percentile: the bottom 1% of the population) are likely to have a Statement of Special Education Needs.

Educational Statement

A Statement is a document provided by the LEA which covers:

- The development of the child in all ways - physical, language, and social as well as educational
- Any special weaknesses and gaps which may hamper progress, e.g. Problems with memory
- What improvements are hoped for
- How these hoped for improvements can be made including any specialised equipment, facilities and extra teaching.

When a Statement is being considered, Teachers, specialists, carers/parents and any other interested parties are invited to give their comments on the child. You will need to discuss with the child's allocated worker who should attend any meetings and examinations of the child: ideally the parents should be encouraged to do so but this may not always be appropriate. It may be appropriate for you to attend given that you will be best placed to discuss the child and the way he/she is in your home. When all the reports are received a decision is made as to whether a Statement will be issued or not. If a Statement is issued it will set out how the child's educational needs can be met and may inform provision of specialist support e.g. a non teaching assistant for x hours a week.

The Statement will be reviewed annually to consider progress the child has made and whether any amendments need to be made to the description of their educational needs or to the special education provision specified in the Statement. The Review will bring together a variety of perspectives and so contributions (known as "advice") are sought in advance of the review to ensure accurate information informs any decisions. The child (where appropriate), parents (as appropriate if the child is looked after) and others specified by the LEA (which could include you as Foster Carer) are invited to the Review. Copies of advice submitted are circulated to all those invited to the meeting.

Review meetings are usually held at the School. Within 10 days of the meeting, a Review Report is prepared and submitted to the LEA. A copy is sent to all concerned in the Review. The LEA then makes a decision as to whether the Statement remains appropriate, and if so, whether it needs amending. A copy of the decision will be sent to concerned parties within one week of being made.

For young people in Year 9 and subsequent years, Careers Wales are also

invited to the Review meeting, as are other service providers e.g. health. A Transition Plan is drawn up alongside the Review Report; covering the arrangements for transferring to further education.

Special Needs Advisory Project (SNAP Cymru)

SNAP Cymru provide an Independent Parent Partnership Service in Cardiff and you can contact them for impartial advice about special educational needs:-

Tel: **0845 120 3730** or e-mail: helpline@snapcymru.org

Leisure

Part of the role of a Foster Carer is to encourage the child to participate in appropriate pre-school or out of school activities and leisure activities. (See your Fostering Agreement).

Involvement in activities such as sports, youth clubs and after school pursuits develop the child's individual interest and social skills and assist their general growth and development. Additionally the ability to make use of available activities is a useful skill in preparation for independence.

Some children will be already engaged in such activities and wherever possible their involvement should continue. This would be discussed as part of the Placement Plan. This enables the child to maintain their contacts with their previous community/neighbourhood, particularly if they are likely to return to it on leaving you.

Other children will not have had these opportunities and it is important that you enable them to do so. Many children will need a lot of help and encouragement to find interests they like. These will help them to develop their own individuality; and will:

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

The Fostering Allowance assumes a reasonable amount of expenditure for out of school and leisure activities (See *Section 12*)

One of the benefits for Cardiff Foster Carers is that they get full access to Cardiff's leisure facilities with a full 'Active Card' which gives carers and the members of their household access to pools, health & Fitness suites, fitness classes, cycling, sports and athletic facilities at 12 locations throughout Cardiff.

If you are interested in having 'Active Cards' for the members of your household please speak to your Fostering Social Worker.

Part-time Employment and Children who perform

This includes all employment and performing (e.g. in a theatre) before or after school and Saturday jobs. The employment of school children is controlled by legislation (See Section 11). While the child is still at school any money that they earn is theirs and does not affect the allowance paid to Foster Carers. The value of the child having some money whether earned or given as pocket money to give them experience or learning to budget, on however a small scale, is undeniable. The allocated worker should always be consulted when a child is considering employment or is being considered for a performance role which would take them away from school.

All children of school age must have a work permit or performance licence, these can be obtained from the Education Welfare Service.

Holidays

Wherever appropriate, children placed with you should go on holiday with you because this promotes a model of normal family life. There will be occasions where this is not possible and this should be discussed as part of the Placement Plan or at a Review. Sometimes the child will have contact with their own family whilst you are on holiday; for others, there may be a planned respite stay.

Children may also go on holidays with schools and clubs. Where this is an option, discuss this with the child's allocated worker. For a child to travel abroad the Council must have the permission of the child's parents or the Director of Children's Services (or their nominated representative) and you will need a letter for the child to take with them confirming this (See later in this Section on Overnight Stays).

However, the Local Authority will not give agreement for a child to be taken on holiday during school time.

Your own Holidays

Fostering is a stressful job which has an impact on all the family. Sometimes a break between placements can act as a "holiday" for carers, but we understand that there are times you will want to be on your own and/or have time with your own children. It is helpful if this can be raised when planning the placement so that if it is appropriate and in line with the needs of the child being placed with you, it is written into the Placement Plan.

Options are to:

- Negotiate a separate holiday for the child.
- Use the time offered by the child's planned contact with their family.
- Arrange for other adult members of your family to be assessed as respite carers for the child (either in their house or yours).

Planning makes this a positive part of the Placement Plan. If a change to this Plan or respite has to be arranged at short notice, it conveys a negative

message to the child which can undermine any benefits of the placement. Think how you would feel if you went home one day and found that everyone else in the house was going on holiday but not taking you with them?

Passports

The child's allocated worker will make the application for a passport: this needs to be done well in advance. It is not legally possible for you to sign a passport application. For an accommodated child, the parents have to sign/give permission and without this the child cannot travel. For children on Care Orders, parental consent is not essential - the allocated worker will however, wherever possible, discuss the need for a passport with the parent and seek their agreement: this is good practice and reinforces their continuing parental role. It is also helpful for the child to know that their parents are in agreement with the proposed holiday.

The allocated worker will also arrange for you to have a letter of authority giving you permission to take the child out of the UK.

Travel insurance should be arranged for the child. If you are travelling within the European Community remember to take an E111 for all travelling as this will enable you to obtain medical treatment².

You should check with the child's GP Surgery whether vaccinations are required and recommended. Please ensure that you have the necessary consent before any vaccinations are administered.

See Section 5 for information on consent.

Babysitters

We accept that it is necessary for Foster Carers to have interests outside their home and indeed we will ask you about this during your assessment. We also require you to attend Foster Carer Support Groups and Training. This can mean that you need to arrange child care. Once the child has settled you can of course leave them, as you would your own child, with a reliable babysitter. It is always best if the child knows the person who is babysitting and feels comfortable with them. Please discuss any babysitting arrangements you make with the child's allocated worker or your Fostering Support Worker before organising it. It may be appropriate for a DBS check to be undertaken by the prospective babysitter.

Overnight Stays

Children need to feel able to stay with their friends in the same way as any child does and whilst we do not wish to impede this, the Council does have responsibility to ensure their safety. It is important that a child is able to maintain existing interests and relationships with their friends. If a child already has friends with whom they would like to be able to stay at the point at which they are placed with you, the discussion about the Placement Plan should include consideration of whether it is appropriate for occasional overnight stays with them. Similarly, the child may be in a club/engage in a sporting activity which sometimes involves overnight stays so the discussion

should also consider the circumstances in which the Council delegates to you decision making in respect of these. The discussion will take account of whether there are any relevant restrictions contained for exceptional reasons in the child's Care Plan, or any Court Orders, which restrict the child from making particular overnight stays and/or whether there are any factors in the child's past experiences or behaviour, which would preclude overnight stays. If applicable, you will be made aware of any individuals, addresses or areas which may place a child at risk.

The guiding principle is that Looked After Children should as far as possible be granted the same permissions to take part in such acceptable age appropriate peer activities as would reasonably be granted by the parents of their peers³.

During the placement, if the child asks if they can stay with a friend, as the Foster Carer you should consider whether the proposed arrangement is suitable. Exceptionally, there will be circumstances in which a child is particularly vulnerable and these may require additional arrangements to ensure that the child is protected: e.g. DBS checks. We suggest that you always speak with the child's allocated worker on the occasion of the first consideration of an overnight stay with a friend.

If you have delegated responsibility; we suggest that the following be considered when you are reaching a decision:

- are there any grounds for concern that the child may be at significant risk in the household concerned or from the activities proposed?
- is the child staying in the household with another child or children, rather than staying solely with an adult or adults?
- the age and level of understanding of the child concerned.
- what is known about the purpose of the overnight stay?
- the length of the stay.

Make contact with the household beforehand as a parent would, to assist in assessing the request for an overnight stay and to confirm arrangements. If the arrangement goes ahead, ensure that you have contact details for the household in which the child is staying, and ensure that the child has your contact details (and the means to make contact).

If the overnight stay is part of a leisure activity, speak with the organiser to satisfy yourself that good care will be provided for the child. Ask them for details of the transport arrangements and the address at which they will be staying (and a telephone number). Identify who will be responsible for the child. If this is not the organiser, speak to the responsible adult yourself to ensure that they are suitable as a temporary carer, that you have full details of the activity and stay and of any insurance cover. Let the allocated worker have this information as well.

As far as possible, involve the child in the decision making and take account of their views and wishes. If the decision is that the stay is not appropriate,

ensure that they understand, even if they do not agree, the reasons for the decision. Keep a record in your Log of your discussions and your decision and the reasons for it and note the dates that the child was away.

Day Care

We would not normally expect Foster Carers to use regular day care (Nursery/Child Minder) for children placed with them. This is because they are placed with you because they cannot live within their own family and it is not therefore appropriate to then be making further alternative arrangements for them. There may be exceptions to this and should you be in a situation where you think this applies, please discuss the specific circumstances with the child's allocated worker. It may also be appropriate to discuss as part of the Placement Plan.

It is, however, appropriate for children to attend pre-school groups and after school clubs/activities as part of their learning; see the earlier part of this Section on Early Years.

The Importance of Play

Play is the earliest way in which we develop an ability to deal with life experiences by creating situations and then learning how to cope with them. Play is fundamental to a child's successful learning process.

Foster Carers will usually have had considerable experience in devising ways that help children to learn through play. Some of the children you care for may have limited experience of play or little access to suitable and appropriate play materials. It is therefore all the more important for Foster Carers of these children to help them make up for lost opportunities.

Play doesn't have to depend on expensive toys, but it does require imagination and good ideas. Children have a rich imagination and will often adapt familiar objects to suit their purpose in play. The age of the child will determine to a great degree the play materials that should be used. For example, babies learn by looking and touching, so bright objects with interesting shapes need to be provided to encourage them to watch and reach out. They learn by listening too, so music from the radio, singing to and conversation with babies is vital - babies with sensory or visual loss will need extra help in order that they can enjoy and learn. Advice can be sought from the Health Visitor or Early Years Service (www.cardiffeydcp.org.uk)

Toddlers, with their abundant energy and enthusiasm, usually need little encouragement to explore their surroundings. you do however, need to pay attention to ensure safe play. (See *Section 5 on Home Safety*). They do need to be provided with a good variety of safe, small, bright objects. All young children like company and of course they learn to speak through listening and talking to parents, carers and other family members. Songs and games (like nursery rhymes) and play with fingers and toes are enjoyed by all children.

As children grow it's safer to let them play with water, sand, paints and crayons. They learn to draw and colour or make things out of cardboard. Children need supervision to prevent accidents to them, and you will want to prevent your house getting painted and drawn on too!

Messy play provides good learning opportunities, but the benefits are minimised if a child is inhibited by anxiety about the mess that's made in the process.

Children with special needs may develop more slowly than their peers. This may mean that care needs to be taken to ensure the child has suitable opportunities to learn through play. It is important to provide materials that are safe and appropriate for the developmental stage, but also important to remember their need to learn skills and develop through play.

A wide variety of toys, games and books are available to help create positive pictures of all cultures in our society. It is especially important for Foster Carers to be sensitive to children's needs when selecting play material, for example, to choose dolls which reflect the child's origins or books to promote positive images of the range of cultures.

Use of Computers

The Computers 4 Carers (C4C) scheme was set up with the objective of improving the educational attainment of Looked After Children.

The C4C scheme provides computers, printers, computer chairs and desks to Foster Carers who had children of school age placed.

Newly approved Foster Carers will receive an information letter about the C4C scheme. A computer agreement form will be enclosed with the letter.

The Fostering Service will supply:-

- Computer Tower
- Monitor
- Keyboard
- Mouse
- Pair of speakers
- All-in-one printer, scanner and fax
- Three power leads
- 1 USB cable
- 1 monitor cable
- Workstation (desk)*
- Computer chair*
- Educational packages suitable for the age of the child in the placement*

*Please note: specialist equipment / software can be provided for children who

have a physical or learning disability.

During the installation, Carers will be given an overview on how to use and maintain the computer and how to make it safe for children's usage. Carers will be provided with a 'Computers 4 carers' booklet and an Internet security pamphlet.

TV

Some children are used to watching several hours of television daily. These children are bombarded with a constant succession of images many of which may be confusing, irrelevant or even damaging to them. Where viewing is managed this can assist a child's development. Even babies are captured by the sounds and moving images.

Managing use of TV and Computer

- Help children choose the TV programmes they watch so that the viewing becomes a planned activity rather than just turning on the TV because they are bored
- Ensure that children know that some programmes they watch are not real life but have actors e.g. talk about how realistic the make up is, how the special effects were achieved
- □Talk with children about the programme they have watched/you have watched together and use it as an opportunity for language development.
- Build in some time when watching a TV programme or a chosen video is just for relaxing (remembering that young children like to see the same videos again and again!)
- If you have a child placed who is used to watching a lot of TV (perhaps they have had a TV set in their bedroom) talk with them about when/what they can watch and try and interest them in other activities
- Show an interest in their computer games; ask them to show you how to play and have a go: this will show them that you are interested (even if your scores aren't as high!)
- Use the computer to find out information (e.g. homework, what's on at the cinema, opening times of swimming pool etc) so that children learn that it has many advantages and is not just a games machine.

section ten

Working with the Child's Family and Friends

Please see also MAKING AND KEEPING FRIENDS in Section 6

Introduction

Most children placed with Foster Carers return to live with their family. The Children Act imposes a duty on local authorities to promote contact between a child who is being looked after and those connected with them. Sometimes this is voluntary and sometimes there is a Court Order. Unless there is an Adoption Order, the child's parents always retain their parental responsibility, albeit shared with the Council if there is a Care Order.

As you saw in Section 2, in line with the Fostering Regulations, the Council and Approved Foster Carers enter a written Agreement (reviewed annually) which sets out what each party can expect of the other. As part of this, Foster Carers agree to promote contact between the child and his family.

Some Foster Carers will have a lot of contact with parents, especially those undertaking short term work. Where there is little contact, you need to be able to explain to a child why their parents do not visit: agree what you will say with the child's allocated worker so that messages are consistent and accurate. Recognise that children's parents, brothers and sisters, relatives, friends, carers and Social Workers have different needs and attitudes to contact. Your skill, attitude and experience, patience and understanding are a powerful influence on the successful outcome of contact.

This Section looks at how Foster Carers can make the contact a positive experience for the child and their family.



Principles

The underlying principles of our work with families are drawn from the Children Act 1989 and set out in our Children in Need Policy:

- *Supporting Children in their families:* children should be brought up in their families wherever possible. Services may be provided to families to prevent the need for children to be looked after by the Local Authority.
- When the child's safety cannot be promoted or protected within the family, removal of the child will be necessary and good quality alternative placements will be provided

Good outcomes for children looked after: when it is not in the child's best interests to remain at home, he/she will benefit from the support of an allocated worker whose responsibility it is to ensure that effective plans are made with the child. The Care Plan will set out a Plan for the child's long term future, seeking to ensure the best possible outcomes for him/her and wherever possible identifying a permanent alternative home until they are able to live independently

- *Children's Rights:* when children and young people are placed outside of their home environment they should expect stability, safety, clear information and access to both advocacy and the Council's Complaints procedures
- *Needs led Services:* in making assessments and in service provision Children's Services will take account of the particular needs of the child - in relation to health, development, education, disability, religious persuasion, racial origin, cultural and linguistic background
- *Evidence based practice:* services will be provided only after an assessment based on gathering information from all the relevant individuals and agencies who have a legitimate interest in the child
- *Listening to children:* children will be listened to and their views, wishes and feelings are sought, recorded and taken into account.
- *Equitable standards:* Children's Services will offer a consistent and equitable service that respects the dignity and privacy of all individuals, ensuring adherence to the Human Rights Act. The welfare and safety of the child will always be the paramount consideration.
- *Working in partnership with parents:* wherever possible, Children's Services will work in partnership with parents. They may have needs of their own which limit their capacity to provide adequate parenting. In order to meet the needs of a child, it might be necessary to provide services directly to the parents. Other agencies may also be involved in

the assessment of parent's needs in order for there to be a thorough and holistic assessment of need.

- *Working in partnership with other agencies:* Children's Services will work closely with other agencies that have responsibilities for the health and development of children and young people in order to provide a holistic response to children's needs. In addition, where a foster placement is being considered:
 - The wishes and feelings of the child, the parents, and other significant people must be sought and taken into consideration.
 - All placements need to take into account the requirement for the child to be placed as near to the family as possible and siblings should be placed together if at all possible.
 - If the placement is for a child with disabilities particular attention should be given to ensuring that the placement is suitable for the child.
 - All work within the placement should be focused towards the child returning to the family as quickly as possible.

The Birth Parents

Every parent will respond differently to their child coming into care. Many parents will wish to be involved in their child's life while they are with you although some will not. The Placement Plan will specify the way in which they can be involved and the detail of this should be discussed with the allocated worker when the Plan is being developed. Any separation from parents/family will affect the child's relationships with them; the younger the child, the greater the impact of the separation. Contact can therefore enable a speedy return of a child to their family where this is appropriate. Many parents experience feelings of shame or guilt if for some reason they are unable to look after their children. A parent's inability to care for that child should not require them to forfeit respect as parents or people. Parents may be angry, depressed and/or feel powerless and guilty. Some parents will see the Council, and perhaps you, as a representative of the Council, as having the power to make decisions about them/their children which they can't influence and this can be difficult for them to handle.

Some feelings of parents

These will be mixed: they may

- be relieved e.g. If they found it difficult to manage their child's behaviour
- feel that they have failed as parents
- be angry with the child for not being good and easy to look after
- feel angry with the Council for taking their children away; (and as Foster Carers you may be seen as part of the Council)
- be afraid of losing their child
- be confused about the process e.g. Care Proceedings
- feel uncomfortable if you have a better standard of living
- think that you will make judgements on them for failing their children

- be afraid you will replace them in their child's affections.

As Foster Carers your reactions to the child's parents are important. It is important that you accept them as they are.

Contact

Direct Contact means meetings between the child and birth family members and/or significant others, and includes phone calls, e-mail and texting.

Indirect Contact means letters/cards from members of the birth family and/or significant others, and is usually through a third party.

We know from research findings¹ and from what children tell us that contact is a key issue for children. They often have ambivalent feelings, wanting the contact but feeling distressed at the same time. Children for whom a decision has been made that it is not in their best interests to return to live within their family in long term placements still need contact with their family and their Placement Plan will reflect this. This does not mean that they are not happy in their placement. Contact will help the child retain a sense of their identity.

Contact Visits

The management of contact can be one of the most difficult parts of fostering. If a child is to go home, their links with their parents must be continued.

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

A good contact visit will leave the child feeling reassured that they are loved and missed by their parents and still belong to them. They will have heard about what has been going on in their family in detail and the bonds will be kept alive.

The Placement Plan will specify the frequency of Contact between the child, his/her parents, wider family and friends. The practical arrangements will also be set out e.g. where the contact will take place, whether it is to be supervised and if so by whom, how the child will get there if contact isn't in your home. Where the child is subject to Care Proceedings or subject of a Care Order, the Court may have specified what the contact arrangements should be. The Placement Plan will reflect this. It is important that you comply with the Court's wishes.

Foster carers should have some involvement in the planning of contact sessions and this would normally be an issue covered during the discussions about the Fostering Placement agreement for the child.

Make sure the arrangements suit everybody. There will be practical

¹ SCIE Practice Guide to Fostering

implications and you will need to minimise disruption and intrusion to other

members of your family. Don't agree to arrangements that you are not sure you can fulfil e.g. on the same evening that your own children have activities which require transport from you.

Contact may mean that the child returns to spend time at home with their parents or stays with a relative; it will differ for each child because it links to the overall aim of the placement.

The Plan will also specify whether there are any "rules" attached to contact e.g. if the parent is coming to your house, can they take their child out? Are there people who shouldn't have contact? (e.g. an abusing parent; and what to do if the non abusing parent brings that person with them).

If contact arrangements need to be changed by anyone involved, all parties should be consulted. If you are having difficulties related to contact, speak to your Fostering Social Worker as soon as possible.

Contact outside your Home

If contact takes place at a Contact Centre, there should always be a pre-contact meeting and a contact agreement drawn up; this meeting is between the child's Social Worker, the child's family members who are to be having contact and the Contact Centre staff. Foster carers are usually not invited to these meetings but it is appropriate for them to have access to the information that is discussed in these meetings for example, the foster carer should be consulted about the arrangements made in case they would struggle to provide what has been agreed due to their other commitments.

Make sure that the child knows the plans for the session; who will collect them, where they are going, how they will get there, how long it is for and that they are coming back to you afterwards. If parents are coming to collect their child, be welcoming; however brief their time in your house. This conveys to the child that you accept their parents and will make it easier to talk with the child about their contact. It also conveys your permission for them to enjoy the contact and talk with you about it afterwards if they wish.

Contact in the Foster Home

Give some thought to a session in advance; especially for the first/second sessions where you don't all know each other very well.

It can be helpful to remind yourself of the purpose of contact. For example, if a child is looked after because of concerns about their parent's ability to care for them, perhaps you could play with the child; some simple games may be a way of engaging the child and parents and you can withdraw as appropriate so that the parent is interacting with their child. Remember, not all parents know how to engage with their children; you may have to model this behaviour. With younger children, perhaps the parent can be involved in specific tasks, e.g. feeding, changing, bathing. You can ask the child what they would like to do when their parents/family visit. Other Foster Carers at your Support Group will also have examples of what worked for them.

Foster carers should always be given (or should ask for) information from the

Contact Worker about any difficulties that occurred during contact which might affect the child. Bearing in mind confidentiality, information exchanged should only be relevant to the continuity of care for the child.

If you are supervising contact, check with the allocated worker whether you need to write a report afterwards and if so, ask for guidance on what is expected.

Ending Contact

Where the decision of the Court is that rehabilitation of a younger child is not in the child's interest, Children's Services will seek, wherever possible, to find an alternative family. Children need a family to which they can belong permanently. This may be within their extended family, with an adoptive family or a long stay Foster Carer. The Plan *may* (but not always) include terminating the parents' contact to the child. Even if this is the case the child still needs to know about their parents and you will need to help them understand this. (See *Section 6 on Life Story work*) If you understand the parent's situation, it is easier for you to explain kindly and truthfully to the child.

Where the Plan is for contact to cease, there will usually be a planned final session. Make sure you are involved in the planning for this and agree with the child's allocated worker what you can and can't say to the child. Depending on the age of the child, they may be more distressed than usual; have something planned to help them settle back with you.

Shared Care - Helping Parents to Resume Responsibilities

Straightforward contact can be the first stage towards the child's return home. The next step of the Plan for the child may be a period of "shared care" between you and the child's parents. You may also be asked to offer "shared care" to children and their parents at the beginning of the placement, especially where the child is very young and perhaps parents need help and guidance in caring for their child.

As a Foster Carer in this role you could have several tasks: e.g. observing, teaching, listening and then contributing to assessments about the parent's potential ability to cope.

Decisions about parents sharing in the day-to-day care of their child will always be part of an agreed Plan; made between you, the parents and the child's allocated worker, at the outset of a placement or as part of the Statutory Review of the child's Care Plan.

Your task is to be open to the notion of sharing the care, even when you may not agree with it in certain instances. You may also have to tolerate parenting which is different to yours. Your observations of parent's interactions with their child must take account of the fact that "different" methods may not necessarily equal "bad" methods. Your judgements of parent's abilities needs to be based on the notion "good enough parenting": that is, whilst there are some fundamental principles of "good" parenting, there can be no one set of hard and fast rules.

After Placement

If good relationships between you and the parents have developed during the time their child was placed with you, it is possible that you may be asked to continue to help the family when the child is returned home. For example:

- Visiting the family home on a regular basis for a defined period.
- Providing respite care for the child at planned intervals

You may find that you keep in touch with children you have fostered and their parents informally anyway but your formal agreement to it, in some situations, can help the child's return home and help ensure its success.

What do I do if.....

The child is distressed after Contact?

The younger the child, the more likely they are to be upset after a contact session. This will be especially so at the beginning of a placement when the child doesn't know you very well and perhaps hasn't established a routine. Where contact takes place regularly, it is much easier for the child to handle because they know when they will next see their parent/family. It is more difficult for them when parents don't turn up.

Try and convey that you understand that the child would rather be with their family. Remind them when the next contact session is (although be careful about this if parents don't turn up regularly). Encourage and enable the child to talk about their family and if you have met them, offer positive comments about them as well; this will help the child see that you accept their parents. It is important that the child doesn't think you don't like his parents; although depending on the reason for care, you may need to say that some of their behaviour is unacceptable.

Children will have different ways of showing their distress; some will wet the bed, soil their pants, have bad dreams, wake in the night, become rejecting or confronting with you. It is important to keep a note of this in your Log and to share this with the allocated worker. There may be a direct correlation between behaviour and contact and if so, strategies for managing should be discussed with the allocated worker e.g. finding ways to help the child express their feelings, referral to specialist support, changing day of contact etc.

Some children will cry at the end of a session/when their family is leaving because they feel it is expected of them. Always encourage the child to say goodbye and remind the child when the next visit is happening. For younger children, have something for them to do e.g. set the table for tea. For older children, they may prefer to be given some time on their own.

The child doesn't want to go to a planned Contact session?

Sometimes this might be because they think that you have something planned

that they would prefer; e.g. an activity with your own children. If you do, try not to talk too much about this beforehand. You can always explain that you will take them on another occasion and that just because you sometimes do things with your children when they are with their family doesn't mean that you don't want them staying with you.

Difficulties

Parents may

- criticise you
- criticise the care you give
- undermine you, especially by referring to the fact that you get paid, as they see it
- make false promises
- try to give up visiting because it is painful
- show love by buying presents
- be unable to play their natural roles in someone else's house
- be over sensitive and take your comments as criticism.

Remember to

- understand their situation
- help them to see that you understand
- encourage them to remain involved.

If the child is very distressed, try and see if there is a reason for this. On rare occasions, it may be that a parent has abused/continued to abuse the child during unsupervised contact. If you have any reason to think that this is so, tell the allocated worker (or their line manager) immediately.

If a child says after contact that they do not want to see that person again?

Don't take at face value. Explore as above. Let the allocated worker know.

If a parent rings or turns up unannounced?

Most parents keep to the plan made at the beginning of Placement. If contact will also include telephone calls include this in the Plan and ensure that if there are restrictions on this, that they are specified. If there are some times of the day when it isn't as convenient for phone calls; say so in the Plan. If they ring outside these times, you can say politely that you are sorry, it isn't a convenient time and can they ring back at....

Keep strictly to any arrangements made for contact: if you make changes (e.g. agree directly with them to change the start time rather than refer any such requests to the allocated worker) it is difficult to expect the parents not to do so.

If parents do turn up unexpectedly, play it by ear; they may genuinely have mistaken the arrangements. If they have, explain this to them and say how much their child is looking forward to the next contact. Unless the allocated worker has agreed with you flexible arrangements for contact, try not to allow

this call turn into a contact session.

A parent arrives for contact but is clearly not in a position to look after the child e.g. they appear under the influence of alcohol or illegal substances

This is a rare occurrence, but could happen. Even if the Plan is that the parent can take the child out unsupervised, if you judge that they are not fit to do so, you must put the child's welfare first. Do not let them take the child. Explain why this is so and encourage them to talk with their allocated worker.

Try not to invite the parent into your house. Depending on the circumstances, you may need to ring Children's Services for advice: speak with the allocated worker and if they are not available to their team manager. If they too are unavailable, speak with the Intake and Assessment Team. Outside office hours, contact the Emergency Duty Team (EDT) Tel: **029 20788570**. Even if the parent leaves without any fuss, contact the allocated worker as soon as possible to let them know what has happened.

The Child

- Many children see their parents as who they want them to be.
- Visits may reawaken a sense of loss.
- Visits may cause over excitement and exhaustion.
- They may openly reject you and cling to their parents.
- They may blame the parents and reject them because they are hurt.
- Visits may lead to challenging behaviour, sadness, temper tantrums, anxiety.

Remember to

- Be sensitive
- Try to understand what the behaviour is trying to tell you
- Seek advice from your Fostering Social Worker if you are unsure of how to respond

If parents turn up unexpectedly and demand to remove their child:

- Stay calm
- Try to persuade them to speak to the child's allocated worker before they take any action
- Contact the allocated worker, speak with someone else if they are unavailable. Out of hours contact EDT (Tel: **029 20788570**)
- If necessary phone the police, especially where you have concerns for the child's safety.
- Don't put yourself at risk.

It is a good idea to ask the allocated worker when placements are made what to do in this eventuality; as for some children who are accommodated under Section 20 of the Children Act, the council does not have the ability to keep the child without their parent's agreement, whereas for those on a Court Order (e.g. Care Order) they do. The primary concern will be the child's safety and

welfare.

If a child has been out with their parents and does not return

Notify the allocated worker or EDT immediately (as depending on the reason for the placement and the risk to the child, action may be required).

A child's parents will always be important to them. They may want to talk to you about them and sort their feelings out about them.

Be honest and truthful and gentle - they may feel loyalty to them even if they are angry.

The Importance of sharing information

See Section 4 for more information on planning for placements.

Much of this applies to enabling good quality contact: if you have the relevant information from the parents it can make the visit or session so much easier for the child. It can also be helpful if you can find ways of sharing information about the child with their parents e.g. encouraging a child to show their parent something they have done at school. Finding ways of asking parents how they handle a particular situation can also be a way of engaging with them.

Disabled children particularly need their parents and Foster Carer to share information so that their needs can be met.

Foster Carer's feelings about Contact

- You may feel apprehensive
- You may be concerned if you come from different backgrounds with different values
- You may find it difficult to be yourself and relax
- You might find it hard not to criticise and be angry and keep your feelings to yourself
- You may find discipline difficult when parents are around
- You may enjoy it; it is an opportunity to help enable a child return to their family or if that isn't the Plan, to see their family

Remember

- The child in care is still the parents' child
- You are a responsible and professional adult in a very sensitive situation
- Be sensitive towards the parents and the child's feelings
- Be aware of your own feelings
- Don't contradict the parents in front of the child - involve them
- The child needs you to accept their parents because they are part of them
- To let your own negative feelings out safely and away from the child

section eleven

The Law Relating to Children and Young People

Introduction

We have included this Section as a reference because everything we do is informed by the legal framework. The Acts are accompanied by Guidance and Regulations which provide more detail about how the law is to be interpreted and implemented. We also have sets of Standards e.g. the National Minimum Standards for Fostering Services and these are used by the Care Standards Inspectorate (Wales) when they visit to look at our services.

The Children Act 1989 covers all the law relating to the care and upbringing of children and the social services to be provided for them. Children who are looked after by Foster Carers come under this legislation.



The Basic Principles of The Children Act

1. The welfare of the child is the paramount consideration.
2. Parents should look after their children to the best of their ability and children should be brought up in their own families, wherever possible.
3. Councils with a social services responsibility have a duty to offer services or help to families to promote the welfare of the children in need. This should be in partnership with parents and appropriate to the families race, culture, religious and linguistic backgrounds.
4. Children should be consulted and participate in decision making, according to their age and understanding.
5. Contact between parents and children must be safeguarded, if it is in the child's best interests.
6. Parents never lose parental responsibility except by Adoption.

Parental responsibility

This concept, sometimes referred to as "PR" was created by the Children Act. As you can see from the principles underpinning the Act, parents never lose this except when their child is adopted. However if the child is subject of a Care Order, parental responsibility is shared with Children's Services. The child's allocated worker will therefore always seek, wherever possible, to obtain the parents views in respects of key aspects of the child's life. In some situations, e.g. medical treatment, if appropriate it will be the parents who sign consent rather than Children's Services. A mother automatically acquires parental responsibility at birth. If the mother was married to the father when their child was born, or if the mother married the father at any time subsequent to the birth, the father also has parental responsibility. For births registered from 1st December 2003, an unmarried father automatically acquires parental responsibility if he is recorded as the child's father on the birth certificate.

Unmarried fathers can also acquire parental responsibility by:

- Subsequent marriage to the mother
- Being awarded parental responsibility by a Court.
- Entering into a formal documented agreement with the mother.
- Being granted a Residence Order by a Court.
- Being appointed Guardian by a Court.

Step-fathers can acquire parental responsibility by:

- Being awarded parental responsibility by a court
- Entering into a formal documented agreement with others that have parental responsibility.
- Being granted a Residence Order by a court.
- Being appointed Guardian by a court.
- Adopting the child.

Parental responsibility is only lost when:

- The child reaches 18 years of age.
- If it is brought to an end on application to a court by the person having

it.

- With the permission of the court on the application of the child.
- If another person adopts the child.
- If an Order granting it is terminated by the court.
- If a person with parental responsibility dies.

Children in Need

The Act in Section 17 defined children in need as being those who are unlikely to achieve or maintain reasonable health or development, whose health or development is likely to be significantly impaired or who are disabled.

Court Proceedings

When a Court makes a decision about a child it must use the welfare checklist which ensures that the child's needs, wishes and feelings are addressed. A Court cannot make an Order unless it is satisfied that making an Order would be better for the child than making no Order at all. There should be no delay in hearing cases.

However, carers need to be aware that there are currently considerable delays in legal proceedings.

Accommodation

A child who is looked after by a Local Authority is either accommodated under the Children Act or subject to a Care Order under that Act. If the child is accommodated this will be by agreement with the parents and the child's parents retain parental responsibility (Section 20) which means they can require the return of the child without notice and will make all decisions about the child.

Care Proceedings

A compulsory Care or Supervision Order may be made once the Court is satisfied that the child is suffering or likely to suffer significant harm AND this is attributable to the care given to the child, or likely to be given if the Order were not made, not being what it would be reasonable to expect a parent to give, OR the child is beyond parental control (Section 31).

A Care Order gives parental responsibility to the Local Authority who may limit the way parental responsibility is exercised by parents if necessary, although there is a presumption of 'reasonable contact' between parents and child. The Local Authority may refuse contact for up to 7 days if urgent. An Order specifying contact may be made (Section 33/34).

A Supervision Order places a duty on the Supervisor to advise, assist and befriend the child. The Order lasts 1 year and may be extended up to 3 years. The child must comply with directions of the supervisor concerning attendance, activities or residence and there may be obligations on the parents or others responsible for the child (Section 35).

An Interim Care Order or an Interim Supervision Order may be made if the

Court is satisfied that there are reasonable grounds to believe that the primary grounds under Section 31 are met. Interim Orders may be made for up to 8 weeks and may be renewed for periods of up to 4 weeks (Section 38).

Education Supervision Orders may be made to the Local Education Authority if a child is not being properly educated. The Supervisor has a duty to advise, assist and befriend the child and give directions about education (Section 36).

Contact

There is a Presumption of reasonable contact between the child who is subject of a Care Order and his parents, family and friends. Where a child is in the care of a Local Authority, the authority shall allow the child reasonable contact with his parents, any guardian and any person with a Residence Order in force with respect to the child immediately before the Care Order was made (Sec 34).

Contact can be defined by an application made to the Court. The Local Authority may refuse to allow such contact as a matter of urgency for a period of up to seven days if they are satisfied that it is necessary to do so to safeguard or promote the child's welfare.

Refusing contact

On an application made by the authority or the child, the Court may make an Order refusing contact. The Local Authority would need to make a case that contact was not in the child's best interests.

Section 8 Orders

To assist the Court in securing the child's welfare there are more flexible Orders that can be made in which the Court can make particular directions about any issues relevant to the child's welfare. There are four Section 8 Orders; they may be made as Interim Orders pending the final outcome of a Court case, or as final Orders. Section 8 Orders ordinarily cease when the child reaches the age of 16 although there may be exceptional circumstances where these Orders are made or extended up to the child's 18th birthday.

Residence Order

This settles the arrangements as to the person with whom the child is to live. The making of a Residence Order does not remove parental responsibility from anyone, although it does confer parental responsibility on the person who obtains the Order. Where parental responsibility is shared, each person with parental responsibility may act independently of the other in meeting that responsibility. When a Residence Order is in force no one may change the child's surname, nor may the child be removed from the United Kingdom, except for a period of up to one month by the person with whom the child resides, without the written consent of everyone who has parental responsibility for the child or the leave of the Court.

Contact Order

A Contact Order names the person with whom the child shall have contact.

These Orders are not the same as Orders for contact under Section 34 Children Act 1989 which relates to children who are the subject of Care Orders, Section 8 Contact Orders may provide for the child to have contact with anyone, not just a parent and more than one contact Order may be made in respect of the child. "Contact" may range from long or short visits to contact by letter or telephone.

Prohibited Steps Order

Steps which cannot be taken without the consent of the Court. A Prohibited Steps Order may be made against anyone but can only prohibit a step which could be taken by a parent in meeting his/her parental responsibility for a child.

Specific Issue Order

These give directions with respect to specific issues which have arisen or which may arise, for example an Order may be made for a child to attend a particular school.

Emergency Protection Order (EPO)

(Section 44 and 45 Children Act 1989)

An Emergency Protection Order is for use in an emergency. Anyone can apply for such an Order although it will usually be a Social Worker or the police. The Court can make an Emergency Protection Order if it is satisfied that (a) there is reasonable cause to believe that the child is likely to suffer significant harm if he is not removed or does not remain where he is or (b) where the Local Authority is investigating the child's safety and access to the child is urgently required but this is being unreasonably refused. Under an Emergency Protection Order the child can be removed from home and placed in a place of safety such as a foster home.

The Court has the power to give direct contact between the child and any named person. If there is no specific reference to contact it is expected that the child will have contact with the significant people in his or her life. Conditions of assessment or medical treatment may be attached to Orders. An older child has the right to refuse to submit to these conditions. An Emergency Protection Order can last up to eight days in the first instance. In exceptional circumstances it can be extended for a further seven days. If an Order is made without a full hearing the parents or the child can appeal after 72 hours.

Police Protection

(Section 46 Children Act 1989)

The Police have important powers in protecting children under Part 5 of the Act. Where a Police Officer has reasonable cause to believe that a child would otherwise be likely to suffer significant harm he may remove the child to suitable accommodation and keep him there. Alternatively, the Police Officer may take such steps as are reasonable to ensure that the child's removal from hospital or other place in which he had been accommodated is prevented. A

child can only be taken into police protection once the Police Officer has found the child as there are no powers of search attached to this Section of the Act. No child may be kept in police protection for more than 72 hours. As soon as practicable after taking the child into police protection, the Officer has to ensure that the case is looked into by a Designated Officer.

Once the enquiry is complete the child must be released from police protection unless the Designated Officer considers there is still reasonable cause to believe the child could be likely to suffer significant harm if released. The police officer must also inform various people including (a) the Local Authority, (b) the child, (c) the child's parents of the steps which have been taken. While a child is being kept in police protection, neither the Police Officer concerned nor the Designated Officer acquire parental responsibility but the Designated Officer must nevertheless do what is reasonable in all circumstances to promote the child's welfare. Whilst in police protection the child is allowed to have contact with various people providing this contact is both reasonable and in the child's best interests. The people include amongst others, the child's parents, anyone who has expressed responsibility towards him and the person with whom the child was living immediately before being taken into police protection.

Recovery Order

A Recovery Order may be granted in respect of a child who is the subject of an Emergency Protection Order or a Care Order. It can only be made where it appears to the Court that there is reason to believe that the child:

- Has been taken unlawfully away or is being unlawfully kept away from the responsible person (the Local Authority);
- Has run away or is staying away from the responsible person; or
- Is missing

A Recovery Order operates as a Direction to any person who is in a position to do so to produce the child on request to any authorised person, authorises the removal of the child by any authorised person (e.g. a Social Worker or Police Officer); requires any one who has information about the child's whereabouts to disclose that information if asked to do so and authorises a Constable to enter any premises specified in the Order and search for the child, using reasonable force if necessary.

Child Assessment Orders

(Section 43 Children Act 1989)

A Child Assessment Order is generally used where Social Workers or Health Visitors have known a child and family for some time and have concerns that the child may be suffering significant harm. Wherever possible, professionals work with families on a voluntary basis. However, where there have been considerable efforts to work with a family and that family refuses to co-operate with the professionals, the Court can be asked to make a Child Assessment Order. These Orders are not used in an emergency. They are used to

facilitate an assessment of the child over a maximum period of seven days, to ascertain whether or not the child is indeed coming to harm and whether further action is required. The child will usually remain at home during the assessment unless the Court specifically orders otherwise. An example might be where a child needs overnight surveillance in a hospital as part of a medical assessment.

The Court can only make a Child Assessment Order if it is satisfied that: (a) the applicant has reasonable cause to suspect that the child is suffering or is likely to suffer significant harm and (b) an assessment is required to enable the applicant to determine this question AND (c) it is unlikely that such an assessment will be made or be satisfactory in the absence of an Order. There will be a full Court Hearing before the Order is made, giving everyone an opportunity to put their point of view. There is, therefore, no right of appeal once the Order has been made. Despite the Court having given directions that a particular assessment should take place, the child has a right to refuse to be assessed if he is able to understand what is involved.

Employment of Children and Young People

It is an offence for any child to be employed:

- Until he/she has reached the age that is two years below school leaving age.
- Instead of being at school.
- Before 7 in the morning or after 7 at night.
- For more than 2 hours each school day.
- For more than 2 hours on Sundays.
- To lift more or carry anything heavy enough to cause an injury.

Marriage

Young people accommodated must have the consent of their parents if they wish to marry whilst still minors. An official consent form needs to be completed.

If the young person is subject to a Care Order they need the consent of the parents and the Corporate Director of Social Services. The Corporate Director can oppose the marriage, even if the young person's parents have consented. It is then the decision of the Registrar.

Court Appearances and Outcomes

As an approved Foster Carer, you may on occasions be called to give evidence in Court. We will do all we can to help you prepare; especially if it is the first time that you have done this.

The following hints may be helpful if you are called to Court.

- Insist that whoever is calling you as a witness prepares a witness statement with you. This gives a good framework for giving evidence in Court. The person who acts on behalf of the Council is a Solicitor.
- If you are asked to prepare a report for Court make sure your link worker provides guidance and support as to what the report should contain and how it should be set out.
- Present the evidence in a factual form and only give an opinion if you are asked to do so.
- Make sure you have good support for yourself on the day.

Someone who can be with you before and after you have given evidence. This could be your Fostering Social Worker or another Foster Carer.

Secure Accommodation welfare

On very rare occasions, the Council makes the decision to apply for a Secure Accommodation Order in respect of a young person.

This is a serious step as the effect is to restrict the liberty of the young person and is used only when all other options have been tried. When a Secure Placement is considered, there will be a clear view as to what is hoped to be achieved by the admission and how that fits into the overall Care Plan.

Section 25 of the Children Act 1989 sets out the criteria, which must be met before a child can be placed in Secure Accommodation. It provides that a child being Looked After by the Local Authority may not be placed, and if placed, may not be kept in Secure Accommodation unless it appears:

- that he / she has a history of absconding and is likely to abscond from anything other than Secure Accommodation

AND

- if he / she absconds he / she is likely to suffer significant harm.

OR

- if he / she is kept in anything other than Secure Accommodation he / she is likely to injure him / herself or other persons.

In Cardiff, a Secure Panel is held to discuss young people for whom the criteria are met. If they consider that an Order would be the most appropriate way of helping the young person at this time, the Chair will make a recommendation to the Director of Children's Services. Applications to Court are only made following agreement with this recommendation. The Director of Children's Services can authorise a stay of up to 72 hours in a Secure Unit; which enables the young person to be safeguarded and an application to the Court to be prepared.

Where Children's Services consider that it is necessary to place a child under the age of 13 years in Secure Accommodation, the Director of Children's Services has to seek prior approval from the Welsh Assembly

When the Court grants an Order, a timescale is given; initially up to 3 months. However, the Order is always permissive. This means that if at any stage the

criteria for keeping the child in a Secure Unit cease to apply, the child should be released. Within a month of admission a Review of whether the criteria are still met will be held. (Regulation 15 of the Children (Secure Accommodation) Regulations 1991) and further reviews are held at intervals of no more than three months. These are known as "Criteria" Reviews and are in addition to Statutory Reviews.

If at the time the Secure Order expires Children's Services believes that the criteria are still satisfied and that the child should remain in Secure Accommodation, an application has to be made to the Court for a further Secure Order. The Court may authorise further periods of Secure Accommodation for a period of up to six months. Interim Secure Orders can be made where the Court is not in a position to decide whether the criteria are met (e.g. the child is not present in Court or has not been able to instruct his/her solicitor).

Where the Criteria Review decides that the criteria no longer apply, then arrangements are made for the young person to leave the Secure Unit.

Young Offenders and Secure Accommodation

The law provides for admissions into Secure Accommodation for three discrete groups of young people charged with criminal offences

- Those who are detained
- Those who are remanded
- Those who are serving custodial sentences

Detained Children those who have been charged by the police and have been refused bail. They should be put before the next available Court. They are detained under Section 38 (6) Police and Criminal Evidence Act 1984 and the police have a duty to transfer such young people to Local Authority accommodation unless they consider it impractical to do so. This could involve a placement in Secure Accommodation although normally the transfer would be to an open setting.

Remanded Children are those remanded to Local Authority Accommodation under Section 23 of the Children and Young Person's Act 1969. Normally such a Remand allows the Local Authority a largely free hand to decide on the appropriate placement, including the opportunity to apply to the Court for a Secure Accommodation Order. Section 97 of the Crime and Disorder Act 1998 amended Section 23 of the 1969 Act to allow the Court to remand certain young people direct to Secure Accommodation, providing specific criteria are met. Young people can also be remanded to Local Authority Secure Accommodation.

(Vulnerability is defined by Section 98 (5A) of the 1998 Act in that it indicates that it would be undesirable for a Court to remand to a Remand Centre or Prison a young person who is physically or emotionally immature or who has a propensity for self harm).

The criteria for a Court Ordered Secure Remand are as follows:

- The child or young person must be charged with, or have been convicted of, a violent or sexual offence, **or** of an offence punishable in the case of an adult with imprisonment for a term of 14 years or more;

OR

- The child or young person must have a recent history of absconding whilst remanded to Local Authority Accommodation, **and** be charged with or have been convicted of an imprisonable offence alleged or found to have been committed whilst so remanded,

AND

- in either case the Court must be of the opinion that only remanding a child or young person to Local Authority Secure Accommodation would be adequate to protect the public from serious harm from him/her.

Serious harm is only defined in connection with violent and sexual offences and means death or serious injury, either physical or psychological, occasioned by further such offences committed by the young person. Although serious harm is not defined for other offences the definition above gives an indication of the gravity of the harm to which the public would need to be exposed before the criteria would be met. Examples of this could be dwelling house burglary where weapons were carried or theft of motor vehicles involving high speed or dangerous driving.

In some cases, when young people are remanded to Local Authority Accommodation without a security requirement, Children's Services can make an application to the Court under the previous Children Act 1989 legislation and obtain a Secure Accommodation.

The criteria to be met are slightly different from those for Court Ordered Secure Remands:

- The child or young person must be charged with, or have been convicted of, a violent or sexual offence, **or** of an offence punishable in the case of an adult with imprisonment for a term of 14 years or more;

OR

- The child or young person must have a recent history of absconding whilst remanded to Local Authority Accommodation, **and** be charged with or have been convicted of an imprisonable offence alleged or found to have been committed whilst so remanded,

AND

- It must appear that any accommodation other than that provided for the purpose of restricting liberty is inappropriate because
 - (a) he/she is likely to abscond from such other accommodation,
 - or**
 - (b) he/she is likely to injure him/herself or other people if kept in any

other accommodation

Sentenced Children

The third category relates to young people sentenced to Custody. The law permits young people aged 12 but under 15 to be placed in Secure Accommodation if made subject to such a sentence. This could be either a Detention and Training Order (DTO), as defined by Section 73 of the Crime and Disorder Act 1998, or a period of detention under Section 53 of the Children and Young Persons Act 1933.

To receive a Detention and Training Order young people in the relevant age group must meet the generic custody criteria and be defined as persistent offenders.

Young people may also be placed in Local Authority Secure Accommodation if they are convicted of a grave crime in the Crown Court and are sentenced to a period of imprisonment under Section 53 of the 1933 Children and Young Person's Act. There are two types of Section 53 sentence. 53 (1) provides an indeterminate sentence for young people who are to be detained 'At Her Majesty's Pleasure'. This is the equivalent to a life sentence. 53 (2) is available for offences carrying 14 years or more and allows the Court to impose up to the maximum that it could impose on an adult.

Children and Young People who have committed offences

The **Youth Offending Service (YOS)** is a multi-agency team that is coordinated by a local authority, which is overseen by the Youth Justice Board. It deals with young offenders, sets up community services and reparation plans, and attempts to prevent youth recidivism and incarceration.

YOSs were set up following the 1998 Crime and Disorder Act with the intention of reducing the risk of young people offending and re-offending, and to provide counsel and rehabilitation to those who do offend. Youth Offending Teams engage in a wide variety of work with young offenders (those under 18) in order to achieve their aims. YOS's supervise young people who have been ordered by the court to serve sentences in the community or in the secure estate. Sometimes, teams organise meetings between offenders and victims to encourage apologies and reparation.

Youth Offending Services also arrange for Appropriate Adults to accompany under 17's after their arrest in order to advise and support the young person, and observe that they are treated fairly. When a youth is arrested and unaccompanied by an adult (relation or friend who is over 18), the station often calls the local YOT to request an appropriate adult to come to the relevant station

All members of Youth Offending Teams have expertise in areas relevant to the care and rehabilitation of young offenders. The Team has representatives from the statutory agencies working with young people: police, Probation Service, Children's Services, health, education. They also have workers with experience in addressing drug and alcohol misuse and a worker from the

Duke of Edinburgh Scheme. The YOS Manager is part of Children's Services and is responsible for co-ordinating the work of the Team which is overseen by an inter-agency Steering Group chaired by the Corporate Director of Social Care and Health.

Because the YOS incorporates representatives from a wide range of services, it can respond to the needs of young offenders in a comprehensive way. The YOS identifies the needs of each young offender by assessing them with a nationally prescribed assessment tool. It identifies the specific problems that make the young person offend as well as measuring the risk they pose to others. This enables the YOS to identify suitable programmes to address the needs of the young person with the intention of preventing further offending.

The YOS engage young offenders in a wide range of tasks designed to put something positive back into the local community through unpaid activities, as well as preventing them from re-offending. YOS's ensure that offenders have a lower chance of re-offending by performing checkups during the rehabilitation process, checking on their accommodation, friends, possibilities of coercion into offending or drug/alcohol use, and so on.

The Youth Offending Service can also provide important information relevant to a young persons case to police officers, social workers or the courts.

The YOS offers a range of interventions to young people in the criminal justice system; ranging upwards from reprimands, restorative justice with the victims of their crimes, bail supervision and support programmes, and Intensive Supervision and Support Programmes (ISSP). The latter are for those young people who have committed very serious crimes and are at real risk of a custodial sentence. They include surveillance by an electronic tag. Young people can also be sentenced to a Detention and Training Order. The Detention & Training Order (DTO) sentences a young person to custody. It can be given to 12- to 17-year-olds. The length of the sentence can be between four months and two years. The first half of the sentence is spent in custody whilst the second half is spent in the community under the supervision of the Youth Offending Team. The Court can require the young person to be on an Intensive Supervision and Surveillance Programme (ISSP) as a condition of the community period of the sentence.

A DTO is only given by the Courts to young people who represent a high level of risk, have a significant offending history or are persistent offenders and where no other sentence will manage their risks effectively. The seriousness of the offence is always taken into account when a young person is sentenced to a DTO. The YOT also work with victims and with parents.

Police Interviews of young people

When a young person is arrested by police, they will be interviewed in the presence of an adult. This would normally be their parent or person with parental responsibility. Where the young person living with Foster Carers, the police may ask the Foster Carer to act as the Appropriate Adult and support the young person, ensuring that their welfare is not disregarded.

An Appropriate Adult will attend if their parents/carers either will not or cannot attend. The Appropriate Adult is there to ensure that the young persons' interests are represented and their rights are protected. The YOT (Youth Offending Team: see Section 3) have a number of staff who have been trained to act as Appropriate Adults and it also manages and supports a Panel of Volunteers who are trained to act as Appropriate Adults.

Pre-Court Diversions Issued by Police

Reprimands and final warnings were available to the police from 1998 until 2013, when they were replaced by the youth caution.

Reprimand

Up until 2013, for relatively minor offences, the police could issue a reprimand. This was not a criminal conviction, but the reprimand was recorded on police national computer records and any further offending would usually have resulted in a Final Warning or court appearance. A young person who received a Police reprimand was not required to undertake any work with the YOT, although this may have sometimes been offered on a voluntary basis. A reprimand can be cited as a criminal record and would have to be declared for occupations exempt from the Rehabilitation of Offenders Act.

Final Warning

Up until 2013, a final warning was a disposal used by the police, without a young offender (who had to admit their guilt) having to appear in court. They were issued to offenders aged 10–17. A record was made of this on the Police National Computer system. A Final Warning on a person's record influences the decision of the courts and police if a further offence is committed.

Youth Offending Services worked to prevent young people from reoffending after a Final Warning. They would visit and assess young offenders and undertake diversionary work before (or after) the formal Final Warning was issued.

A Final Warning constitutes a criminal record but not a criminal conviction. It has to be declared when people apply for employment which is exempt from the Rehabilitation of Offenders Act.

Youth caution and youth conditional caution

Youth cautions were reintroduced by the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO) in April 2013, to replace reprimands and final warnings. A youth conditional caution had already been introduced a few years earlier (first piloted in 2009). In reintroducing youth cautions the government, in essence, returned to the pre YOT ways of dealing with juvenile offenders who are not prosecuted. Like reprimands and final warnings, the juvenile has to admit the offence to receive a caution.

Penalty notice for disorder (PND)

Available for a range of offences. If the penalty notice is paid within a specified period the young person does not receive a criminal record for the offence.

Youth Restorative disposal (YRD)

As an alternative to one of the formal disposals listed above, the police may agree to allow the young person to make an apology and /or repair damage/ make costs without any further action. This type of disposal is often used where the young person has no previous offending history and the offence is considered to be one suitable for resolution without formal intervention. The use of such disposals varies from police force to police force. Careful monitoring of their use is required to ensure they are only used appropriately and not primarily as a means of police saving time and, or, improving the 'clear up' rate.

The Youth Court

This Court deals with all young people under the age of 17. When young people have been charged with an offence and have attended Court, they are usually bailed until the next Hearing: there is a general right to bail for any person in criminal proceedings. Conditions can be attached to their Bail e.g. residence, curfew, non association and reporting to a police station.

There are a range of sentences that can be given to young people convicted of offending:

- Detention and Training Order (DTO)
- Community Rehabilitation and Punishment Order
- Supervision Order
- Community Rehabilitation Order
- Action Plan Order
- Attendance Centre Order
- Referral Order
- Reparation Order
- Fine
- Conditional Discharge
- Absolute Discharge

Details of these can be found on the Youth Justice Board webpage www.youth-justice-board.gov.uk

Education

Education workers are some of the most important in Youth Offending Services since most young offenders should be engaged with statutory full-time education. These workers liaise with schools and the education department where a young person is experiencing difficulties at school, particularly if there is a risk of exclusion or bullying.

Sometimes it can be useful for the education worker to offer a young person support with some particular aspect of his/her school work: study skills, coursework, or facilitating communication between the young person, the school, and the home. Education workers also arrange for the continuing education of young people who go into custody, particularly if they are still of

school age. If possible, the workers ensure that the work done in school and custody are of equal content and quality.

School leavers also work with education workers if they need to acquire skills to apply for jobs, for example CV writing, form filling, interview advice and so on. Some educational workers also encourage young people to express their feelings in writing as a way to vent aggravation or to comprehend their difficult situation.

Other Legislation You May Hear Mentioned

The next part of this Section summarises other legislation that you may hear mentioned when working with children and young people.

Adoption & Children Act 2002

This Act fundamentally alters Adoption law and practice and contains amendments to the Children Act 1989.

Section 1 of the Act brings decision-making in Adoption cases into line with the principles of the Children Act 1989 insofar as it states that the child's welfare, throughout their life, must be the paramount concern of the Court and of the Adoption Agency. A "welfare checklist" also applies, as does the "no order" principle and the principle of no delay.

Every Local Authority must prepare and publish an Adoption Plan for the provision of Adoption Services (Registered Adoption Societies are regulated under Part 2 of the Care Standards Act 2000). The Secretary of State is also given the power to maintain an Adoption & Children Act Register to facilitate the matching of children and adopters.

A "qualifying determination" of an individual's approval as an adopter is now subject to independent review.

Freeing for Adoption is replaced by the making (by a Court) of Placement Orders. Application can be made to revoke a placement Order if the Local Authority has not placed the child for Adoption within one year.

The Court can also make an Order for Contact on the application of the child, the Agency, any parent or person with a Residence Order, or (with leave) any other person.

The provisions on the unreasonable withholding of consent of Adoption are replaced by a formula that enables the Court to dispense with consent if the welfare of the child requires it. The High Court is given the power to annul an Overseas Adoption on the grounds that it is contrary to public policy. It is also an offence to bring a child into the country in contravention of Adoption Regulations.

Amendments to the Children Act allow an unmarried father to acquire parental responsibility by registering his name on the Birth Certificate.

Step-parents may also acquire parental responsibility by agreement with the child's parent or parents, or by Court Order. Special Guardianship Orders are also introduced as a step short of Adoption to give parental responsibility to the exclusion of any other person and local authorities are required to arrange for special guardianship support services.

Care Plans are also made statutory insofar as no Court will be able to make a Care Order until it has considered a Plan for the future care of the child.

Revised Guidance and Regulations will accompany the new legislation. For more information look at the National Assembly web site (www.wales.gov.uk)

Anti-Social Behaviour Act 2003

The purpose of this Act was to provide the tools for practitioners and agencies to more effectively tackle anti-social behaviour. It builds on existing legislation to clarify, streamline and reinforce the powers that are available to practitioners.

Powers in the Act include:

- widening the use of Fixed Penalty Notices - e.g. noise nuisance, truancy, graffiti - and applying them to 16-17 year olds
- new action to close down 'crack houses'
- powers to disperse groups in designated areas suffering persistent and serious anti-social behaviour
- Restricting the use of air weapons and replica guns. Banning air cartridge weapons that are easily converted to firearms
- New mechanisms for enforcing parental responsibility for children who behave in an anti-social way in school or in the community
- Powers to social landlords to take action against anti-social tenants including faster evictions and removing their right to buy their home
- □ Courts to consider the impact of anti-social behaviour on the wider community in all housing possession cases
- □ Improving the operation of Anti-Social Behaviour Orders (ASBOs)

See also the Crime and Disorder Act 1998

Carers (Recognition And Services) Act 1995

This Act relates to those who are caring for another person because they need personal care e.g. children with disabilities, vulnerable adults, older people who are unable to care safely for themselves. The Act provides for the assessment of the ability of carers to provide care. It gives carers a right to an assessment by their circumstances, although it does not give a right to services.

While the rights given to carers are limited, the Act encourages a shift in practice towards recognising and supporting carers. Young Carers are also covered by the Act (though Part III of the Children Act 1989, 'children in need')

may also apply to them).

Carers right to an Assessment

- Where the person cared for is receiving an assessment (or re-assessment) under Section 47(1) of the NHS & Community Care Act 1990. Section 1(1a)

AND

- Where the carer provides or intends to provide a substantial amount of care on a regular basis for the person. Section 1 (1b).

Local Authority duties

Where a carer meets the above requirements and requests an assessment the Local Authority has the following duties:

- To carry out an assessment of the carer's ability to provide and to continue to provide care, before deciding whether the needs of the cared for person call for services to be provided.
- To take into account the results of the carer's assessment in deciding whether services should be provided to the cared for person.
- These duties do not apply where care is provided as part of a contract, or on a voluntary basis for a voluntary organisation. Section 1 (3).

Carers of disabled children

The Local Authority has the same duties as above under the following circumstances:

- Where the Local Authority is assessing the needs of a disabled child, under The Children Act 1989 or the Chronically Disabled and Disabled Persons Act 1970.

AND

- Where the carer provides or intends to provide a substantial amount of care on regular basis for the disabled child. Section 1(2).

Other Local Authority powers and duties to help carers

- Under the NHS Act 1977 (Section 8) the Local Authority has powers to provide or support services to carers.
- When deciding what services to provide to a person under The Disabled Persons Act 1986, Section 8 of that Act requires the Local Authority to consider the ability of a carer to provide care or continue to provide care.

Carers and Disabled Children Act 2000

This Act supplements the Carers (Recognition and Services Act) 1995 by enabling local authorities to provide carers' services in response to an assessment of need and also enables carers to receive direct payments in lieu of services.

- Eligible carers are those who provide a substantial amount of care on a regular basis. It includes "young carers" aged 16 or 17 who are caring for a person aged 18 or over.
- There is no requirement that the person for whom they care has agreed to an assessment under the NHS and Community Care Act 1990.
- Carers' services are not specified in the legislation but are simply described in s2 (2) as "any services which the Local Authority sees fit to provide and which will in the Local Authority's view help the carer care for the person cared for". They may be means tested and may be delivered as direct payments.
- Persons with parental responsibility for a disabled child who would be a "child in need" within the meaning of s17 of the Children Act 1989 are also eligible for assessment. Such an assessment is then "taken into account" when deciding what, if any, services to provide under s.17.
- Children with disabilities aged 16 and 17 become eligible for direct payments in their own right.
- There is a power to provide vouchers for the purchase of respite provision for both adults and disabled children to enable the carer to take a break.

Care Standards Act 2000

The Care Standards Act provides a centralised framework for the registration and inspection of residential and community care services for both adults and children. It also paved the way for the registration of all social work and social care staff as well as creating new organisations to take over many of the functions of the Central Council for the Education and Training of Social Workers (CCETSW) in relation to the regulation of qualifying training. The framework of the Act is given below but further amendment to titles and functions are anticipated. A National Care Standards Commission for England was created to act as the relevant registration authority and explicitly to work alongside the Commission for Health Improvement in bringing health and social care closer together. The National Care Standards Commission operates through eight regional commissions and took over the registration and inspection functions of local authorities. In Wales, the National Assembly for Wales (through the Care Standards Inspectorate- Wales) became the relevant Registration Authority. Part II of the Act details Registration and Inspection functions.

The Commission and the CSSIW work to National Minimum Standards for the registration and inspection of independent sector providers. Section 42 of the Act enabled these powers to be extended to local authorities providing services in the exercise of their social services functions. The Council's Fostering Service is therefore registered and inspected under the provisions of this Act. The National Minimum Standards for Fostering are included as an Appendix at the back of this Handbook.

The Act also covers the registration and inspection of children's homes, residential family centres and independent hospitals. Fostering Agencies, Voluntary Adoption Agencies, Nursing and Domiciliary Care Agencies are also

now subject to inspection, thus covering for the first time the whole spectrum of social care provision according to national, not local criteria.

Part IV of the Act set up the General Social Care Council for England and the Care Council for Wales. The Councils register Social Workers and social care workers (a definition of social care worker is contained in the Act). From 1st April 2005 it is a criminal act to wrongly to use the title "Social Worker" with intent to deceive. The Councils will regulate the social work profession and are given powers to develop Codes of Practice.

Part VII of the Act is concerned with the protection of children and vulnerable adults. Mirroring the Protection of Children Act 1999, lists of persons considered unsuitable to work with vulnerable adults will be maintained and employers will be under a duty to refer individuals to this list. This is the legislation under which we ask you to agree for a check with the Criminal Records Bureau.

Children (Leaving Care) Act 2000

This Act imposed a duty on Local Authorities to prepare 16 and 17 year olds for leaving care and to support them up to the age of 21.

Each "eligible child," i.e. a 16 or 17 year old who has remained in care for a period of at least three months, will have an assessment of their current and future needs leading to the preparation of a Pathway Plan.

A Personal Adviser is appointed to support the child leaving care (in Cardiff this is via the LAC 14+ Team).

On leaving care, the terminology changes to "relevant child". There is a duty on each Local Authority to keep in touch with a relevant child.

There is a duty to safeguard and promote his/her welfare by maintaining him and providing him with suitable accommodation.

Local Authority duties continue to age 21, except that assistance with education and training may continue to age 24.

Children financially maintained by Local Authorities are excluded from access to Benefits such as Income Support, Job-Seekers Allowance and/or Housing Benefit because the Act transferred the income maintenance function to Local Authorities.

Crime and Disorder Act 1998

The Crime and Disorder Act 1998 introduced new measures, civil as well as criminal, to deal with youth offending. The scope of some Orders extends to children under the age of criminal responsibility (set at 10 years by Section 34 of the Act).

Statutory responsibilities are placed on the Local Authority at a corporate level. The Local Authority is required by Section 40 to produce an annual Youth Justice Plan, and Section 30 imposes a duty on Local Authorities with Social Services and Education responsibilities to set up Youth Offending Teams with which the Police, Probation and Health Services are required to co-operate.

Under Section 14 Local Authorities have the power to introduce Child Curfew schemes in respect of children under the age of 16 subject to the approval of the Home Secretary.

Section 1 created a new community-based Order, the **Anti-Social Behaviour Order**, (known as ASBOs) which can be applied for by the police or Local Authority against any individual (child over 10 or adult), or several individuals whose behaviour causes alarm, distress or harassment to others. Breach of such an Order is an arrestable criminal offence.

Anti-Social Behaviour Orders may be made in either criminal or civil proceedings. An Order contains conditions prohibiting the offender from specific anti-social acts or entering defined areas, and is effective for a minimum of two years. For example, an ASBO may prohibit an offender from associating with other named people or from going near a house where they have caused problems.

The civil status of ASBOs means hearsay and professional witness evidence can be heard in ASBO applications. This is an extremely important feature of ASBOs because those subjected to the antisocial behaviour or those reporting the behaviour can be protected.

Acceptable Behaviour Contracts

An Acceptable Behaviour Contract (ABC) is a voluntary written agreement between a person who has been involved in anti-social behaviour and one or more local agencies whose role it is to prevent such behaviour (e.g. police and housing). ABCs are most commonly used for young people but may also be used for adults.

The contract specifies a list of anti-social acts in which the person has been involved and which they agree not to continue.

Legal action in the form of an Anti-Social Behaviour Order (ASBO) or Possession Order (if the young person is in social housing) should be stated on the contract where this is the potential consequence of breach. The threat of legal action provides an incentive to ensure that the contract is adhered to.

Child Safety Orders

A child under the age of 10, whose behaviour would be criminal but for the child's age, may be made subject of a Child Safety Order (CSO) under Section 11 of the Act. Application is to the Family Proceedings Court, and here the welfare principle in Section 1 of the Children Act 1989 applies. The child is placed under the supervision of a Responsible Officer for a minimum

of three months and exceptionally up to 12 months. Breach of a CSO can lead to the imposition of a Care Order, in respect of which the threshold criteria in Section 31 of the Children Act do not need to be satisfied. In effect, this is a revival of the "criminal" Care Order in respect of under 10s.

Parenting Orders (Section 8) may be imposed where, in any Court Proceedings, a Child Safety Order is made, an Anti-Social Behaviour Order or Sex Offender Order is made in respect of a child, a child or young person is convicted of an offence, or there is a conviction under the Education Act 1996 in respect of the child's nonattendance at school. The Order may include compulsory attendance of the parent at counselling or guidance sessions for a period not exceeding three months. Failure to comply with a Parenting Order is a criminal offence. The system of cautioning by the police of young offenders is replaced by a system of Reprimands (first offence) and Final Warnings. A Final Warning will lead to referral to the Youth Offending Team, normally for participation in a Rehabilitation Programme.

Equality Act 2010

The Equality Act 2010 came into force from October 2010 and it provides a framework to legally protect people from disadvantage and discrimination in the workplace and in wider society.

It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.

Before the Act came into force there were several pieces of legislation to cover discrimination, including:-

- Sex Discrimination Act 1975
- Race Relations Act 1976
- Disability Discrimination Act 1995

There are nine protected characteristics mentioned throughout the Equality Act:-

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex i.e. a man or a woman
- Sexual orientation

Family Law Act 1996

This Act introduced changes to Divorce Law

Part IV of the Act entitled Family Homes and Domestic Violence, offers a consistent set of remedies available in all Courts with family jurisdiction. Earlier legislation on domestic violence was repealed; Occupation Orders replaced Ouster/Exclusion Orders and, in Magistrate's Courts, Non-Molestation Orders replaced personal protection. The Children Act 1989 was amended to permit exclusion of the abuser as an alternative to removal of the child. Orders are available against a wider class of 'associated persons', not only against spouses or cohabitants.

Occupation Orders (Section 33-41) decide who is allowed to occupy the home and can direct another party to leave the home. If the applicant has the right to occupy the property they can get an Occupation Order against anyone with whom they are "associated". If the applicant does not have a right to occupy the property they can only apply for an Order against a spouse/former spouse or cohabitant/former cohabitant. In cases of domestic violence or where a child is at risk of harm, the Court will operate a balance of harm test.

Non-Molestation Orders (Section 42) may prohibit the respondent from molesting another person with whom he is associated or a relevant child.

Ex parte application can be made for initial Occupation Orders or initial Non-Molestation Orders.

Section 47 contains a power of arrest which must be attached to an Order if it appears to the Court that the respondent has used or threatened violence against the applicant or a relevant child, unless the Court is satisfied that such a person will be adequately protected without such power of arrest.

An exclusion requirement may be included in an Interim Care Order or an Emergency Protection Order under the Children Act 1989. The consent of the adult remaining in the home is required. An undertaking may be accepted by the Court if it considers that the case is an appropriate one for undertakings to be used. Associated persons include those who are or who have been married to each other, cohabitants and former cohabitants, fiancés and former fiancés, close relatives and, in relation to a child, the parents or those who have parental responsibility for that child.

Housing Act 1996

Part VII – Homelessness

The Housing Act 1996 is partially amended by the Homelessness Act 2002, but the basic definitions of "homelessness", "priority need", "not homeless intentionally" and "local connection" remain. The 2002 Act imposed a duty on Local Authorities to produce a Homelessness Strategy, but removes the obligation to maintain a Housing Register.

A person is homeless if there is no accommodation available for their occupation in the UK or elsewhere (sec175). The Act also covers people threatened with homelessness within 28 days. A person shall not be treated as having accommodation unless it is accommodation that it would be reasonable for them to continue.

Persons who are homeless and in priority need (sec189) i.e. families with children, pregnant women, victims of fire or flood, or those vulnerable by reason of illness, disability or age, are entitled to housing advice and assistance to temporary accommodation to give them a chance to make permanent arrangements. The Code of Practice on Homelessness advises Housing Authorities to regard young people subject to physical or sexual abuse, and Care Leavers as vulnerable.

Persons who are homeless, in priority need, and not intentionally homeless, are owed the "full housing duty". The limitation of this duty to two years in the 1996 Act is removed by the Homelessness Act 2002, thus imposing a permanent duty upon local authorities to secure accommodation. It is for the Housing Authority to prove intentionality.

If a person has no connection with the Authority to which they apply but does have a connection elsewhere, that other Authority will have responsibility for their housing (Section 198).

The availability of other suitable alternative accommodation within the District (e.g. in the private sector) is no longer a bar to the imposition of the duty upon the Local Authority to secure accommodation for an applicant who is otherwise eligible. Anyone who makes an arrangement to leave accommodation in order to become entitled to assistance under the homelessness legislation, or who fails to secure suitable alternative accommodation, is deemed to be intentionally homeless (sec 191).

Under the 1996 Act, a person who had suffered domestic violence was not to be treated as having property that it would be reasonable for them to occupy and would not be required to return to the area with which they had a local connection. The 2002 Act extends this to persons suffering any violence, or threats of violence. However, a person is ineligible for accommodation if they are guilty of antisocial behaviour such as would entitle the Authority to a Possession Order.

A refusal of a final offer of accommodation brings the Local Authority's duty to an end, but only if the accommodation is suitable for the applicant and it would be reasonable for him to accept it. Section 8 of the 2002 Act gives a right to review of the suitability of accommodation, with an appeal to the County Court.

Intentionally homeless families with children should, with the parents' consent, be referred to the Social Services Authority for assistance.

Human Rights Act 1998

The Human Rights Act, which came into force for the whole of the United Kingdom in October 2000, incorporates into domestic law the provisions of the European Convention on Human Rights.

Basic human rights incorporated from the Convention are:

Article 2	Right to life
Article 3	Prohibition of torture or inhuman or degrading treatment or punishment
Article 4	Prohibition of slavery and forced labour
Article 5	Right to liberty and security of person
Article 6	Right to a fair hearing
Article 7	No punishment without lawful authority
Article 8	Respect for private and family life, home or correspondence
Article 9	Freedom of thought, conscience and religion
Article 10	Freedom of expression
Article 11	Freedom of assembly and association
Article 12	Right to marry and found a family
Article 14	The enjoyment of the rights and freedoms set forth in this Convention shall be Secured without discrimination
First Protocol	Peaceful enjoyment of property Right to education Right to free elections
Sixth Protocol	Abolition of the death penalty

There is a duty on States that have ratified the Convention to Secure to everyone within their jurisdiction the rights and freedoms protected by the Convention. This extends to noncitizens and implies a duty to protect individuals not just from the state interference but from the actions of others. However the prohibition against discrimination is not free-standing; it relates only to the rights Secured by the Convention. People who believe their rights have been infringed can now pursue their claim through the UK Courts rather than have to take their case to the European Court in Strasbourg.

All legislation pre and post 1998 will be interpreted in the light of the Convention. Courts can make a declaration of incompatibility where legislation

from Westminster is in conflict with the Convention, though this is not the same as the power of a Supreme Court in other jurisdictions to "strike down" legislation as unconstitutional. Primary legislation remains in force until changed. However Acts of the Scottish Parliament decisions and of the Welsh Assembly will be disapplied because these bodies do not have jurisdiction to act incompatibly with the Human Rights Act.

Public authorities (not defined in the Act except to include Courts) will be acting unlawfully if they act incompatibly with the Convention, unless primary legislation means that they could not have acted differently. Local Authorities, Health Authorities and independent contractors carrying out public functions on their behalf may be deemed to be public authorities. This means that claims relating to detention under the Mental Health Act, the separation of children from their families and standards in residential care, amongst others, will be considered in the light of the Human Rights Act. However only Articles 2, 3 & 7 are "absolute rights" in the sense that they cannot be restricted in any circumstances and cannot be balanced against the public interest. Articles 4 and 5 are limited rights in the sense that exceptions to these rights are exhaustively listed in the Articles themselves; for example the power to detain prisoners or persons of unsound mind. The meaning of these Articles and their limitations will of course be controversial. Articles 8 & 9 are qualified insofar as they can be subject to restrictions in the public interest provided such restrictions are clear and meet the test of proportionality. An example of such proportionality would be overriding parents' lack of consent to Adoption when it was clearly in the best interests of the child.

Immigration and Asylum Act 1999

The Act transferred responsibility for accommodating destitute Asylum Seekers and providing support to meet essential living needs, to the National Asylum Support Service (NASS) of the Home Office Immigration and Nationality Department, and away from Local Authorities.

There is no special provision for families with children within NASS. However, unaccompanied minors remain the responsibility of Local Authority (Social Services) until they are 18 (21 if looked after by the Local Authority).

NASS now allocate Asylum Seekers to "cluster areas" outside London and the South East based on the availability of accommodation and on language. Individual preferences are not taken into account unless there is "good reason".

NASS assumed responsibility for the majority of new Asylum Seekers after April 2000.

Local Authorities no longer have power to provide accommodation and support for destitute Asylum Seekers under the National Assistance Act 1948 s.21 unless the need for assistance arises for a reason other than destitution, e.g. disability. However, the Home Office may request or direct Local Authorities or Regional Consortia to contract with them for the provision of services.

A combination of cash and vouchers will be available for "essential living needs" only.

Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012

This Act came in to force on 1 April 2013.

The Act introduced significant changes that affect the youth justice system, particularly around:

- youth sentences
- remands of children (otherwise than on bail)
- out-of-court disposals
- knife crime
- rehabilitation of offenders.

Referral orders

Courts will have more discretion to conditionally discharge a young person who pleads guilty to their first offence instead of giving a referral order.

The Act allows for repeated use of referral orders (i.e. it removes the current restriction).

Breach of a Detention and Training Order (DTO)

- Breach proceedings can now be brought to court even after a DTO has finished (a summons or a warrant must be issued while the DTO is still in force).
- The court retains the power to impose a period of detention in response to a breach of a DTO, and gains a new power to impose a period of supervision instead of custody for the breach. The maximum period of supervision or detention will be three months or the period beginning with the date of the failure to comply with the requirement and the last day of the term of the DTO, whichever is the shorter.
- Where the court imposes a period of custody or supervision for breach, it takes immediate effect and can run concurrently with a period of supervision under the DTO. Also, if a young person continues to breach the DTO, the court can impose a further period of supervision (or custody or a fine) and this continues to be the case until the young person completes the order.

Youth Rehabilitation Order (YRO)

- YRO Curfew Requirements: The number of hours a curfew can be imposed is increased from 12 to 16 hours per day, and the length from 6 to 12 months.
- YRO Mental Health Treatment Requirement: There is no longer a requirement for evidence from a medical practitioner, approved for the purposes of section 12 of the Mental Health Act 1983.

- YRO duration: The YRO can end once all the requirements of the order have been completed. This resolves the issue where the requirements of an order are completed, but the order itself has not reached its end date (which previously meant returning to court and seeking a revocation of the YRO).
- The end date of a YRO can be extended by up to six months, where the requirements of the order have not been completed. This can only be done once.
- YRO Fine: The maximum fine for breach is increased to £2,500. There is no change to the requirement for courts to take into consideration the means of the offender when setting an appropriate fine.

Remands of children otherwise than on Bail

The Act aims to reduce the use of secure remand for children and young people.

- The current, complex remand arrangements will be simplified into a 'single remand framework'.
- The costs of keeping a young person in custody on remand will be transferred to local authorities, in order to provide an incentive to use remand more sparingly.
- The status of 'looked after child' will apply to all young people on remand.
- A charged/convicted young person must meet one of two conditions - or 'tests' - before they are remanded into custody:
 - seriousness of the offence - the offence must be either a violent or sexual offence, or one that, if committed by an adult, is punishable with a sentence of imprisonment of fourteen years or more.
 - 'realistic prospect' of receiving a custodial sentence - the young person must have a history of committing offences or absconding while on remand.
- 17 year olds can now be remanded in a secure children's homes or secure training centres, not just young offender institutions. (The Act has defined a child as a person under the age of 18).
- If the young person is remanded to local authority accommodation, the local authority (designated by the court) must receive the young person and provide/arrange suitable accommodation for them (as per the duties of a local authority to place a child that is remanded as set out in section 22C of the Children Act 1989).
- A court can impose conditions on a child remanded to local authority accommodation similar to conditions that can be imposed on a child remanded on bail. The court can also 'impose requirements' on the local authority to make sure these conditions are adhered to, e.g. by using electronic monitoring.

Nationality, Immigration and Asylum Act 2002

This Act prescribes the circumstances in which nationality and citizenship can be acquired and sets out immigration procedures. It supplements the Immigration and Asylum Act 1999 insofar as the Secretary of State is authorised to provide "Accommodation Centres" which will house Asylum Seekers and their dependants, provided they are "destitute". Section 19 of the Act defines destitution as "an inability to obtain both adequate accommodation, food and other essential items."

A person subject to UK entrance control may be required to reside at an Accommodation Centre. The normal maximum stay will be six months. Accommodation Centres may also include facilities for sittings of adjudicators under the Act.

The Secretary of State may not provide support for asylum claimants "if not satisfied that the claim was made as soon as reasonably practicable after the persons arrival in the UK."

Section 22 of the Act prevents Local Authorities from providing assistance under Section 17 of the Children Act 1989 to families with dependent children offered support by the Secretary of State under this Act or under the Immigration and Asylum Act 1999.

UN Convention on the Rights of the Child

This convention identifies the rights to which every child is entitled, regardless of where they were born or to whom, regardless of sex, religion, or social origin. It was adopted into international law in 1989. The body of the rights listed in the Convention are the rights of all children everywhere.

There are 54 articles and listed below are some of the most relevant to Children's Services:

Article 3:	Adults should, in all their dealings with you, do what is best for you.
Article 6:	Everyone should recognise your right to live
Article 9:	You should not be separated from parents unless it is for your own good.
Article 10:	You should have the right to live in the same place and country as your parents.
Article 12:	You have the right to give your opinion and be taken seriously on decisions that affect you.
Article 13:	You have the right to information and to say what you think unless it breaks the rights of others.
Article 15:	You have the right to meet and make friends with other people unless it breaks the rights of others.
Article 16:	You have the right to a private life.
Article 18:	Both your parents should be involved in bringing you up and do what is best for you.
Article 19:	No one should hurt you, not even your parents. You should be protected from abuse, violence and neglect.

Article 20:	If you do not live with or have parents, you have the right to special protection and help.
Article 21:	If you are adopted everything arranged for you should be in your best interests.
Article 22:	If you are a refugee you have the right to special protection and help.
Article 23:	If you are mentally or physically disabled you have the right to special care and education.
Article 27:	You have the right to a good enough "standard of living" - food, clothes, a place to live etc.
Article 28:	You have the right to an education. Primary education must be free.
Article 29:	Education should develop your personality, talents, mental and physical abilities and prepare you to live responsibly and peacefully.
Article 30:	If you are from a minority group you have the right to enjoy your own culture, religion and language.
Article 31:	You have the right to play.
Article 33:	You have the right to be protected from illegal drugs.
Article 34:	You have the right to be protected from sexual abuse.
Article 37:	Even when in the wrong no one should punish you in a way that humiliates or hurts you badly.
Article 39:	If you are hurt or neglected you have the right to care and treatment
Article 40:	You have the right to defend yourself if accused of a crime.
Article 42:	You have the right to learn about your rights.

For further details www.unicef.org

The Fostering Services (Wales) Regulations 2003

These cover all aspects of Fostering Services: including the approval and supervision of Foster Carers.

You can obtain a copy from your Fostering Social Worker or you can access a copy via the internet:

<http://www.legislation.gov.uk/wsi/2003/237/contents/made>

section twelve

Finance

Introduction

This Section replaces the "Financial Handbook" which some Carers who have been fostering for many years will have had previously.

The Council pays all Foster Carers a Maintenance Allowance to cover the 'day to day' expenses incurred in caring for the child or young person.

Payments vary according to the age of the child and our allowances are reviewed annually; information about our current rates for Fostering allowances can be found on our website:-

http://www.cardiff.gov.uk/content.asp?nav=2867,2904,4626,6526,4904,6550&parent_directory_id=2865

If you would like a hard copy of information about our current allowances please contact your Fostering Social Worker as they will be happy to send this to you.

Foster Carers are placed in a Band according to their skills, knowledge and experience.

Band 1 Foster Carers include those approved to offer placements to specific children and friends and relative Foster Carers. Band 2 and 3 Carers are paid an additional allowance or 'enhancement' to reflect their higher level of skills, training and experience.

Payment will be made by the Children's Services Fostering Finance Officer / Business Support Services, following notification by the child's allocated worker that the placement has begun. These payments will continue until the child leaves your care, except in certain exceptional circumstances (see "Absences from the Foster Home).



In order that you receive prompt and accurate payment, it is very important that you immediately notify the Fostering Finance Officer (Tel. 029 20873797) when:

- You have a child placed with you
- A child is discharged from your care
- A child placed with you has respite care with another Foster Carer

Scale of Allowances

The Maintenance Allowances we pay are the same whether the child is placed with Foster Carers on a long-term or short-term basis. Maintenance Allowances are made at the rate applicable to the child's age.

Payments are made for each day, or part of a day, that the child is resident with you, based on the weekly rate applicable to the child's age.

Frequency of Payment

Payments are usually made on a weekly basis in arrears however, during holiday periods we will sometimes make payments that cover more than one week.

Method of Payment

Our initial payment to you will often be by cheque but from then on we will normally pay you directly in to your bank or building society account on a Thursday. In exceptional circumstances, Foster Carers may receive a cheque payment through the post on a Wednesday. However, please note that cheques take a minimum of 3 working days to clear in a Bank and up to 10 working days in a Building Society.

You will receive a coding slip from the Council advising you that the payment has been made. There will be a 4 digit code: the end two refer to the financial year.

BD	Birthday allowance
MTCE	Maintenance allowance
EX	Exceptional Needs allowance
HY	Holiday allowance
EQU	Equipment
XM	Christmas or religious festival allowance
MILE	Mileage
INIT	Initial Clothing allowance

We suggest that you keep a copy of all claims that you make so that you can check that we have paid these correctly.

Where you claim mileage, you need to keep a note of the mileometer reading for the beginning and end of the journey: you may find it helpful to keep a book in the car to note these and then transfer the details to your claim form. We cannot pay mileage without the mileometer readings and VAT petrol receipts.

Please keep the coding slips as these could be required either by the Council's Auditors or your Inland Revenue Inspector.

Exceptional Needs payments

In exceptional circumstances, the Fostering Team Managers will make a decision to make an enhanced payment or 'exceptional needs' payment to a carer.

Please note, this is not an exhaustive list but some examples of the types of circumstances where it would be appropriate to consider making 'enhanced payments' are:-

- The carer / professionals involved believe that a child in placement has such a high level of need that they should be the sole child in placement (and the carer therefore needs to have one or more of their placements placed 'on hold' for a period of time);
- The child in placement demonstrates behaviour that would present a high level of risk to any other child placed (and the carer therefore needs to have one or more of their placements placed 'on hold');
- the child in placement has such a high level of need / challenging behaviour it is felt that the carer should have a temporary increase in the level of their Banding to more appropriately reflect the level of care / support they are offering to the child (such as a temporary rise in payments from Band 1 / 2 to Band 2 / 3).

When a carer's current placement / circumstances suggest that additional financial support or enhanced payments are required (or when a decision to grant enhanced payments requires a review) the Fostering Social Worker will need to complete a report to review the situation prior to a decision being made. All enhanced payments need to be reviewed at a minimum of every 12 months.

What does the Basic Maintenance Allowance Cover?

- **Provision of Transport** - all travel costs, including travel to and from school and bus passes, all social activities and medical appointments. Claims can be made for mileage in exceptional circumstances and when a carer has travelled in excess of 20 miles in a day. These claims must be agreed in advance by the appropriate Team Manager and should be discussed at Placement Agreement meetings.

In some circumstances school transport / taxis will be provided for children e.g. for children with disabilities or a statement of educational need.

Copies of letters about school transport for children with disabilities (containing information about collection times, etc.) will be sent to Foster Carers – these are usually issued towards the end of the summer holidays.

Foster Carer's are able to call to cancel taxis e.g. if a child has absconded or if they ill. It is recommended that carers ask the taxi driver for their phone number, so that the carer can then call and speak to the drivers directly when needed. However, if carers experience issues when trying to cancel a taxi they can phone the Passenger Transport Team on **029 20872808**; the team's phone lines 'open' at 7.30am.

- **Food** - provision of all food, including school meals*, family meals and meals at social activities.

*unless the eligibility criteria for claiming free school meals is met. Carers can make an application for free school meals if :-

- They are in receipt of income support;
- They are in receipt of income related employment support;
- They are in receipt of a guarantee element of state pension credit;
- They are in receipt of child tax credit with an income of less than £16,190.

Applying is easy; just pick up a benefit form from your local school, Community Hub or Local Housing Office.

If you would like to find out more information about how you, or someone else you know can claim free school meals you can send an e-mail to: **freeschoolmeals@cardiff.gov.uk** or phone: **029 2087 2873**.

- **Clothing** - provision of all routine clothing. For exceptional needs see Clothing section.
- **Personal Needs** - provision of all personal needs, including pocket money, haircuts and toiletries.
- **Education** - provision of all routine education costs e.g. cookery, needlework, woodwork and books.
- **Household** - provision of all routine domestic facilities, including heating, lighting, cooking, cleaning, washing, bathing and provision of telephone and calls.

Money and Children/Young People in Placement

Absences from the Foster Home

The payment of basic Fostering Allowances may only continue in respect of a child when he/she is not resident with you for the following reasons:

- Hospitalisation of the child - If the child is in hospital, the basic Fostering Allowance will continue to be paid in full for six weeks. Thereafter, the Allowance will reduce to half rate provided the Foster

Carer remains involved with the child as agreed with the child's allocated worker.

- Reported missing: payment can continue up to 72 hours of continuous absence.
- Allowances will only be affected when the absence is for two nights or more. There will be no maintenance payment when the child is living elsewhere e.g. for a holiday or periods of respite care.

Child Benefit

Foster Carers are not eligible to claim Child Benefit for any child placed with them. Birth parents are not eligible to claim for any child who has been in Local Authority care for eight weeks or more unless they retain some responsibility for caring e.g. the child going home for weekends.

Children with disabilities

A child with a disability may require special equipment, aids and adaptations. Children with very challenging behaviour may require alarms, movement detectors and special locks, etc within the house. You should discuss this with your Fostering Social Worker.

Disability Living Allowance

The child you are looking after may be entitled to receive DLA. You must discuss this with the child/young person's allocated worker in order to establish any allowances that they, and you as their Carer, may be entitled to. Details are available on www.direct.gov.uk

Christmas, Religious Festival and Birthday Allowances

Christmas, Religious Festival and Birthday Allowances are paid automatically at the appropriate times for children placed on a long-term basis and on the request of the child's allocated worker for short-term placements, where the child is in placement at the appropriate time.

Clothing Allowances

The Clothing Allowance isn't paid separately and is instead included in the basic Fostering Maintenance allowance, applicable to the age of the child.

Clothes are very much part of a child's individuality and are important to him/her. Therefore, when the child comes into your care, the clothes he/she brings with him/her must not be discarded merely because they may be unsuitable. However, when it is necessary for the child to have new clothes, these are theirs and should go with the child when he/she leaves your home.

Children/Young People and their parents should be involved wherever possible in decisions about the purchasing of clothes.

- **Initial Clothing Grant**

An Initial Clothing Grant may be paid for any child who needs clothes when he/she commences being accommodated for the first time.

An initial clothing grant is not automatic and it is necessary for the

allocated worker to make an application.

- **School Uniform Grants**

Grants are available to meet the cost of school uniforms on:

- starting school
- starting secondary school
- changing secondary school

School uniform grants must be applied for by the child's allocated worker and receipts produced as proof of purchase.

Dinner Money/Packed Lunch

The cost is included in the weekly Allowance.

Equipment

Children's Services does not expect Foster Carers to provide all the equipment necessary for the child in their care. We can supply you with essential items and you should discuss your needs with your Fostering Social Worker. Items provided remain the property of the Council and should be returned when no longer required.

The equipment provided is usually held in stock or purchased from special suppliers. It is only in exceptional circumstances that Foster Carers may be authorised to purchase the items themselves. In such cases, receipts must be obtained and passed to the child's allocated worker to request reimbursement.

Exceptional Needs

It is recognised that occasionally the needs of the child involve expenditure that Children's Services does not expect to be met from the fixed allowances. In such cases the Team Manager for the child has the authority to make an Exceptional Needs Grant. It is not possible to list fully what items of expenditure qualify, but is always a question of looking at the child's particular needs. The child's allocated worker will apply for the grant.

Though the basic allowance includes an element for transport costs, Children's Services will sometimes consider meeting the cost of those travelling expenses which, are above normal and are proving expensive, e.g. the cost of a child visiting his/her family where they live some distance away from you. An Exceptional Needs Grant may also be made when National Health Service provision is not adequate or suitable. The two most common instances are in regard to the provision of spectacles and some dental treatment. It may be that for cosmetic reasons certain spectacles might not be suitable and when this is so, Children's Services is prepared to consider making an Exceptional Needs Grant. Also, some dental treatment is not provided under the NHS and costs then can be met at the discretion of the Team Manager for the child. The above are given as examples only and you should always discuss the child's particular needs with their allocated worker.

There is no automatic entitlement to an Exceptional Needs Payment and

expenditure should not be committed without the authority of the District Team Manager.

Examples of what Grants have been given for:-

- A college registration fee
- Exceptional transport claims
- An Educational Trip with the school abroad
- Fees related to education
- Exceptional long distance phone Calls

Former Foster Children

On occasion, Foster Carers will continue to play a role in the lives of children who have lived with them. This would be discussed as part of their Care Plan/Leaving Care Plan. It may be possible to reimburse any expenses which may be incurred: you should check this with the allocated worker at the time the Plan is discussed. Payment would be made by the Case Management Services.

Fostering Network Membership

As a Foster Carer for Cardiff County Council you will automatically become a member of the Fostering Network via the Council's membership. If you have not received your membership of the Fostering Network please contact your Fostering Social Worker.

Further education

See Leaving Care

Holiday Allowances

Annual Holiday Allowances are automatically paid for children placed on a long-term basis and on the request of the allocated worker for children placed short-term.

Payment is normally made at the beginning of July each year to coincide with the School Summer Holidays. However, it is recognised that some Foster Carers may choose to take their holidays outside this period and in such cases, an application should be made to the child's allocated worker for payment to be made at the appropriate time.

Holiday Allowances are paid to cover a full year and if appropriate as part of the Care Plan can be broken down into pro-rata payments.

Insurance

- **Loss or Damage to the Foster Carers Property or Car**

When you are approved as a Foster Carer you should advise your house building and contents and car insurance company/ies in writing that you have been approved as a Foster Carer and will be fostering a child in your home.

You can claim any excess or loading on insurance premiums which is relates to your role as a Foster Carer (but you would need to be able to provide proof that your insurance premium has increased as a result of you advising that you are a Foster Carer).

Where loss occurs which is not covered by your policy, you should tell your Fostering Social Worker and the child's allocated worker however, there may not be any liability on the part of the County Council to effect reimbursement. Each claim submitted will be considered by the Managers on the basis of the information provided and the individual circumstances.

Foster Carers will be expected to have taken reasonable precautions to avoid accidents and damage of property where risks can be foreseen.

Many insurance companies will not cover some loss or damage which is caused deliberately by a foster child. However, before a claim is submitted to Children's Services, you should always check with your Insurance Company.

The City of Cardiff Council will consider loss or damage sustained by a Foster Carer that is not covered by their own household insurance on an indemnity basis. This will be the actual value of the item at the time of loss or damage, taking into account its previous use and wear and tear. However, to be eligible to make an insurance claim, Foster Carers must be able to provide proof that they have advised their insurance company that they are a Foster Carer and that they have tried to make a claim which has been declined.

Usually, three quotes will be required in regard to work to repair damage or to purchase replacement items. Carers should not proceed to pay for repairs or purchase replacement items prior to being advised that the Fostering Team Managers are in agreement as they will not automatically be re-imbursed. The Local Authority will not re-imburse Carers if family members undertake the repair work. Payment must be agreed in advance: there is no automatic entitlement.

If you want to make an insurance claim please contact your Fostering Social Worker and the child's allocated Social Worker as soon as possible after the incident you want to claim for has occurred.

- **Loss or Damage Caused To Third Parties As A Result of Fostering**
Do not make any acknowledgement or arrangements for payments with the claimant yourself. Such a loss or damage is covered by the County Council's Liability Insurance Policy and any claims arising should be directed to the child's allocated worker. Receipts should then be forwarded to the allocated worker to forward to the Insurance Section immediately, without acknowledgement to the claimant.

All correspondence received from third parties is passed immediately to the child's allocated worker who will send it to the Council's Insurance Section.

- **☐Fostering Network - Guidance on Insurance**

Membership of the Fostering Network (for which Cardiff pays) gives individual members legal insurance as part of their membership fee. There is also a legal 24 hour helpline for immediate advice from regional offices.

You should receive a copy of the Fostering Network leaflet on insurance when you are approved: you should read this and keep for reference.

If you do not have a copy, ask your Fostering Social Worker or contact The Fostering Network at 87 Blackfriars Road, London, SE1 8HA
Tel: 0171 620 6400 F. 0207 620 6401

Leaving Care

See Section 6 for further information

The Leaving Care Act (2000) gives the Council responsibility for ensuring that young people who are looked after are adequately prepared for leaving care and moving to independence. When the Looked After Children (LAC) Review identifies that a young person is unlikely to return to live with their family, the 14+ team will be advised and will work with them from the age of 15½ to develop a Pathway Plan: this sets out the way in which they and the Council will work with them to prepare them for living independently. Financial arrangements are included within this. For example, the Council makes an allowance to eligible young people who have left care to cover their living costs.

The allowance may also include:

- Travel costs for education and employment
- ☐Educational materials/special equipment
- Other educational costs
- Costs associated with special needs, for example, disability or pregnancy
- Clothing
- Contact with family or other significant relationships
- Cultural/religious needs
- Counselling or therapeutic needs

Once the young person reaches 18, they are eligible to apply for benefits such as income support and housing benefit and their worker from the 14+ team will help them with this.

The Council may also make payments to the young person if appropriate e.g.

- Additional finance dependent upon need
- Assistance in kind, or in exceptional circumstance, cash
- Expenses associated with employment, education and training

- Vacation accommodation or means to secure it, for care leavers between 16 and 21 who are in Higher Education or on a residential FE course, and who qualify for advice and assistance.

National Insurance for Looked After Children

The young person will not automatically receive their National Insurance (NI) Card immediately following their 15th birthday as does a child who is living at home. The reason for this is that child benefit is normally not claimable for a child being looked after, and the Inland Revenue computer uses child benefit recipient lists as a reminder to issue the NI Card. Ask the young person's allocated worker to arrange this after the young person reaches 15 years and 9 months: (they have a form CA3530 to send to the Inland Revenue) the process takes around 4 weeks because of the checking that the Inland Revenue undertake.

Overpayments

There may be occasions when Foster Carers are overpaid. Where this happens the Fostering Finance Officer will make the appropriate deductions during the following weeks. Usually a lump sum will be deducted equivalent to the amount of overpayment. However, where there has been a substantial amount of overpayment, Carers can negotiate with the Fostering Team Managers to make the repayment over an agreed number of weeks.

All Carers are required to inform the Fostering Finance Officer at the St Mellons Centre (Tel: 029 20873797) immediately as soon as any overpayment is made. Overpayments are most likely to occur when there is a delay in informing the Section that a child is either absent from, or no longer in placement.

It is the responsibility of the Foster Carer to notify the Fostering Finance Officer when new placement or when placements end in order to chase paperwork to avoid large overpayments.

Pocket Money

Having money of their own to spend (or save) gives children and young people some independence and helps them to budget. The weekly allowance includes an amount for pocket money. If you feel that giving the child his/her total recommended amount of weekly money is inappropriate for the child or will cause problems in your family you should discuss this with the child's allocated worker. It may be more appropriate to pay the balance into a savings account. With an older child it is better to reach a mutual agreement on the distribution of pocket money!

All decisions about pocket money must be made with the child's allocated worker and preferably at the Placement Plan Meeting.

Pocket money cannot be stopped. As a sanction it may be withheld for a short period following discussion with the allocated worker to pay for any damage caused. See Section 5, Managing Behaviour.

Pre-placement Expenses

Pre-placement expenses incurred by prospective Foster Carers e.g. travelling expenses in connection with introductory visits, may be reimbursed provided there is a clear intention on the Council's part to place a particular child or children with those prospective Carers.

School Trips

Payment for school outings such as trips to the theatre or museum should normally come out of the Allowance but the Council may consider paying for an educational holiday if it is felt to be particularly important. Please ask the child's allocated worker in good time giving all the details as to dates, place, cost and educational purpose of the holiday.

School Uniform

Please see Clothing

Sitters

Foster Carers should meet Sitter costs to go out socially because they are included in the Allowances they receive. However, there may be circumstances where periods of respite for Carers are necessary. In these cases, the contingencies for such events should be decided in either the Placement Agreement Meeting, or at a subsequent Review.

If Sitters are required on other occasions to allow Carers to attend Support Groups, Training and other relevant meetings, then payments may be available subject to prior negotiation with your Fostering Social Worker. Payment must be agreed in advance: there is no automatic entitlement.

Social activities

These are included in the basic Allowance. However, there are some exceptional circumstances in which the costs are higher than usual e.g. participation in sports teams with travel to events. Discuss this with your Fostering Social Worker.

Spectacles

Any looked after child who needs glasses or contact lenses should have them provided. Eye tests are free for children and young people under 16 and students under 19. They are entitled to the maximum value of NHS spectacles voucher towards the cost, as are all children and young people. Please discuss any additional cost with the child's allocated worker: reasonable additional costs may be claimed. This is the same for repairs and replacements.

Training

All Foster Carers are encouraged to attend training and some courses are compulsory. Travel costs and child-minding expenses can be claimed. For details of rates and copies of claim forms, contact the Child-Care Training Officers or their Admin. Assistants at the:

Training Centre
200 Fairwater Road
Cardiff
CF5 3JQ
Tel: **029 20788435**

Transport

The cost of transporting children in every day activities which could be considered as "normal" parenting activities are incorporated in the Allowances.

Transporting to school is the general responsibility of every Foster Carer. If the school is outside Cardiff, this should be discussed at the Placement Agreement Meeting: the additional transport costs may be payable.

Where appropriate, give consideration to purchasing a bus pass which is more economic in covering the number of journeys a young person may make.

Travel by Foster Carers

Where Carers make a claim for an additional transport payment, they should take into account:

- If two or more Carers need to travel on the same journey, then they must share vehicles. e.g. Training, Support Groups
- Every effort must be made to organise the order and frequency of visits, to reduce the amount of time spent on journeys, and therefore ensure the most effective and efficient use of resources.

Taxis: in exceptional circumstances, use of the Foster Carer's car or public transport is not appropriate. If this is the case, you should discuss with your Fostering Social Worker whether Children's Services can authorise a taxi fare.

Training: the Training Centre will reimburse any costs you incur in attending their courses.

Money and the Foster Carer

Child Benefit

Foster Carers are not eligible for child benefit in respect of a child placed with them.

Home Responsibility Allowance

Home Responsibilities Protection (HRP) is designed to ensure that those who could not work regularly because they stay at home to look after someone should not lose their basic pension rights.

Foster Carers may thus be eligible: if you have been registered for the full tax year, are not receiving child benefit and are not in paid work (other than fostering). Information can be found at www.thepensionservice.gov.uk

Income Tax

New tax relief rules were introduced from 6th April 2003. Many Foster Carers will now pay no tax on their income from fostering, as from 2003-2004 tax year. Legislation is set out in the Finance Act 2003.

The tax relief consists of two elements:

- Foster Carers are exempt from tax on the first £10,000 per year of their fostering income. This means that for taxation purposes, you are treated as having no profit or loss from fostering during the income tax year. It does not affect any other income you may have which is taxed in the usual way.
- In addition, there is further tax relief for every week (or part week) that a child is fostered with you. For every week that a child aged eleven or older is in placement, the Foster Carer's tax relief increases by £250. For every week that a child aged ten or younger is in placement, the Carer's tax relief increases by £200.

For example: if a Carer has one eleven year old fostered child for the whole year they would not have to pay any tax on their income from fostering unless the total went over £23,000. If during that same year the Foster Carer also fostered one child aged eight years, for ten weeks, their tax limit would rise to £25,000. If a Carer's income from fostering exceeds these limits they must tell the Inland Revenue. The Council informs the Inland Revenue of payments paid to Foster Carers at the end of each tax year.

There are two ways for a Foster Carer to calculate how much of their income is liable for tax:

- The simplest way is to declare as 'profit' the whole amount by which their total income from fostering exceeds the tax relief limits described above.
- The alternative way is to have their 'profit' calculated under the normal rules for self employed people. This method requires the Foster Carer to keep detailed records and receipts in order that they can submit their accounts to the Inland Revenue at the end of the tax year.

These tax thresholds do not apply to Foster Carers who look after children over the age of 18 (21 for disabled children). However, the Inland Revenue and the Department for Education and Skills have decided that where Foster Carers continue to provide the same amount of care that was provided while the young person was in foster care and the payments are equivalent to Fostering Allowances, the Inland Revenue will apply the arrangements available to Adult Placement Carers which are broadly equivalent.

The threshold for the Adult Placement Scheme is £400 a week for the first resident in care at any one time and £250 a week for the second and third resident in care at any one time.

For further information read the Inland Revenue's Factsheet IR236: (www.inlandrevenue.gov.uk/helpsheets/ir236.pdf) on the tax arrangements.

There is also a section on the Fostering Network website www.thefostering.net

It is very important to keep all receipts relating to all your fostering activities, as well as payment advice slips from the Council. We suggest that you keep them for 7 years: this is the timeframe used by the Inland Revenue.

For advice on all tax issues you can contact the charity TaxAid. The TaxAid Helpline is open Monday to Friday 10am – 12 noon on Tel: **0345 120 3779** or you can find information and advice on their website: www.taxaid.org.uk

National Insurance

Foster Carers are not directly employed by the Council and should class themselves as self employed in terms of National Insurance. IR236 also includes helpful information about registering for national insurance. If Foster Caring is your only source of self employed income and you have no taxable profits you may not need to register (although your entitlement to some benefits may be affected).

At the end of each financial year, the Council's Financial Section will notify both Foster Carers and the Inland Revenue of the amount of money received by Carers that fall within the various Bands.

Payments for Band 2 and 3 Carers

An additional allowance (or 'enhancement') is paid to Foster Carers assessed as meeting the criteria of Bands 2 and 3. To progress to these Bands, Foster Carers must have undertaken the necessary training and development (as detailed in the Banding Procedures) and will need to demonstrate a level of skill assessed by the Fostering Social Worker as enabling the Foster Carer to care for children who are more challenging. The Fostering Social Worker will discuss your Banding level with you at your Annual Review and if it is appropriate to change this recommendation will be made to a Fostering Team Manager. If you are unhappy with the Team Manager's decision you can appeal to the Service Manager. For more information, please speak with your Fostering Social Worker.

The higher payments are to cover the additional costs incurred in caring for children whose needs are more complex and challenging:

- Wear and tear on household furnishings, bedroom and car
- Travel allowances - incurred by absconding children – Foster Carers and children attending meetings and activities - contact home
- Additional insurance - house and car
- Telephone rental and calls
- Sitters

- Entertainment for children
- Heavy wear and tear on clothes
- Extra dietary needs
- Extra medical needs
- Extra laundry
- Support to reduce stress within the family
- Additional heating and lighting

Absences

When the child is not in placement, maintenance payments will normally cease.

Carer's ill health

Continuation of payment will depend on individual circumstances.

Exceptional Needs

Where the child or young person's needs are exceptional, e.g. very challenging behaviour, the additional costs will not necessarily meet all additional expenditure. If this is the case, you should discuss this with your Fostering Social Worker. It may be possible for additional support to be put in place or for higher costs to be met.

Examples are:

- Provision of respite and / or additional Day Care provision when excluded from school
- Equipment, aids and adaptations
- Alarms, movement detectors, special locks etc within the house
- Volunteer/Support Work Service

Holidays-respite

For most children, their best interests are served by going on holiday with their Foster Carers and so we encourage Foster Carers to take the children placed with them on family holidays and outings (although we would generally expect a child to have been in the placement for some time prior to them going away on holiday so that there has been time for them to establish a secure relationship with their carer).

There will be some circumstances in which it is appropriate for the child to spend time away from their placement with you and this should be discussed when the placement is being considered. It can then be built into the Placement Plan in a way which meets the child's needs.

Retainers

Retainers are paid to ensure the availability of a placement with Band 2 and 3 Foster Carers. They are paid when the Foster Carer has a vacancy in line with their Approval Status and when the Fostering Social Worker has confirmed that a placement is available.

Respite payments are for a maximum period of 6 weeks, unless there are

exceptional circumstances. The decision to extend the payments is that of the Fostering Team Managers who will consult with the Fostering Social Worker.

section thirteen

Children who Foster

Although it is the adults in a family who are registered as Foster Carers, any children in the family will also be involved in the fostering task; albeit in a different way.

It is important to make sure that you continue to have time for your own children so that they don't feel excluded by your focus on the child you are looking after. It will also enable them to talk with you about their own feelings of the fostering experience.

Your Fostering Social Worker will also talk with your children to obtain their perspective and this feeds into your Annual Review. Depending on their age, your children may also be asked to make their own written contribution to the Annual Review.

In the future we are hoping to set up a group for "Children who foster" and if this group is successful we will then expand this section with their assistance.



Appendix I

Glossary

a

AAR Assessment and Action Record: part of the set of forms that Children's Services use to record information and facilitate planning for children

Abscond used to describe a child who has run away from their placement

ABC Acceptable Behaviour Contract

Accommodated where a Local Authority has the care of a child with the agreement of the parents

ADD Attention Deficit Disorder

ADHD Attention Deficit Hyperactivity Disorder

Adoption transfer of parental rights by the Court to approved adoptive parents/s so that the child becomes legally part of the adoptive parents family and the birth parents lose their legal rights

ADM Agency Decision Maker

Allocated worker the worker from the Children's Services District Team who has case responsibility for the child. They may be a qualified Social Worker, if not, they will be closely supervised by a qualified Social Worker

Anti Social Behaviour Order (ASBO) a community-based order which can be applied for by the police or Local Authority against any individual (child over 10 or adult), or several individuals whose behaviour causes alarm, distress or harassment to others. Breach of such an order is a criminal offence. See. Section 11

Approval as a Foster Carer, this refers to the terms of your registration as a Foster Carer e.g. you are approved for two children under 5 years on a short term basis.

Assessment the process of collecting and analysing information in order to plan for a child. An **Initial Assessment** has to be undertaken within 7 days of referral and a **Core Assessment** within a further 35 days

b

BAAF British Agencies for Adoption And Fostering: a voluntary organisation promoting understanding of adoption and fostering

BESD Behavioural Emotional Social Difficulties

BME Black and Minority Ethnic

c

CAMHS Child and Adolescent Mental Health Service

CAFCASS Child and Family Court Advisory and Support Services. The independent organisation with responsibility for representing children in civil/family court proceedings "**in care**" where a Local Authority has obtained a care order from a court because it is satisfied that the child is suffering, or is likely to suffer, significant harm in their current situation

CARA - Child's assessment report for adoption

Care Order an Order made by the Court giving Children's Services (the Local Authority) joint parental responsibility with the child's parent/s. An **Interim Care Order** is often made whilst the Care Proceedings are underway

Care Plan a document detailing aspects of a child's welfare while he or she is with Carers

Care Proceedings the process at which the Local Authority (Children's Services) present their argument to the Court in respect of safeguarding the child and the way in which they think this should be undertaken. See Section 11 for more detail

Care system or public care are both ways of referring to the way children looked after in foster care or residential care. Foster care or residential care may be provided through public, independent or voluntary bodies. Fostered children and young people are always the responsibility of a Local Authority

Case Conference see Child Protection Conference

CHAD - Child Health And Disability Team; the fieldwork team working with children with disabilities and their families

Child Protection Conference meeting of people working with a child and family with the family to discuss child protection concerns and to consider whether a **Child Protection Plan** is required to reduce the risk and protect the child from abuse. An **Initial Conference** is held within 15 days of a child protection referral/allegation and if a child's name is placed on the Child Protection Register, a **Review Conference** will then be held within 3 months and thereafter at intervals of no more than 6 months. See Section 8

Child Protection Register the list of children in the Local Authority who need a Child Protection Plan to reduce the risk of abuse. See Section 8

Child Safety Order (CSO) a child under the age of 10, whose behaviour would be criminal but for the child's age, may be made subject of a Child Safety Order (CSO) under Section 11 of the Crime and Disorder Act 1998. See Section 11.

Children First Welsh Assembly Programme of funding for Local Authorities to facilitate improvement of services and therefore outcomes for children. The Children First Health Team received their funding from this source. The Children First funding is being assimilated into the general funding given to Local Authorities from 2005-06

CIN Children in Need

CLA – LAC Children Looked After

CO Care Order

Complaint an expression of dissatisfaction, however made, about the standard of service, the actions, or lack of action by the Council towards an individual or a group of service users

Contact the way in which a child will keep in touch with their family whilst being Looked After: this can be face to face, telephone, letters, e mail, texts

Contact Order Court Order defining contact between a child and his/her family

CPP Child Protection Plan

CPR Child Protection Register

CRB - Criminal Records Bureau the organisation that used to undertake checks against police records and the Department of Health Consultancy Index to help prevent unsuitable people from working with children

CYPP Children Young People Plan

CSA Children's Services Authority

CSSIW Care and Social Services Inspectorate Wales: the part of the Welsh Assembly Government with responsibility for inspecting Fostering Services (against the Fostering Services (Wales) Regulations 2003 and the National Minimum Standards for Fostering Services)

d

DBS – Disclosure & Barring Service - the Organisation that undertakes checks against police records and the Department of Health Consultancy Index to help prevent unsuitable people from working with children

Decision Maker the person in the Local Authority who makes the decisions in respect of the business of the Fostering or Adoption Panel. Sometimes known as the **Agency Decision Maker** See *Section 2*

Designated Teacher the teacher in the school with special responsibility for Looked After Children

Development a child's physical, intellectual, emotional, social or behavioural development.

Directions Conditions which a Court can attach to an Order

Disabled Child defined by the Children Act 1989 as one who is: blind, deaf or dumb or suffers from a mental disorder of any kind or who is substantially handicapped by illness or congenital deformity or such other disability as may be prescribed"

Disclosure sometimes used when a child gives information about alleged abuse.

Disruption unplanned ending of a placement.

Drift the situation of children who remain in care because of a lack of planning.

DTO Detention and Training Order: sentence given by Youth Court to a young person convicted of an Offence. See *Section 11*

DTTO Drug Treatment and Testing Order: sentence given in adult Criminal Courts

e

EBD Emotional Behaviour Difficulties

EDT Emergency Duty Team - provides emergency social work services

outside office hours

EIR - Essential Information Record information given to you at the time a child is placed with you - has two Parts. See Section 4

Emergency Protection Order (EPO) An Order which can be applied for in an emergency situation where there is a reasonable cause to believe that the child is likely to suffer significant harm if the child is not removed from, or does not remain in, the place where the child is accommodated (e.g. hospital). It can also be applied for by the Local Authority where their access to the child is frustrated. The order lasts for seven days and the applicant has parental responsibility for the child.

Emotional Deprivation term used when a child has not experienced close, loving relationships.

Ethnicity describes ethnic background

Extended Family members of the wider family - aunts, uncles etc

f

FACBO Fostering Advisory and Consultative Board: set up to facilitate working together of Foster Carers and the Council. See Section 2

Failure to Thrive a term for a child whose growth and development is preventably delayed.

Family Centre the office bases for the District Children's Services Teams, some share premises with Day Nurseries.

Family Group Conference meeting with independent chair (provided by Tros Gynnal) to look at whether there are solutions within the family network to address concerns about the child. See Section 7

Family Information Information Service (FIS) - provides free advice and information on a wide range of childcare options and activities for children.

Family Proceedings Court Hearings concerning care and welfare of a child.

Form F the nationally agreed form for collating the assessment information about prospective Carers, produced by BAAF and sometimes referred to as the "BAAF F".

Foster Care Agreement the Agreement required between the Council as the Fostering Service and an approved Foster Carer, giving the Foster Carer's

terms and conditions, before a child can be placed with them.

Fostering Network an organisation for Foster Carers. Cardiff Council pays the membership fee for approved Foster Carers

Fostering Panel the Panel set up by Children's Services to consider matters relating to Foster Carers.

Foster Placement Agreement the Agreement relating to a specific child required between the responsible authority and a Foster Carer before the child is placed with him/her.

Fostering Regulations the Fostering Services (Wales) Regulations 2003 which set out the way in which Fostering services should operate

Fostering Social Worker Social Workers in the Fostering Service whose role is to recruit, assessment and support Foster Carers

Friends and Family Foster Carer, a Foster Carer who is approved specifically to care for a particular child (usually a family member e.g. Aunt, Cousin or a friend e.g. parents of another child in the same school class)

g

GP General Practitioner

Guardian an independent social worker appointed by CAFCASS in Court Proceedings concerning a child, to look after the specific needs and interests of the child

h

Heritage an umbrella term which refers to everything which comes to a person from their family background. It includes their 'race', the language they speak, country of origin, religion, culture and traditions.

HIV Human Immunodeficiency Virus.

i

ICO Interim Care Order

ICPC Initial Child Protection Conference

ICS Integrated Children's System (has replaced LAC documentation in some Local Authorities)

ICT Information Communication Technology

Independent Investigator the person appointed by the Council to undertake the investigation of a complaint at Stage 2 (You will find the procedure in the Schedule attached to your Foster Carer Agreement)

Independent Fostering Provider (IFP) a Fostering Agency which is independent of any other organisation; sometimes referred to as IFAs

Independent Person is a person who is not an Elected Member or Officer of the Council whose role is to provide an objective element to the Council's considerations of a complaint

Independent Visitor An independent person appointed to visit and advise and befriend the child if they have no contact with their own family

Interim Care Order A renewable short term Care Order Introductory Visit Planned introduction of a child to a foster home

Introductory Visit Planned introduction of a child to a foster home

ISA Information Sharing Assessment

j, k

Joint Investigation Enquiries by Children's Services and police into child abuse allegations/concerns

Kinship Foster Carer – please see 'Family and Friends' carer

l

LAC Nurse a named Nurse who has a role in promoting the health of children who are looked after. She can offer advice to Foster Carers. See Section 5 for more information.

LA - Local Authority Your Local Authority is the City of Cardiff Council

LEA Local Education Authority

Looked After Children/Looked After Term referring to all children who are in

the care system, whether 'accommodated' or 'in care'. Sometimes referred to as LAC

LAC Review the Review of the arrangements for the child whilst he/she is being looked after. Also called **Statutory Review** See Section 7

Local Management of Schools (LMS) (or LMSS = Local Management of Special Schools) means that the money available and the decisions regarding the way education will be provided has been given to the schools and governing body.

Long term fostering providing a permanent home for children who are not able to live within their own family and for whom adoption is not appropriate

LSC Learning Skills Council

LSCB Local Safeguarding Children Board

LSP Local Strategic Partnership

m

MALAP Multi Agency Looked After Partnership

MAPPA Multi Agency Public Protection Arrangements

MARAC Multi-Agency Risk Assessment Conference: held to discuss risk posed by an individual to others (you may hear of this in respect of parents)

Medical Consent written agreement by the person with parental responsibility for medical examination, assessment or treatment of a child under 16

Multi-Agency Agencies working together for a common purpose e.g. a Child Protection Conference is multi agency because a range of professionals from different agencies attend for the purpose of discussing whether a child is at risk and if so, what actions are required to reduce this

n

NMS - National Minimum Standards sometimes referred to as the Minimum Standards the Standards set out by the Welsh Assembly Government as a baseline for the operation of Fostering Services.

NSF National Service Framework

NEET Not in Education Employment or Training

O

OM Operational Manager

P

Package of Care combination of services for a child or family

Paramount The most important consideration

Parent the natural mother or father of a child, whether or not they were married to each other at the time of the birth or conception, or adoptive parents

Parental Responsibility (PR) The rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to a child. This can be acquired by others through a Court Order

Partnership Working together for a common goal e.g. the best interests of the child

PAYP Positive Activities for Young People

PCT Primary Care Trust

PEP Personal Education Plan

Peer Group Circle of friends of a similar age and youth culture

Permanent Substitute Family Family, other than the birth family who care permanently for a child

Perpetrator Person who has abused a child (usually sexually)

Personal Education Plan (PEP) All looked after children of school age are required to have a Plan within 20 days of becoming looked after. It is then reviewed alongside their Care Plan

Physical Deprivation when a child is lacking appropriate physical care, e.g. nourishment, warmth, hygiene, to encourage normal growth

PI Performance Indicator

PPO Police Protection Order

PR Parental Responsibility

PRU Pupil Referral Unit

Placement Agreement arrangement for a child to be looked After

Private Foster Carer a person who cares for a child under the age of 16 years for more than 28 days by direct arrangement with the child's parent and not through the Local Authority

Prohibited Steps Order an Order made under the Children Act 1989 to prohibit a step which would be taken by a parent in meeting their responsibility for a child

r

RCPC Review Child Protection Conference

RO Residence Order

RSL - Registered Social Landlord scheme run by Housing Authorities to ensure a mixed market of housing; RSLs have to meet a set of standards

Referral notification to Children's Services about a child, usually accompanied by a request for a service

Rehabilitation returning a child safely to the care of his/her parent/s

Regulations Supplementary guidance to legislation (see Fostering Regulations)

Reparation making amends for damage done or caused to another person's property. A young person convicted of an offence can be given a Reparation Order which will be overseen by the Youth Offending Team (YOT). See Section 5

Representation a comment, suggestion or more formally, a response to the Council on a particular matter

Residence Order A Court Order setting out the arrangements to be made as to the person with whom a child is to live

Respite Care a short period of care for a child with the purpose of providing a break from the main carer (parents or Foster Carers)

Responsible Authority In relation to a child means the Local Authority or voluntary organisation responsible for the placement of the child

Responsible Person In relation to a supervised child means: (a) any person who has parental responsibility for the child (b) any other person with whom

the child is living

In relation to a child who is in police protection or subject to a care order or emergency protection order, means the person responsible for the child, e.g. Foster Carer

Restitution financial payment or replacement made for damage or destruction. See Section 5

S

Same Race/Culture Placement Matching a child's ethnic background to that of his Carers

Secure Accommodation Restricts the liberty of a child initially for up to 72 hours without a court order.

SEN Special Educational Needs

SENCO Special Education Needs Co-ordinator: LEA staff who work with schools to support teachers of children with special needs

Service User may be the child/young person in placement or it may be the Foster Carer who is in receipt of a service to support and facilitate their fostering role.

SGO Special Guardianship Order

SHA Strategic Health Authority

Short Term Fostering providing placements for children who are unable to live with their family and for whom the Plan is that they will return. The role may therefore involve the Foster Carer in undertaking tasks to facilitate the return home

Siblings A child's brothers and sisters.

Significant Change A major change to a Carer's situation.

Significant Harm Basic grounds for Care Proceedings (see Section 11)

SIT Support and Intervention Team: part of the Family Support Services offered in Cardiff. See Section 3

SM Service Manager

SNAP Special Needs Advisory Panel

Special Educational Needs A terms used when there is a learning difficulty which calls for special education provisions to be made: the Education Act 1981 sets out the meaning of "learning difficulty" (S1(1))

Special Educational Provision means providing help that is extra or different from what is generally made available in LEA (Local Education Authority) schools.

Statement (sometimes called an Education Statement): document setting out the LEA's views about the educational needs of a child and they way in which it recommends that these be met. See Section 9

Statement of Purpose sets out the way in which the Fostering Service will be provided. See Section 2

Statutory Review See LAC Review

Sure Start programmes aimed at improving services for families of children under 4 yrs in neighbourhoods in which a high proportion of children are living in poverty. See Section 9

Supervision Order An Order made by the Court, placing a duty on the supervisor (usually from the Council) to advise, assist and befriend the child, who would usually remain in their own home.

SW Social Worker

SSW Supervising Social Worker

t

TM Team Manager

TPCT Teaching Primary Care Trust

u, v, w

UNCRC UN Convention of the Rights of the child

VCS Voluntary and Community Sector

WG - Welsh Government



YCW Youth & Community Worker

YDAP Youth Drug and Alcohol Project

YJB Youth Justice Board

Youth Court Criminal Court which hears cases in respect of young people under 18 (at the time they commit the offence) See Section 11

YOS - Youth Offending Service: multi agency team working with young people who have committed offences. See Sections 3 and 11

YP Young Person

Appendix II

Overview: National Minimum Standards For Fostering Services

These Standards were published by the Welsh Assembly Government in 2003 and together with the Fostering Services (Wales) Regulations 2003 form the basis of the regulatory framework for the conduct of Fostering Services.

Standard 1 - Statement Of Purpose

There is a clear statement of the aims and objectives of the Fostering Service and of the facilities and Services they provide.

Standard 2 - Skills To Carry On Or Manage

The people involved in carrying on and managing the Fostering Service possess the necessary business and management skills and financial expertise to manage the work efficiently and effectively, to ensure it is run on a sound financial basis and have the necessary knowledge and experience of child care and Fostering to do so in a professional manner.

Standard 3 - Suitability To Carry On Or Manage

Any persons carrying on or managing the Fostering Service are suitable people to run a business concerned with safeguarding and promoting the welfare of children.

Standard 4 - Monitoring And Controlling

There are clear written procedures for monitoring and controlling the activities of the Fostering Service and ensuring quality performance.

Standard 5 - Managing Effectively And Efficiently

The Fostering Service is managed effectively and efficiently.

Standard 6 - Providing Suitable Foster Carers

The Fostering Service makes available Foster Carers who provide a safe, healthy and nurturing environment.

Standard 7 - Valuing Diversity

The Fostering Service ensures that children and young people, and their families, are provided with foster care Services which value diversity and promote equality.

Standard 8 - Matching

Local Authority Fostering Services and voluntary agencies placing children in their own right, ensure that each child or young person placed in foster care is carefully matched with a carer capable of meeting her/his assessed needs. For agencies providing Foster Carers to local authorities, those agencies ensure that they offer carers only if they represent appropriate matches for a child for whom a local authority is seeking a carer.

Standard 9 - Protecting From Abuse And Neglect

The Fostering Service protects each child or young person from all forms of abuse, neglect, exploitation, deprivation and discrimination.

Standard 10 - Promoting Contact

The Fostering Service makes sure that each child or young person in foster care is encouraged to maintain and develop family contacts and friendships as set out in her/his care plan and/or foster placement agreement.

Standard 11 - Consultation

The Fostering Service ensures that children's opinions, and those of their families and others significant to the child, are sought over all issues which are likely to affect their daily life and their future.

Standard 12 - Promoting Development And Health

The Fostering Service ensures that it provides foster care Services which help each child or young person in foster care to receive health care which meets her/his needs for physical, emotional and social development, together with information and training appropriate to her/his age and understanding to enable informed participation in decisions about her/his health needs.

Standard 13 - Promoting Educational Achievement

The Fostering Service gives a high priority to meeting the educational needs of each child or young person in foster care and ensures that she/he is encouraged to attain her/his full potential.

Standard 14 - Preparing For Adulthood

The Fostering Service ensures that their foster care Services help to develop skills, competence and knowledge necessary for adult living.

Standard 15 - Suitability To Work With Children

Any people working in or for the Fostering Service are suitable people to work with children and young people and to safeguard and promote their welfare.

Standard 16 - Organisation And Management Of Staff

Staff are organised and managed in a way which delivers an efficient and effective foster care Service.

Standard 17 - Sufficient Staff/Carers With The Right Skills/Experience

The Fostering Service has an adequate number of sufficiently experienced and qualified staff and recruits a range of carers to meet the needs of children and young people for whom it aims to provide a Service.

Standard 18 - Fair And Competent Employer

The Fostering Service is a fair and competent employer, with sound employment practices and good support for its staff and carers.

Standard 19 - Training

There is a good quality training programme to enhance individual skills and to keep staff up-to-date with professional and legal developments.

Standard 20 - Accountability And Support

All staff are properly accountable and supported.

Standard 21 - Management And Support Of Carers

The Fostering Service has a clear strategy for dealing with and supporting carers.

Standard 22 - Supervision Of Carers

The Fostering Service is a managed one which provides supervision for Foster Carers and helps them develop their skills.

Standard 23 - Training Of Carers

The Fostering Service ensures that Foster Carers are trained in the skills required to provide high quality care and meet the needs of each child/young person placed in their care.

Standard 24 - Case Records For Children

The Fostering Service ensures that an up-to-date comprehensive case record is maintained for each child or young person in foster care which details the nature and quality of care provided and contributes to an understanding of her/his life events. Relevant information from the case records is made available to the child and to anyone involved in her/his care.

Standard 25 - Complaints Procedure

The Service will advise staff, others involved with the Fostering Service, those in receipt of a Service or those who have been refused a Service, about their right to make representation or complaint.

Standard 26 - Administrative Records

The Fostering Service's administrative records contain all significant information relevant to the running of the foster care Service and as required by regulations.

Standard 27 - Premises

Premises used as offices by the Fostering Service are appropriate for the purpose.

Standard 28 - Financial Viability

The agency ensures it is financially viable at all times and has sufficient financial resources to fulfil its obligations.

Standard 29 - Financial Processes

The financial processes/systems of the agency are properly operated and maintained in accordance with sound and appropriate accounting standards and practice.

Standard 30 - Payment To Carers

Each Foster Carer receives an allowance and agreed expenses, which cover the full cost of caring for each child or young person placed with him or her. Payments are made promptly and at the agreed time. Allowances and fees are reviewed annually.

Standard 31

Fostering Panels have clear written policies and procedures, which are implemented in practice, about the handling of their functions.

Standard 32

Where a Fostering Service provides short-term breaks for children in foster care, they have policies and procedures, implemented in practice, to meet the particular needs of children and receiving short-term breaks.

Standard 33

These standards are all relevant to carers who are family and friends of the child but there is a recognition of the particular relationship and position of family and friends carers.

Appendix III

Addresses

Included here are contact details you may find helpful. Please let us know of any others that you think should be included.

Adoption Service

St Mellons Centre, 112 Heol Maes Eirwg, St Mellons, Cardiff. CF3 1QS.
Tel: 029 20873797.

The Amber Project

The project offers help & support to young people who self harm
c/o The Fourwinds, 65-67 Clare St, Grangetown, Cardiff
Tel: 07905 905437

Amelia Trust Farm

This project supports disadvantaged people by giving them a positive focus in their lives. It provides education & training.
Whitton Rosser Five Mile Lane WalterstonBarryCF62 3AS
Tel: 01446 782030 Fax: 01446 781130

Benefits Office

Wood St, Cardiff
Tel: 029 2042 8000

British Association for Adoption & Fostering BAAF

Website: www.baaf.org.uk

CAFCASS Cymru

Guardians employed by CAFCASS look after the child's interests in family court proceedings
Head Office CAFCASS Cymru, Grosvenor Lodge, Grosvenor Road,
Wrexham. LL11 1DB
Tel: 01978 368479 Fax: 01978 357389
Website: www.cafcass.gov.uk/cafcassCymru.htm

CALL

Community Advice & Listening service for those experiencing mental distress, including relatives, friends & carers. CALL offers emotional support, information on local and national services & free literature on a range of subjects, symptoms & treatments
Free-phone 0800 132 737 (anon)
Mon-Fri 10-2 & 7-11 Sat & Sun midnight

CAMHS

Children's Adolescent Mental Health Service
Children's Centre, St David's Hospital, Cowbridge Rd East, Cardiff.

CF11 9XB Tel: 029 2053 6730
Children's Access Point (CAP)
Initial referral screening - child protection referrals
Social Care & Health
PO Box 97
Cardiff
CF11 1BP
Tel: 029 2053 6490

Cardiff County Court
2 Park St, Cardiff. CF10 1ET
Tel: 029 2037 6400

Cardiff Crown Court
Cathays Park, Cardiff. CF10 3PG
Tel: 029 2041 4400

Cardiff Junior Attendance Centre
Tel: 029 2067 0846 F. 029 2067 0844

Cardiff Law Centre
41-42 Clifton St, Splott, Cardiff. CF24 1LS
Tel: 029 2049 8117

Cardiff Magistrates & Youth Court
Fitzalan Place, Cardiff. CF24 0RZ
Tel: 029 2046 3040

Career Paths Ltd
53 Charles St, Cardiff. CF10 2DG
Tel: 029 2025 5700

Care Standards Inspectorate for Wales (CSIW)
National Office – Merthyr Tydfil
Welsh Government office, Rhydycar Business Park
Merthyr Tydfil. CF48 1UZ
Tel: 0300 062 8800 Email: cssiw@wales.gsi.gov.uk
Website: <https://cssiw.wales.gov.uk>

CDAT
Community Drugs & Alcohol Team. *Confidential counselling & support
around alcohol & substance misuse issues for people 16 and over*
58 Newport Rd, Cardiff. CF24 0DF
Tel: 029 2046 8555

Child Protection Helpline
Free 24 hour service providing counselling and information
Tel: 0808 8005000 or 0800 0560566
Email: help@nspcc.org.uk

Children's Commissioner for Wales

Oystermouth House, Charter Court, Phoenix Way, Llansamlet,
Swansea. SA7 9FS

Tel: 01792 765600 Fax: 01792 765601

Email: post@childcomwales.org.uk

Website: www.childcomwales.org.uk

The Child Health and Disability Service

Global Link, City of Cardiff Council, Social Care and Health, PO Box 97,
Cardiff. CF11 1BP

Tel: 029 20536194

Citizens Advice Bureau

71 Bridge St, Cardiff. CF10 2EE

Tel: 08701 264028

Complaints Officer

County Hall, Atlantic Wharf, Cardiff. CF10 4UW

Tel: 029 2087 2000

Connect 2 Cardiff

Direct link to Council Services

Tel: 029 20872087 (English Speaking)

Tel: 029 20872088 (Welsh speaking)

Website: www.cardiff.gov.uk

Deane House Family Centre

Global Link, City of Cardiff Council, Social Care and Health, PO Box 97,
Cardiff. CF11 1BP

Tel. 029 2053 6300

Disclosure & Barring Service

*The site contains a lot of useful information, much of it aimed at those who are
being checked*

PO Box 110, Liverpool. L69 3JD

Main number 0870 90 90 811

By minicom 0870 90 90 344

In Welsh 0870 90 90 223

Email: customerservices@dbs.gsi.gov.uk

Website: [https://www.gov.uk/government/organisations/disclosure-and-barring-
service](https://www.gov.uk/government/organisations/disclosure-and-barring-service)

Duke Of Edinburgh Award Scheme

Oak House, 12 The Bulwark, Brecon, Powys. LD3 7AD

Tel: 01874 623086 F. 01874 611967

Email: wales@theaward.org

Education - Schools Services

County Hall, Atlantic Wharf, Cardiff. CF10 4UW
Primary Pupil Admissions Tel: 029 2087 2925
Secondary Pupil Admissions Tel: 029 2087 2925
School Meals Tel: 029 2087 2803

Education Welfare Service

The Mynachdy Centre, Cefn Road, Mynachdy, Cardiff. CF14 3HS
Tel: 029 2062 9800 during regular school hours.
Email: ewsreferrals@cardiff.gov.uk

Ely Family Centre

Grand Ave, Ely, Cardiff. CF5 4LE
Tel: 029 2057 8918

Emergency Duty Team (Out of hours)

After hours referrals from 5 pm - 8.30 am; weekends and bank holidays
Tel: 029 20788570

Fitzhamon Alcohol Advice Centre

Confidential support on all aspects of alcohol misuse
53B Fitzhamon Embankment, Riverside, Cardiff. CF11 6AN
Tel. 029 2038 8003 Drop-in day centre Mon-Fri 10 am - 6 pm

Fostering Service

St Mellons Centre, 112 Heol Maes Eirwg, St Mellons, Cardiff. CF3 1QS.
Tel: 029 20873797.

Fostering Network

www.thefostering.net

Fostering Network Wales

Bay Chambers, West Bute St, Cardiff Bay. CF10 5BB
Tel: 029 2044 0940 Fax: 029 2044 0941
Email: wales@fostering.net or cymru@fostering.net

Grass Roots

Youth project with drop in coffee bar and training e.g. computers, music, video 10 to 5, Mon to Friday
58 Charles Street, Cardiff
Tel: 029 2023 1700

Information Shop & Buzz Café

185 Penarth Rd, Cardiff. CF11 6JW
Tel: 029 2066 6385

Inroads Drugs Project

Confidential advice & support, drop-in for young people & adults & needle exchange programme

43 Lower Cathedral Rd, Riverside, Cardiff. CF11 6LW
T. 029 2040 7407

Intake & Assessment

Short-term intervention

Global Link, City of Cardiff Council, Social Care and Health, PO Box 97,
Cardiff. CF11 1BP
Tel: 029 2053 6400

Internet safety

For advice

www.wisekids.org.uk

Kidscape

Charity dealing with bullying and child abuse

www.kidscape.org.uk

LAC and Leaving Care 14+ Team

Suffolk House, Romilly Road, Canton, Cardiff CF5 1FH
Tel: 029 2023 9827

Llanedeyrn Contact Centre

Roundwood, Llanedeyrn, Cardiff. CF3 7PN
Tel: 029 2054 1401 Fax: 029 2054 1729

Llanedeyrn Family Centre

Global Link, City of Cardiff Council, Social Care and Health, PO Box 97,
Cardiff. CF11 1BP
Tel: 029 2053 6333

National Children's Bureau

www.ncb.org.uk

National Probation Service - South Wales

33 Westgate St, Cardiff. CF10 1JE
Tel: 029 2023 2999

NSPCC - Asian Helpline Service

Bengali (Sylheti) Tel: 0800 0967714
Gujarati Tel: 0800 0967715
Hindi Tel: 0800 0967716
Punjabi Tel: 0800 0967717

NSPCC Cymru/Wales

This service investigates allegations of child abuse when somebody independent is needed.

44 The Parade, Roath, Cardiff. CF24 3AB
Tel: 029 2044 5200

NSPCC - Gwasanaeth Dwyieithog Bilingual Service

T. 0808 1002524

E. helplinecymru@nspcc.org.uk

www.nspcc.org.uk
www.nspcc.org.uk/html/home/needadvice/needadvice.htm

Options 2 Project

Therapeutic targeted intervention to support parents at risk of family breakdown through their substance misuse issues

Referrals via Cardiff Children's Services Tel: 029 2077 4606

Ombudsman Local Government Ombudsman for Wales

1 Ffordd yr Hen Gae, Pencoed, Bridgend. CF35 5LJ

Tel: 01656 661325 Fax: 01656 673279

Email: enquiries@ombudsman-wales.org

www.ombudsman-wales.org

Parentline

Helpline for parents

www.parentlineplus.org.uk

Prince's Trust - Cymru

Head Office, Baltic House, Mount St Sq, Cardiff.

T. 029 2043 7000 F. 029 2043 7001

Race Equality First

Advice for victims of racial discrimination & harassment. Advice on race issues & equal opportunities

The Friary Centre, The Friary, Cardiff. CF10 3FA

T. 029 2022 4097

Relate Teens

A confidential counselling service for young people whose parents' relationship has ended

Tel: 028 90320709

Re-Solv (The Society for the Prevention of Solvent & Volatile Substance (Glue) Abuse)

Confidential free help-line that provides information & an online training course plus a youth liaison service that visits schools throughout the UK

Tel: 0808 800 2345

www.re-solv.org

St Mellons Family Centre

Global Link, City of Cardiff Council, Social Care and Health, PO Box 97, Cardiff. CF11 1BP

Tel: 029 20536 180

Tros Gynal - Cardiff Advocacy Team

An advocacy scheme for young people looked after by the local authority or care leavers

38 Dogfield Street, Cathays, Cardiff. CF24 4QZ
FREEPOST, NATW156, Cardiff. CF24 4BR
Tel: 0800 581862

Tros Gynnal - Family Group Conferencing

A family group conference is a meeting where young people and their families decide the best way to solve certain

32B Lower Cathedral Rd, Riverside, Cardiff.
Tel: 029 2034 4679

Victim Support Services

Victim Support Scheme

1a Victoria Park Rd West, Cardiff. CF5 1EZ
Tel: 029 2057 8408

Victim Support - Witness Service

Crown Court, Cathays Park, Cardiff.
Tel: 029 2066 6046

Weston Spirit

Weston Spirit offers personal development programmes for young people whose lifestyles reflect a lack of opportunity

1 Guildford Crescent, Cardiff. CF10 2HJ
Tel: 029 2023 2992
Email: Cardiff@westonspirit.org.uk.

Voices from Care

Advice and support for young people who are or have been looked after

25 Windsor Place, Cardiff. CF1 3BZ
Tel: 029 2039 8214 Fax: 029 2066 5760

Women's Aid

Counselling, advice & emergency temporary accommodation

16 Moira Terrace, Adamsdown, Cardiff. CF24 0EJ
Tel: 029 2046 0566

Women's Safety Unit

Advice and support for women who are victims of domestic violence

Suite 1, West Wing, Ivor House, Cardiff. Or Bridge St, Cardiff.
CF10 2EE
Tel: 029 2022 2022 Fax: 029 2022 2023

Who Cares Trust

For young people in residential and foster care

www.thewhocarestrust.org.uk

Youth Gateway

Employment services

42 Charles St, Cardiff. CF10 2GB

Tel: 029 2033 3375

Youth Offending Service (YOS)

The Rise, Penhill Road, Cardiff. CF11 9PR.

Tel: 029 2056 0839.

Young Minds

A charity committed to improving the mental health of children and young people

102-108 Clerkenwell Rd, London. EC1M 5SA

Parents information line 0800 018 2138

Mon & Fri 10 - 1, Tues & Thurs 1 - 4, Wed 1 - 4 and 6 - 8

www.youngminds.org.uk

Youth Justice Board

Information about the role of Youth Offending Teams (YOTs) and the range of sentences for young people convicted of offending

www.youth-justice-board.gov.uk

Useful websites**Parenting**

<http://www.bbc.co.uk/parenting/>

www.direct.gov.uk and search by Parents

Issues relating to young people who offend

www.youth-justice-board.gov.uk

www.crimereduction.gov.uk

www.safete-community.net

Free immobilisation for mobile phones should they be stolen

www.immobilise.com

Key guidance, policies and procedures 1

PROCEDURE IN RESPECT OF SAFEGUARDING CHILDREN WHO ARE PLACED WITH FOSTER CARERS

BACKGROUND

This procedure forms part of a series relating to the operation of the Fostering Service. It links with the Policy on measures of control, restraint and discipline to be used by Foster Carers (2.CH.717) and the All Wales Child Protection Procedures.

PURPOSE

The procedure has been developed to comply with the Fostering Services (Wales) Regulations 2003¹ and sets out the process by which the Council will safeguard children, placed with a Foster Carer, from abuse and neglect; and the procedure to be followed in the event of any allegation of abuse and neglect.

PRINCIPLES

- All children and young people placed with Foster Carers have the right to be safe from harm in their placement.
- Foster Carers should be alert to the fact that children and young people who are looked after may be vulnerable to bullying and/or harassment and in some circumstances this could constitute physical and/or emotional abuse
- Foster Carers are expected to provide a positive home environment with clearly stated household rules and boundaries. The aim is to encourage, enable and promote acceptable and positive behaviours by the child/young people placed. Carers should work to build a positive relationship with the child or young person in their care through praise and promotion of high self-esteem.

¹ Regulation 12 and Schedule 5

DEFINITIONS

- The term “child abuse” refers to abuse of children and young people under the age of 18.
- Somebody may abuse and/or neglect a child by inflicting harm, or failing to act to prevent harm.
- **Physical abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child whom they are looking after. This situation may be described as fabricated or induced illness by carer.
- **Emotional Abuse** is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
- **Sexual Abuse** involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non contact activities. Such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, or encouraging children to behave in sexually inappropriate ways.
- **Neglect** is the persistent failure to meet a child’s basic physical and/or psychological need, likely to result in the serious impairment of the child’s health or development. It may involve a parent or carer failing to provide adequate food, shelter or clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

PROCEDURE

1. All Foster Carers will be expected to follow the procedures on “Measures of control, restraint and discipline to be used by Foster Carers”.
2. The Child’s Allocated Worker will give written information to the Foster Carer and their supporting Fostering Social Worker, prior to the placement or in the case of an emergency, within 14 days of placement, about any behaviour that is of concern with regards to the child or young person and

any advice that has been received e.g. from professionals, about the way in which this should be managed.

3. Concerns by a Foster Carer that a child or young person placed with them is being abused

4. Foster Carers are required to report any concerns that a child or young person placed with them is being abused to the child's Allocated Worker as soon as possible; and to their Team Manager if the worker is unavailable. Outside office hours, immediate concerns should be reported to the Emergency Duty Team (EDT) on 029 20788570. This includes both concerns they have identified or comments and/or allegations that the child/young person has made directly to them. The Foster Carer Handbook (currently being drafted) contains a section on indicators that a child may be being abused and guidance on how to respond when a child tells a Foster Carer that they are being/have been abused.
5. Failure by a Foster Carer to report any concerns that a child or young person placed with them is being abused is a serious matter and could result in suspension of registration whilst their suitability to act as a Foster Carer is reviewed.
6. Fostering Service staff who have child protection concerns about a child/young person in placement should report these to the child's Allocated Worker or to their Team Manager if the worker is unavailable. The failure on the part of an employee to report an incident of abuse, or suspected abuse of a child placed with foster parents to an appropriate person is a ground on which disciplinary proceedings may be instituted (Regulation 21 (2) (b) of The Fostering Services (Wales) Regulations 2003)
7. The District staff will respond to all referrals of suspected child abuse about a child/young person in placement in accordance with the child protection procedures (All Wales Child Protection Procedures).
8. Foster Carers will be kept informed of the outcome of any investigation where this is appropriate and may be involved in Strategy Meetings, Case Conferences and Core Group Meetings depending on the response to the concerns.

An allegation of abuse against a Foster Carer

1. An allegation of abuse against a Foster Carer will be investigated in accordance with the All Wales Child Protection Procedures. The Fostering Social Worker will be involved in the planning of the investigation and will attend the Strategy Meeting but may not be involved in the investigation itself.
2. The Strategy Meeting will be chaired by a Child Protection Co-ordinator in accordance with the All Wales Child Protection Procedures Section 4.5 "Allegations of Abuse against a professional, staff member or volunteer in

contact with children”.

3. The Strategy Meeting will include consideration of the safety of all children and young people in placement and on an individual basis in the context of the allegation and their needs will consider whether it is appropriate for the child/young person to remain in the placement pending investigation of the allegations. Where it is appropriate and safe for the child/young person to remain in the placement while the allegation is investigated, additional safeguards may be required.
4. The Strategy Meeting will also consider whether there are concerns for the safety of the Foster Carer’s own children and any other children/young people who are regular visitors to their household. Where there are, Children’s Services will follow the All Wales Child Protection Procedures and the Children and Families Manual of Procedures.
5. The Strategy Meeting will consider what information about the allegation should be given to the Foster Carer/s, when and by whom. It will also consider what information should be given to the child who made the allegation, to other children in placement and to their parents.
6. The Fostering Social Worker will identify a source of support for the Foster Carer (usually via the employee counselling service).
7. The Fostering Service will consider whether it is appropriate to suspend the registration of the Foster Carer pending the outcome of the investigation.
8. Within 5 days of the outcome of the investigation of the allegations, an Investigation Outcomes Review Strategy Meeting will be convened by the Child Protection Co-ordinator in accordance with the All Wales Child Protection Procedures Section 4.5.5 to:-
 - Evaluate the information gathered during the enquiries
 - Decide on the balance or probability whether there is substance in the allegation
 - Decide whether any further action is needed (and if so this will be in accordance with the All Wales Child Protection Procedures and the Children and Families Manual of Procedures).
 - Ensure therapeutic support is available for the child or children where needed
 - If the allegation is deemed to be unsubstantiated, to record the reason for this decision.
9. At the conclusion of the Investigation the Fostering Service will undertake a review of the Foster Carer’s registration status, in line with the procedures set out in 2.CH.679 “Procedures for the Review of the Approval of Foster Carers”.
10. Where a Foster Carer has been suspended, this will continue until the Council has made a decision in respect of their registration status.

11. The Fostering Service Manager is required to report all allegations of abuse made against a Foster Carer to the Care Standards Inspectorate for Wales and advise them of the outcome of the investigation/s.
12. Should the Council decide to withdraw a Foster Carer's registration as a result of the child protection allegations, the Council is required under the Protection of Children Act 1999 to pass the Foster Carer's name to the Disclosure and Barring Service (DBS) for inclusion on the Department of Health Consultancy Index.

Allegations that a child/young person placed with Foster Carers has abused a child

1. Allegations that a child/young person placed with Foster Carers has abused a child will be investigated in accordance with Section 4.6 of the All Wales Child Protection Procedures.
2. There will be a co-ordinated approach to the investigation of the allegation involving all the agencies who are working with the child/young person. This may include Children's Services, the Youth Offending Service (YOS), Education Services and the Health Services.
3. The investigation will recognise that the child/young person will have needs of their own and an assessment of these will be carried out separately from the assessment of the needs of the victims.
4. Children and young people who abuse others will be held responsible for their abusive behaviour, whilst being responded to in a way which meets their needs as well as protecting others.
5. The investigation into the allegation will also consider the welfare of any other children placed with the Foster Carer and any children of the Foster Carer.

Bullying

1. Foster Carers should be aware that children and young people living away from their families can be vulnerable to bullying. Training provided to Foster Carers will include this topic so that Foster Carers are aware of indicators that a child may be being bullied.
2. A Foster Carer who has concerns that a child placed with them is being bullied should provide opportunities for the child to talk about this. They should reassure the child that bullying in any form is unacceptable.
3. The Foster Carer should also report the concerns to the child's Allocated Worker and advise their Fostering Social Worker. The Allocated Worker will discuss and agree with the Foster Carer a plan for responding to the concerns.

IMPLEMENTATION

This procedure reflects current practice and so will be implemented with immediate effect.

A range of Training Courses in respect of child protection are provided for all Foster Carers and their Fostering Social Worker will discuss with them which are the most appropriate for them to attend.

Key guidance, policies and procedures 2

PROCEDURE FOR THE ACCEPTABLE MEASURES OF CONTROL, RESTRAINT AND DISCIPLINE OF CHILDREN PLACED WITH FOSTER CARERS

BACKGROUND

These procedures form part of a series of policies and procedures relating to the operation of the Fostering Service. It links with the procedures in respect of safeguarding children who are placed with Foster Carers (CIS number to be allocated) and the All Wales Child Protection Procedures.

PURPOSE

These procedures have been developed to comply with the Fostering Services (Wales) Regulations 2003² and set out the acceptable measures of control, restraint and discipline of children placed with Foster Carers. They will also ensure that Foster Carers are clear that corporal punishment, in any form, is not acceptable.³

SCOPE

These procedures are for Foster Carers, the Fostering Services and Fieldwork Services. These procedures should be cross-referenced with The Foster Carers Handbook Section 5: Managing Behaviour.

PRINCIPLES

- 1 Foster Carers are expected to provide a safe, healthy and nurturing environment which protects each child or young person from all forms of abuse, neglect, exploitation, deprivation and discrimination⁴.
- 2 Foster Carers are expected to encourage, enable and promote acceptable and positive behaviours by the child/young people placed with them.
- 3 Where they are appropriate, sanctions must be relevant to the unacceptable behaviour, take into account the age and understanding of

² Regulation 13 and Schedule 5 Fostering Services (Wales) Regulations 2003.

³ Standard 9.4 National Minimum Standards for Fostering Services.

⁴ Standard 9.1 National Minimum Standards for Fostering Services.

the child and be seen to be fair.

PROCEDURES

Preparation and training

- 1 The Preparation Course undertaken by prospective Foster Carers will include discussions about children's behaviour and the needs of children who are looked after. The assessment of the application will further consider the issue of managing behaviour and of working with other people's children so that at the point a Foster Carer is approved they are clear about the Council's expectations.
- 2 Training is available for Foster Carers to enable them to build on their understanding of children's behaviour and to increase their skills at managing this within their own home in the context of the child's Care Plan.
- 3 The Foster Carer Handbook includes a section on "Managing Behaviour" and provides a reference point for Foster Carers.

Promotion of appropriate behaviour

- 4 Foster Carers are required to focus on the child's appropriate behaviour, providing appropriate reinforcement and ensuring the child is clear about what is acceptable. Within this, Foster Carers will need to recognise that some children's previous experiences will be that unacceptable and/or inappropriate behaviour has secured them adult attention and therefore that they will need to help the child see that attention accompanies acceptable behaviour.
- 5 Where a child's behaviour causes concern in the placement, the Foster Carer should discuss this with the child's Allocated Worker and with their own Fostering Social Worker. Wherever possible advice on handling the behaviour will be given. For some children, a referral for specialist support will be arranged by the Allocated Worker. If the behaviour is such that it affects the ability of the Foster Carer to undertake their part of the child's Care Plan, the Allocated Worker will consider whether a Review of the Plan should be held.

Sanctions

- 6 In some circumstances, some form of sanction will be necessary where there are instances of behaviour which are unacceptable. Sanctions against children and young people in foster care with Cardiff County Council must:
 - (i) Be relevant to the unacceptable behaviour.
 - (ii) Seen to be fair
 - (iii) Given at the time of the unacceptable behaviour.
 - (iv) Take into account the age, understanding and development of the child or young person.
- 7 The Foster Carer Handbook discusses sanctions which can be used by

Cardiff County Council Foster Carers in respect of unacceptable behaviour of Looked After Children. These include:

- Ignoring inappropriate behaviour where it is safe to do so and praising appropriate behaviour
- Restitution
- Reparation: withholding payment of pocket money: where appropriate, up to one third can be deducted for reparation such as repairing damage. This needs to be discussed and agreed with the child/young person and their Allocated Worker.
- Withdrawal of non routine activities such as visits to the cinema: this should be discussed and agreed with the child's Allocated Worker and be time limited.

8 The following sanctions must not be used by Foster Carers under any circumstances:

- Any measure of control, restraint or discipline which is excessive or unreasonable.
- Any form of corporal punishment: including smacking, slapping, shaking and any other humiliating forms of treatment or punishment.
- Deprivation of food or sleep
- Making a child wear any form of inappropriate clothing
- Restriction on contact (visits, letters e mails or telephone calls) with parents, relatives or friends

9 Any form of violence or corporal punishment perpetrated by Foster Carers against children and young people in their care will be treated as a Child Protection Incident. The incident will be investigated in line with the All Wales Child Protection Procedures and the Care and Social Services Inspectorate for Wales will be informed.

10 Should an investigation into such an incident find that a Foster Carer used corporal punishment against a Looked After Child, the Fostering Service will undertake a Review of the Foster Carer's approval status. The Foster Carer may have their approval suspended during this period.

11 If the Council decide to withdraw a Foster Carer's approval as a result of the Review process, the Service Manager Fostering will pass their names and details to the Criminal Records Bureau for inclusion in the Department of Health's Consultancy Index.

Restraint

12 Foster Carers are not permitted to use any form of physical restraint as a sanction.

13 There may in exceptional circumstances be occasions in which it is necessary to restrain a child for their own safety, for example to prevent a small child from running into the road.

14 Where a child or young person is self harming or otherwise placing themselves at risk, Foster Carers are advised to remove all items from the child or young person that they may use to hurt themselves and contact the emergency medical services and Child's Allocated Worker or Emergency Duty Team if out of hours, immediately.

Recording

15 Foster Carers must record all sanctions and the reason for their use in their Log⁵.

Policy

Please see 2.CH.718 for the policy relating to these procedures.

IMPLEMENTATION

Training in respect of managing behaviour is available for Foster Carers and is detailed in the current Training Handbook.

⁵ This is a requirement of Schedule 7 of the Fostering Services (Wales) Regulations 2003.

Key guidance, policies and procedures 3

PROCEDURE FOR FOSTER CARERS TO MAKE REPRESENTATIONS AND / OR COMPLAINTS AND FOR INVESTIGATION OF COMPLAINTS BY AND ABOUT FOSTER CARERS.

BACKGROUND

These procedures form part of a series relating to the operation of the Fostering Service.

Further information on related issues can be found in:-

- 2.CH.216 Procedure for Responding to Comments, Compliments and Complaints;
- the Welsh Assembly Government (WAG) Guidance – Listening and Learning – a guide to handling Complaints and representations, the flow chart (2.CH.261) that reflects the WAG Guidance;
- 2.CH.744 Procedure for the payment of Placement retainers in respect of children and young people in City of Cardiff Council Foster Care.

PURPOSE

These procedures have been developed to comply with the Fostering Services (Wales) Regulations 2003⁶ and set out the process by which Foster Carers can make comments/suggestions and complaints. They also show how complaints from, and/or about Foster Carers will be investigated.

DEFINITIONS

A complaint is an expression of dissatisfaction, however made, about the standard of service, the actions, or lack of action by the Council towards an individual or a group of service users.

An Independent Investigator is the person appointed by the Council to undertake the investigation of the complaint

⁶ Regulation 28 and 29, Schedule 5

An Independent Person is a person who is not an Elected Member or Officer of the Council whose role is to provide an objective element to the Council's considerations

A representation is a comment, suggestion or more formally, a response to the Council on a particular matter

A service user may be the child/young person in placement or it may be the Foster Carer who is in receipt of a service to support and facilitate their fostering role.

PRINCIPLES

- Comments/feedback and suggestions are welcomed as an important way of informing the development of good practice and ultimately outcomes for children.
- Foster Carers should be able to raise a complaint if they are unhappy with an aspect of the Fostering Service or if appropriate, to make a complaint on behalf of a child placed with them. Complaints also offer an opportunity for feedback on the service and can contribute to the way in which this is developed.
- Where a complaint is made, every possible effort will be made to resolve this informally and as quickly as possible.
- The primary concern in any complaint regarding a child/young person will be their welfare.
- A Foster Carer making a complaint, or a child making a complaint about a Foster Carer should not suffer discrimination, disadvantage, withdrawal or reduction of any service as a result of making a complaint.
- The monitoring of complaints can provide valuable management information.

PROCEDURES

1 Representations

1.1 The Council recognises that the views of Foster Carers are important and has a number of mechanisms in place for Carers to give their views: for example, to their Fostering Social Worker and/or at Support Groups.

1.2 The Council has established the Fostering Advisory and Consultative Board (FACBO) to facilitate the working together of Foster Carers, Elected Members and the Fostering Team Staff, in respect of the planning and development of the Fostering Service in Cardiff. Foster Carers elect three

representatives who stand for a term of a year.

1.3 Foster Carers will be given the opportunity to make representation in respect of specific issues, in particular:

- Where the Council proposes not to approve a prospective Foster Carer as a Foster Carer they must be given the reason for this in writing together with a copy of the Fostering Panel's recommendation and be invited to submit any written representations within 28 days of the date of the notice. Should representations be received, these must be referred to the Fostering Panel who will reconsider the case and make a further recommendation in respect of the application to the Council. The Council will then make a decision which will be notified to the applicant in writing by the Fostering Service.
- Where the Council, having taken into account the Fostering Panel's recommendation, is no longer satisfied that a Foster Carer and/or the Foster Carer's household continue to be suitable, or that the terms of the Foster Carer's approval are appropriate, the Fostering Service will give written notice of its findings to the Foster Carer with reasons and will invite the Foster Carer to submit any written representations within 28 days of the date of the Notice. If the Foster Carer submits representations within the 28 days, the case must be referred to the Fostering Panel for it to reconsider. The Panel will again make a recommendation to the Council and the Council (Panel Decision Maker) will make a decision. The Fostering Service must give written notice to the Foster Carer/s of the outcome.

1.4 Foster Carers will be asked at their Annual Review to comment on their experiences of the Service and will be provided with an Evaluation Form for this purpose.

2 Information about the Complaints process

2.1 Children and young people in Foster Care and Foster Carers will be given leaflets that provide information about the Council's Complaints Procedure. Children's Services also provides information about the role and function of the Children's Commissioner for Wales and the Care and Social Services Inspectorate for Wales.

3 Complaints in relation to the Foster Carer Agreement

3.1 Where the Foster Carer has an issue in relation to the operation of the Foster Carer Agreement e.g. in respect of their terms of approval, they should first raise this with their Fostering Social Worker. It may be appropriate to consider a Review of the approval status (see 2.CH.679: Procedure for the Review of the Approval of Foster Carers).

4 Use of the Complaints Procedures

- 4.1 Foster Carers are encouraged to raise any concerns they have informally. The expectation is that concerns will be addressed in a mutual spirit of goodwill and respect between the Foster Carer and Fostering Service and/or District staff.
- 4.2 On occasions where this does not lead to the matter being resolved satisfactorily, children/young people and/or their Foster Carers may then wish to consider making use of the formal complaints procedures. The Foster Carer may also choose to contact the Care and Social Services Inspectorate for Wales and/or the Commissioner for Local Administration in Wales (commonly referred to as the Ombudsman).

Children Act Procedure: complaints on behalf of a child placed with the Foster Carer

- 4.3 Where the matter is in respect of a child placed with the Foster Carer, and the child, where competent to do so, consents to the complaint being made, the complaint should be made under the Children Act Procedure. The Children's Services Complaints Officer is responsible for the management of the Council's Complaints Procedure process in accordance with Section 26 of the Children Act 1989 and the Representations Procedure (Children) Regulations 1991.

Further information in relation to retainer payments made to carers who are subject to allegations and complaints can be found in Sec 12 of 2.CH.744 (Procedure for the payment of Placement retainers in respect of children and young people in Cardiff Council Foster Care)

- 4.4 A leaflet is available for Foster Carers to use when making a complaint (4.CH.439). Their complaint does not need to be in writing, but if not, it should be recorded on the form by the person taking the information. A copy should then be given to the Foster Carer.
- 4.5 The Complaint should be made to the District Team Manager with case responsibility. Where the complaint is received by the Fostering Social Worker, this should be acknowledged and the Foster Carer advised that it has been passed to the District Team Manager for investigation.
- 4.6 The District Team Manager will investigate the complaint, interviewing staff and liaising with other staff as required. A response should be sent to the Foster Carer within 14 days of receipt of the complaint, outlining the action to be taken in response. Where it is not possible to complete the investigation within 14 days, the Team Manager should write to advise the Foster Carer of any delay. This is Stage 1 (informal complaint) of the process. The Foster Carer should be advised that they have the right to ask for a formal investigation if they are still unhappy with the outcome, and that if they wish to do this, they must notify the Team Manager within 28 calendar days. A copy of all the correspondence should be sent to the Fostering Social Worker and to

the Children's Services Complaints Officer.

- 4.7 The second stage of the process (Stage 2: formal complaint) requires the complaint to be in writing and signed by the Foster Carer.
- 4.8 The District Team Manager will continue to try and resolve the complaint informally with the Foster Carer.
- 4.9 The Children's Services Complaints Officer will acknowledge the formal complaint within 5 days, giving the name and telephone number of the Independent Person and Independent Investigator. The Independent Investigator may be from within Children's Services. The Independent Person has the role of impartial scrutiniser and accompanies the Independent Investigator. Their role is to consider the way that Children's Services responds to the complaint and the recommendation/s that are made for action to address the issues raised. The Independent Person will provide a separate written report within 21 days of the receipt of the formal complaint.
- 4.10 The Independent Investigator will interview the child and other involved people, including relevant staff and review relevant case records. They will prepare a report of their findings with recommendations within 21 days of the complaint being received.
- 4.11 The report will be considered by the Director of Children's Services, alongside the report from the Independent Person. A decision will be made within 5 days about the action that Children's Services will take as a result of the investigation.
- 4.12 The two independent reports and the response to them will be sent to the Foster Carer within 28 days of receipt of the formal complaint. Copies will also be sent to staff involved in the complaint. The letter to the Foster Carer will detail the next stage in the process should they be unhappy with the outcome of their complaint.
- 4.13 Should the Foster Carer not be satisfied with the outcome of the formal investigation they can ask for the matter to be reviewed by the Complaints Review Panel. This is Stage 3 of the process. The Foster Carer must notify the Children's Services Complaints Officer within 28 days of receipt of the letter informing them of the outcome of Stage 2.
- 4.14 The Children's Services Complaints Officer will write to the Foster Carer within 5 days of receipt of the notification and advise them that a Panel will be convened in accordance with the requirements of Regulation 8 of the Representation Procedure (Children) Regulations 1991. He will also provide information about the Panel so that the Foster Carer knows what to expect.
- 4.15 The Panel will comprise three people, one of whom should be an Independent Person who should act as chairperson to the Review Panel.
- 4.16 The Panel will consider oral or written representations that the

complainant or the Council wish to make, and any oral or written representations from the Independent Person if the Independent Person is different from the Independent Person on the Panel.

- 4.17 The Panel will record their recommendation within 24 hours of sitting, which will be sent to the Foster Carer, the Director of Children's Services Officer, the Children's Services Complaints Officer, the initial Independent Person and the staff involved in the complaint within 5 days.
- 4.18 The Director of Children's Services Officer will notify the Foster Carer and the staff involved in the complaint what action he/she intends to take following the recommendations in the report within 28 days of receipt of the letter from the Foster Carer requesting a Review Panel.
- 4.19 The Foster Carer will be informed that this is the end of the Children's Services Procedure. They should be informed of their right to make further representations to any elected member of the Council, their local MP, the National Assembly for Wales or the Commissioner for Local Administration in Wales if they are still dissatisfied.
- 4.20 Staff involved will be notified that the complaints procedure is completed, the outcome and the response of Children's Services.

Cardiff Council's Corporate Complaints Procedure: complaints by a Foster Carer

- 4.21 Where the complaint is in respect of matters not directly concerned with the child, the Council's Corporate Complaints process should be used. This process complies with the Local Authority Social Services (Complaints Procedure) Order 1990.
- 4.22 A leaflet is available for Foster Carers to use when making a complaint under this procedure (4.C.036-English; 4.C.037 Welsh). They can also access this via the Council's website www.cardiff.gov.uk

What happens when a Foster Carer makes a complaint?

- 4.23 Where the complaint relates to an aspect of the Fostering Service, the Fostering Social Worker will take responsibility for the investigation. The Fostering Social Worker should acknowledge the complaint within 7 days of receipt.
- 4.24 The Fostering Social Worker will seek to resolve the complaint informally with the Foster Carer. They may liaise with colleagues to assist in this; for example if the complaint involved payments to the Foster Carer, they will involve the Finance staff.
- 4.25 Where it is not possible to resolve the issue, the Foster Carer may choose to make a formal complaint (Stage 2).
- 4.26 The Fostering Social Worker will acknowledge receipt of the complaint within 10 days of receipt. A copy of the complaint will be sent to the

Children's Services Complaints Officer and he/she will arrange for a review of the complaint by the most appropriate Officer (this will depend on the nature of the complaint).

- 4.27 The Foster Carer will be sent a full reply within 21 days of receipt of the complaint, or be advised of any delay.
- 4.28 If the Foster Carer remains unhappy with the outcome, they should write to the Children's Services Complaints Officer within one month. He/she will acknowledge the letter and refer it to the Council's Chief Legal Services Officer to arrange an independent Review.
- 4.29 At the end of the investigation, the Legal Services Officer will advise the Foster Carer in writing of the decision reached. If a lapse in service delivery is identified, the Foster Carer will be advised that the matter will be referred to Children's Services and a remedy arranged.

Other avenues for making a complaint

- 4.30 Foster Carers may also raise issues of concern with the Care and Social Services Inspectorate for Wales (CSSIW). They have a role in ensuring that registered services provide high quality services. CSSIW can take a wider view in investigating complaints made directly to them, for example, complaints that relate to the running of the service. Should they feel that there is a more appropriate means of responding to the issue, CSSIW will advise the complainant of alternative course of action available to the Foster Carer.
- 4.31 At any time during the Council's investigation of a complaint by a Foster Carer, the Foster Carer may choose to refer the matter to CSSIW.
- 4.32 Alternatively, Foster Carers can contact the Social Services Inspectorate for Wales (SSIW). They have a role in promoting high quality services for users and carers based on consistent standards of professional practice. SSIW does not adjudicate on individual cases but will raise the issue with the Council.

5 Complaints about a Foster Carer

- 5.1 All complaints about a Foster Carer will be investigated, regardless of their source. It is recognised that on occasion, anonymous complaints will be received. The Fostering Service will take responsibility for the investigation and will involve others as appropriate (e.g. Audit if the complaint relates to a financial matter).
- 5.2 Allegations of child abuse made against a Foster Carer will be investigated in accordance with the Child Protection Procedures agreed by Cardiff Area Child Protection Committee. (A copy of the procedures should be made available by the Fostering Social Worker to any Foster Carer who requests these)
- 5.3 Where a child/young person has a complaint about an aspect of life in the

Foster Home, this will first be discussed with their allocated worker. Discussion may then take place with the Foster Carer and the Fostering Social Worker. Tros Gynnal provides an independent Advocacy Service for young people who are looked after and they will be involved in any discussions as appropriate for the young person concerned. If the complaint cannot be resolved, it will be referred to the Complaints Officer for Children's Services.

6 Records of Complaints

- 6.1 The Fostering Service will maintain a central record of complaints made; their nature and outcomes. The Service Manager will monitor the outcome of complaints and the service will analyse complaints and their outcome to identify any necessary improvements. The Fostering Service will place a copy of the complaint and outcome on the Foster Carer's file.
- 6.2 An annual report will be made to the Fostering Panel on the number and type of the complaints, together with recommendations for any changes which may be required to practice and/or policies and procedures identified as a result of the investigation of a complaint/s.

7 Support for Foster Carers about whom a complaint is made

- 7.1 The Council is aware that being the subject of a complaint can be very distressing and so the Fostering Social Worker will discuss with the Foster Carer whether additional support would be helpful. On occasions, the Fostering Service will purchase this from an external source, such as Fostering Network.

IMPLEMENTATION

This procedure reflects current practice and will be implemented with immediate effect.

Children's Commissioner for Wales

Oystermouth House,
Charter Court,
Phoenix Way,
Llansamlet,
Swansea.
SA7 9FS

Tel: 01792 765600;

Fax: 01792 765601;

Email: post@childcomwales.org.uk

Care and Social Services Inspectorate Wales (CSSIW)

CSSIW South East Region
Government Buildings
Rhydycar
Merthyr Tydfil
CF48 1UZ

Tel: 0300 0628757

Fax: 0300 0628548

Email: cssiw_cardiff_region@wales.gsi.gov.uk

www.cssiw.wales.gov.uk

Commissioner for Local Administration in Wales

Local Government Ombudsman for Wales
1 Ffordd yr Hen Gae
Pencoed
Bridgend
CF35 5LJ

Tel. 01656 641150

Fax 01656 641199

Email: enquiries@ombudsman-wales.org

www.ombudsman-wales.org

Key guidance, policies and procedures 4

PROCEDURE AND PROCESS FOR THE REVIEW OF THE APPROVAL OF FOSTER CARERS

1. Background

This procedure forms part of a series relating to the operation of the Fostering Service.

2. Purpose

2.1 Cardiff Council (hereafter known as 'the council') is committed to ensuring that the wellbeing of Looked After children and to the ongoing review of care provision and the development of Foster Carers.

2.2 This procedure has been developed to comply with the Fostering Services (Wales) Regulations 2003⁷ and set out the process to be followed when reviewing the approval status of Foster Carers. This process facilitates an opportunity to consider with the Foster Carer/s their experience of fostering and to identify their training and development needs. It also provides an opportunity to consider whether their approval status remains appropriate or whether it should be changed.

3. Scope

These procedures apply to the Fostering Service and relate to Foster Carers who are approved by the Council.

4. Procedure

4.1 A review of a carer's approval can be undertaken at any time when the Council considers it necessary e.g. due to concerns raised or an identified need to amend the carer's current approval. However, a review must be undertaken at a minimum interval of **every 12 months** (please see

⁷ Regulation 29

paragraphs 4.3 – 4.17 for further details about the process to follow for a formal Foster Carer Annual Review).

4.2 A review of a newly approved foster carer must be undertaken and presented to the Fostering Panel **within 12 months** of a Foster Carer's initial approval. The paperwork presented to the panel for a newly approved carer should include the formal Annual Review paperwork and a complete panel report (please also refer to 'Report for Fostering Panel template panel template CIS Ref. 4.CH.854)

4.3 Any review of approval undertaken may include a need to present the foster carer(s) to the Fostering Panel, for example if the review has been undertaken because:-

- There has been a significant change of circumstance (please also refer to 'Management of significant change in Foster Carer circumstances', CIS Ref. 2.CH.822)
- There have been concerns or complaints raised;
- The carer / Fostering Service wish to expand the carer's current approval (please also refer to 'Procedure for Temporary Changes of Approval', CIS ref. 2.CH.823);
- The Fostering Service wish to reduce the carer's current approval but the carer objects to this proposal.

If a review of approval is to be presented to the Fostering Panel a panel report (CIS Ref. 4.CH.854) will need to be completed.

A copy of the carer's most recent formal Annual Review should be included in the report presented to the Fostering Panel. On many occasions a formal Annual Review will be undertaken prior to presenting the carer's case to the Fostering Panel however, this is at the discretion of the Fostering Team Managers (as in some circumstances they may feel that the carer's case needs to be presented to the panel prior to the next Annual Review being undertaken i.e. if they feel that there is an issue that needs to be addressed with some urgency).

4.4 Formal Annual Review meetings can be chaired by a Fostering Service Team Manager or a Social Worker in the Fostering Service who is Senior to the foster carer's Supervising Social Worker.

As mentioned above in 4.1, all carer's need a review of their approval undertaken a minimum of every 12 months and a formal Annual Review will normally take place at the carer's home with the Review Chair, the Foster Carer(s) and the carer's Fostering Supervising Social Worker present.

4.5 In advance of a formal Annual Review Meeting at the carer's home the Fostering Supervising Social Worker will complete a report (Part I of the Annual Review forms, CIS Ref. 4.CH.668).

- 4.6 In advance of a formal Annual Review Meeting the Fostering Supervising Social Worker will also give the Foster Carer(s), the children of the carer(s) and any other household members (as appropriate / relevant) and the child(ren) in placement (if age appropriate) a form to complete to provide their views for the Review (Parts II, III and IV of form 4.CH.668 which can be found on CIS).
- 4.7 In advance of a formal Annual Review Meeting, the Fostering Supervising Social Worker will seek the written views of the allocated case management Social Worker and the Independent Reviewing Officer (IRO) for any child in placement (using Part V and Part VI of form 4.CH.668 which can be found on CIS).
- 4.8 In advance of a formal Annual Review Meeting, the Fostering Supervising Social Worker will seek the written views of Education and Health (using Part VI and part VII of form 4.CH.668 which can be found on CIS).
- 4.9 Where another Local Authority or Fostering Provider has placed a child with the Foster Carer/s within the preceding year, their views will also be sought.
- 4.10 When the completed consultation forms from the carer(s), child(ren), household members, Education, Health, etc. are returned they should be passed to the Fostering Business Support Team so that:-
- they can scan a copy to be saved on the electronic file / shared drive;
 - can send a copy to the relevant Fostering Team Manager.

The original copies of consultation forms should be placed on the Foster Carer's file. Copies should be attached to the Fostering Social Worker's Annual Review report that is passed to the Chair (a minimum of one week before the review).

- 4.11 In advance of the formal Annual Review Meeting, the Fostering Supervising Social Worker will complete an up-to-date Health and Safety check (CIS Ref. 4.CH.666) with the Foster Carer(s) and will also update the Safe Caring policy and any pet questionnaires (as appropriate). Please see 'Sample Safe Caring Policy' in Appendix 3 of the Annual Review forms (CIS Ref. 4.CH.668)

A copy of the most current version of the carer's 'Foster Carer Training, Learning & Development profile' (CIS Ref. 4.CH.669b) should also be attached to the report.

The Review will consider the information provided by Part I, II, III, IV, V, VI, VII, VIII and the Foster Carer Training, Learning & Development profile along with the outcomes of the updated Health and Safety check, pet questionnaires (as appropriate) and any updates of Medical checks and Criminal Record Bureau checks. **A minimum of a week before the**

review, the completed report (including the attachments) should be passed to the Chair for quality assurance

4.12 During the review meeting the Foster Carer's Supervising Social Worker (or Fostering Support Officer) will take minutes of the meeting.

4.13 Once a formal Annual Review Meeting has been completed it is the responsibility of the Chair of the review to contact the Fostering Business Support staff:-

- To confirm that an annual review has been completed for the carer(s);
- To advise of the date on which the meeting took place at the carer's home.
- To advise if there is a need for them to prepare an updated Foster Carer agreement (which should then be passed to the relevant Team Manager to check prior to issue).

4.14 It is the responsibility of the Foster Carer's Supervising Social Worker to take minutes of the Annual Review meeting and then type up the minutes on the template for the Chair's report (Part VIII of the Annual Review forms, CIS Ref. 4.CH.668) and to then send them the Chair of the meeting (within 7 days of the meeting having taken place) for them to check, make any further amendments required and then sign (within 14 days of the review meeting).

The Chair's report should include an Action Plan to address any issues identified in the meeting such as the need for training. It will also include a recommendation as to whether the Foster Carer(s) continue to be viewed as suitable to act as approved foster carers, whether the carer's household continues to be viewed as suitable and whether the terms of their approval and banding continue to be viewed as appropriate (please also refer to section 4.16).

It is the responsibility of the Foster Carer's Supervising Social Worker to undertake work with the carer to update the carer's 'Foster Carer Training, Learning & Development profile' (CIS Ref. 4.CH.669b) in accordance with the recommendations of the Chair / outcome of the review.

4.15 The Fostering Business Support staff should also be advised of any changes (reductions) to the carer's approval as a result of the Annual Review using the 'Foster Carer – notification of changes to terms of approval' form (CIS Ref. 4.CH.813).

Please note: as aforementioned in section 4.3, although a carer's approval can be reduced further to a formal Annual Review if the Foster Carer(s) is in agreement, carer's must be returned to the Fostering Panel in order for their approval to be increased.

4.16 All amendments to reduce a Foster Carer's approval require an updated

Foster Carer agreement (CIS Ref. 2.CH.717) to be put in place. However, if an Annual Review is recommending that a carer be returned to the Fostering Panel to review or amend their approval then the Fostering Business Support staff should be made aware of this so that they don't proceed to prepare a Foster Carer Agreement at that time. The updated Foster Carer Agreement can then be updated and put in place further to the Fostering Panel (as appropriate).

- 4.17 The Chair of the formal review meeting will provide a copy of the completed record of the formal Annual Review Meeting (recorded on the relevant template, CIS Ref. 4.CH.668) to the carer's Fostering Supervising Social Worker so that they can take a copy of it out to the Foster Carer(s). The carer(s) should then be asked to check it and sign to say that they are in agreement with the record of the review meeting.

A copy of all the review paperwork should also be placed on the Foster carer/s file.

- 4.18 The Fostering Panel will be asked to consider the First Annual Review and any subsequent Reviews in which there are significant issues or changes in circumstances and the Panel will make a recommendation to the Council as to whether or not to accept any recommendation in the Review Report. The Panel's recommendation will then be considered by the Council's Agency Decision Maker and a final decision will be made at this time.

A Fostering Panel a panel report (CIS Ref. 4.CH.854) will need to be completed for any type of review of approval that is being presented to the panel e.g. an initial review of approval, a change in circumstance or request for change of approval or a review of approval further to a complaint or allegation about a carer.

When a review recommends that a carer return to the Fostering Panel the case should be presented at panel within 3 months of the review (and the Chair should advise the Fostering Business Support staff of the provisional panel date).

- 4.19 Where the Council, having taken into account the Fostering Panel's recommendation, is no longer satisfied that the Carer or the Carer's household continue to be suitable, or no longer consider the terms of the Carer's approval to be appropriate, the Council will send a letter to the Carer to provide written notice of its decision along with the reasons.

- 4.20 The decision referred to in this letter as the qualifying determination. On receiving a letter to advise of the qualifying determination the Carer has three options:-

- Accept the qualifying determination - if this is the Carer's preferred option, the qualifying determination will be confirmed and a formal decision letter will be sent out within 28 calendar days.

- Make written representations to the Council – if the Carer chooses to make representations they must be in writing and should be received within 28 calendar days. On receipt, the case and the written representations may be referred to a fostering panel to consider and to make a fresh recommendation. The Fostering Panel's recommendation will be taken into account when the final decision is made the Council.
 - Apply for the qualifying determination to be reviewed by an independent review panel. If a Carer wishes to apply to the independent review panel to review the Council's qualifying determination, the written application and the reasons for the application must be received by the independent review panel within 28 calendar days from the of the letter. A copy of the review panel's recommendation will be sent to the Council and will be taken into account with the original Fostering Panel's recommendation when the Council make their final decision. Further information on the independent review process can be obtained from the Council and also found on the internet at <http://www.irdcymru.org.uk>
- 4.21 If the Council or the independent review panel does not receive any representations within the 28 days, it may proceed to make a decision in respect of the Carer's approval.
- 4.22 As soon as possible after the decision has been made, the Fostering Service must give written notice to the Foster Carer/s to make them aware of the outcome.

Possible outcomes may be:-

- That the Foster Carer/s and their household continue to be suitable and that the terms of the Foster Carer's/s' approval continue to be appropriate;
 - That the approval is terminated from a specified date (the Foster Carer/s would be advised of the reason for the termination); or
 - The revised terms of the approval and the reasons for the revision.
- 4.23 Where a Foster Carer has a child placed who is not the responsibility of Cardiff Council, a copy of any letters must be sent to the responsible Local Authority.
- 4.24 Once the entire Review process has been completed the Fostering Business Support staff need to be advised of the outcome so that they know whether or not they need to prepare an updated Foster Carer Agreement. If an updated Foster Carer Agreement is required it should be passed to a Team Manager to be checked prior to it being passed to the Supervising Worker to take out to the carer(s) for them to sign). Please note that it is important to advise the Fostering Business

Support staff if it has been recommended that the carer should return to the Foster Panel to review their approval as in such cases they will book a provisional panel date and won't prepare any further documentation until the outcome of the Foster Panel has been received.

Team Managers monitor the completion of Foster Carer Agreements via CareFirst Activities. Once the Foster Carer Agreement has been signed by the carer(s) the Supervising Worker must pass the file copy to a Team Manager to confirm it's completed. The Team Manager will then complete the monitoring Activity on CareFirst and will pass the copy of the agreement back to the Supervising Worker to be placed on the front of the carer's file.

On the completion of the review process, the Supervising Social Worker is responsible for completing an updated CCSR Database form for the Foster Carer/s and this should be passed to Fostering Business Support staff.

Please note that the Supervising Social Worker is responsible for completing an updated CCSR Database form not only on the completion of the carer's review but also in relation to any changes of the carer's approval e.g. if the carer is to return to the Fostering Panel a CCSR Database form should be completed after the Agency Decision Maker has made their decision in regard to the carer's approval.

The Fostering Duty Workers / Fostering Support Workers also need to be notified immediately re: any changes to the carer's approval/availability and provided with an updated copy of the Foster Carer Profile (CIS Ref. 4.CH.855) – this is also the responsibility of the Supervising Social Worker.

5. Implementation and Review

This procedure reflects current practice and so will be implemented with immediate effect and it will be regularly reviewed to determine its effectiveness and appropriateness.

Key guidance, policies and procedures 5

Procedure for Foster Carer Banding

1. BACKGROUND

After an extensive consultation process involving both staff and carers, the Foster Carer's Learning and Development scheme was implemented from January 2009.

As the Fostering Network has campaigned for the fostering role to become more professionalised, we felt this scheme was a way in which we could look to address this issue and also a way to prepare for the possibility that Foster Carers will be required to register with the Care Council for Wales.

This procedure updates the previous procedures for Foster Carer Banding in relation detailing the requirements of the Foster Carer Learning and Development scheme.

Other relevant documents that you may wish to consult are:-

- Fostering Payments - Work Instructions (2.CH.731)
- Retainer Procedure (2.CH.744)
- Procedure and Process for Annual Review of Foster Carers (2.CH.679)
- Procedure for the Assessment of Fostering Applications (2.CH.722)
- Additional Evidence Recording Form (4.CH.795)

2. SCOPE

The Fostering Service intends this procedure for use by the Fostering Service, Finance section and Cardiff Council approved Foster Carers. The contents of this procedure will also be of relevance to all Children's Services staff that have responsibility for Looked After Children who are placed with Cardiff Council approved foster carers.

3. LEGISLATIVE FRAMEWORK

- National Minimum Standards for Fostering Services - Wales 2000

- Fostering Service (Wales) Regulations 2003
- Care Standards Act 2000
- UK National Minimum Standards for Foster Care 1999
- Code of Practice (UK Joint Working Party on Foster Care)
- Children Act 1989 and 2004

The legislation that is particularly relevant to the Learning and Development scheme is Section 17 (1) of the Fostering Services (Wales) Regulations 2003, which advises that the fostering service provider must provide foster parents with such training, advice, information and support, including support outside office hours, as appears necessary in the interests of children placed with them.

4. PURPOSE

To outline the criteria and process for the banding of Foster Carers who are approved by Cardiff Council.

5. OBJECTIVES

The main objectives of this procedure are:

- a) To provide clear criteria and process for the banding of Cardiff Council registered Foster Carers.
- b) To provide clarity to all relevant parties about the role and responsibilities for each band of Foster Carer.
- c) To ensure fairness and transparency when determining and reviewing banding.

Cardiff Council believes in ensuring that all our Foster Carers develop their skills and are well trained and equipped to perform the complex tasks that are required of them day to day. We strive for the highest standards and carers are rewarded for their skills through our banding system.

We feel that personal and professional development through formal and informal training increases individual knowledge and personal skills base. Training and acquired knowledge underpin all of the competences needed to fulfil the role of a Foster Carer and we see it as imperative that our carers meet the National Minimum Standards.

Our hope is that this scheme will encourage everyone to become fully involved with the service and to keep abreast of changes and developments. In turn we hope that this will help to build confidence, knowledge and produce good outcomes for children and young people in our care.

6. KEY PRINCIPLES

- i. Cardiff Council's Fostering Service operates a banding system for newly registered and experienced carer/s. The banding system is applicable to those who foster a child previously known/related to them

and to those carers who foster a child unknown/unrelated to them.

- ii. There are specific roles and responsibilities applicable to Band 1, Band 2 and Band 3 Cardiff Council approved Foster Carers. Further information can be found in Section 10 (requirements of the Learning and Development scheme) and Appendix I of this procedure.
- iii. Usually newly approved and/or inexperienced Foster Carers would become Band 1 from the date that they are approved as carers with Cardiff Council. Band 1 carers do not receive an enhanced allowance but a payment will be made to the carer, when a child is placed, to meet the needs and costs of caring for the child. This payment will cease when the child ceases to be looked after by the carer.
- iv. Band 2 and Band 3 carers receive an enhanced allowance in recognition of their experience and ability and also to cover the increased costs of looking after a child with more complex needs. Band 2 and Band 3 carers may also be paid a retainer when a foster child's placement ends. In certain exceptional circumstances, Band 1 carers may also be paid a retainer. Further details about the amounts of Foster Carers payments and allowances and the payment of retainers can be found in the Foster Carer handbook.
- v. Band 3 carers receive the highest enhanced allowance and retainer payment because it is recognised that they would have the experience and ability to foster a child with complex needs. Unless they have been approved as a Cardiff Foster Carer for more than 20 years, Band 3 Foster Carers are also required to have achieved an NVQ or equivalent higher qualification or to achieve the current recognised qualification (the Level 3 Diploma in Health and Social Care) within 2 years of being granted their Band 3 status.
- vi. Following a period of 6 months approval as a Band 1 carer with Cardiff Council it is possible to progress to another Band using the process described in this procedure and by satisfying the requirements of the Foster Carer Learning and Development scheme.
- vii. It is recognised that some newly approved carers may for example have fostered for another Local Authority or have other experience and skills, which may meet the requirements to be considered as Band 2 or Band 3 Foster Carers from the date of approval with Cardiff Council. If the newly approved carer can evidence that they have the skills and experience to be a Band 2 or Band 3 carer, a banding application should be submitted for them at the point of approval by the Agency Decision Maker (please see Sec 7 i for further information about the process that needs to be followed). Once a Fostering Team Manager has made their decision the carer will then be granted their banding status accordingly (from the date of their approval as a Cardiff Council Foster Carer).

- viii. Where a couple are approved as Foster Carer's with Cardiff Council it is expected that the main carer would be able to evidence that they can fulfil the roles and responsibilities for the relevant Band. However, there is an expectation that the other approved carer in the household will also continue to undertake training and evidence their development. Please note that all carers must undertake certain required training courses such as those related to Child Protection, Safe Caring, Manual Handling, etc. Carers can speak to their Supervising Social Worker for further information about training courses that are a requirement for all carers.
- ix. Cardiff Council provides their approved Foster Carers with access to training including the opportunity to obtain a Level 3 Diploma in Health and Social Care, a nationally recognised qualification. It should however be noted that although completion of the Diploma is a requirement for Band 3 carers, obtaining the Diploma does not automatically qualify a Foster Carer to attain Band 3 status. It is an expectation that Foster Carers will participate in training to enhance their skills and ability to care for Looked After Children and that they will satisfy the requirements of the Foster Carer Learning and Development scheme.
- x. The Foster Carer review process will usually be the mechanism for monitoring and ensuring that changes to a carer/s band are considered and this will include a review of whether the carer has satisfied the requirements of the Learning and Development scheme. However to ensure that carers are not financially disadvantaged, applications to change a carer's Band will also be considered outside the review cycle using the process described in this procedure.
- xi. The decision to Band a carer may result in the carer's Band remaining the same or changing. If the Band changes this may be to a lower band or progression to a higher Band. In all eventualities a Fostering Team Manager will make the decision about the Band upon receipt of the required information. The failure of a Foster Carer to satisfy the requirements of the Learning and Development scheme are likely to lead to them being moved to a lower band (unless there are extenuating circumstances).
- xii. Foster Carers may appeal against the Band decision made by a Fostering Manager by making written representation to the Service Manager (LAC Accommodation Services) The appeals process is described in Section 11 of this procedure.

7. PROCESS FOR BANDING NEWLY APPROVED CARERS

- i. The decision to Band a newly approved Cardiff Council Foster Carer will be made by a Fostering Team Manager upon receipt of the following information:-

- Form F assessment
 - Minutes of Fostering Panel
 - Record of Agency Decision Maker's decision regarding approval
- ii. The Fostering Team Manager will record their Band decision using the form 4.CH.775 and a copy of the completed form must then be put on the carer's fostering records (along a copy of all of the Banding paperwork that was submitted).
- iii. The Team Manager will then notify the foster carer of their decision in writing and if they have been successful in their banding application, the letter will give details about their terms of approval and Band. A copy of this letter will be forwarded to the Fostering Payments Administration and a copy kept on the carer's fostering record. This will ensure that the carer receives the correct financial support.

8. PROCESS FOR BANDING EXPERIENCED CARERS

Progression to a higher Band is dependent upon evidence that the carer can meet the role and responsibilities for the Band requested. In order to do this they must also be able to evidence that they have satisfied the requirements of the Learning and Development scheme in relation to the Band the wish to progress to.

Evidence must be submitted by the carer completing an application form (4.CH.669) and the carer's Supervising Social Worker completing a report (4.CH.669a) and the Foster Carer's training profile (4.CH.669b). The carer should give clear examples of how they undertake different tasks as part of their caring role to assist in evidencing their application.

The Supervising Social Worker should complete their report within 2 weeks of receiving the Foster Carer's application form and their Band recommendation will take into account the carer's application, information contained in case records which may include and reports from colleagues, children and young people and their families and it must also provide the specific details (including the number of points) that the carer has evidenced in relation to the Foster Carer Learning and Development scheme within the last 12 months.

The Banding recommendation/decision may be made at any time 6 months from the date of the carer's initial approval to foster with Cardiff Council but due to the fostering experience required to advance in banding status, it would usually not be made until after the foster carer's initial Annual Review of approval (which must take place within 12 months of the carer's initial approval).

Once the Supervising Social Worker has compiled all the necessary information they will pass the Banding application forms to their Team Manager. The Team Manager should make their decision within 7 working days of receiving the banding application and they must record their decision on the 'Manager – Record of Band Decision' form (CIS Ref.

4.CH.755). If the application contains insufficient information for the Manager to make a decision it should be returned to the Supervising Social Worker and they should then re-submit within 7 working days.

If they have been successful in their banding application, the Team Manager will then notify the foster carer of their decision in writing.

A copy of the manager's decision sheet and the letter to the carer will be forwarded to the Fostering Payments Administration and a copy kept on the carer's fostering record. This will ensure that the carer receives the correct financial support.

If a carer has not been successful in their banding application, the Team Manager and their Supervising Social Worker should arrange a meeting with them to discuss the reasons why the application has been unsuccessful. The Foster Carer Training, Learning & Development profile (4.CH.669b).should be updated as this time to reflect the discussions and to put a plan in place to assist the carer's in advancing in their banding status in the future.

9. PROCESS FOR RETAINING EXISTING BANDING

It is accepted that there will be occasions when Foster Carers may not want to change their Band. Nor might it be appropriate to consider a change to a lower or a higher band. If the Supervising Social Worker and the Foster Carer have a difference of opinion regarding the retention of an existing Band then the process is similar to that of a carer applying to be re-banded :-

- the Foster Carer should complete a Banding application form (4.CH.669)
- the Foster Carer's Supervising Social Worker should complete a report (4.CH.669a) and the Foster Carer Training, Learning & Development profile (4.CH.669b).
- The Supervising Social Worker's will then pass the Banding application, along with their recommendation on to their Team Manager.
- The Team Manager will make their decision about the Band.

If the Foster Carer and the Supervising Social Worker are in agreement to retain the carer's existing Band then band application forms do not need to be completed. However, the Foster Carer must be able to evidence that they have satisfied the requirements of the Foster Carer Learning and Development scheme in order to retain their Band. The information provided for the Foster Carer's review of approval meeting should provide sufficient evidence about the carer's skills, training and abilities for the period being reviewed. Please note the review must advise of the total number of Learning and Development scheme points that the carer(s) have achieved during the last 12 months e.g. evidence must be provided to clearly show that the carer(s) have achieved the necessary points to retain their current banding along with providing information about how the points have been achieved.

The Chair of the Annual Review of approval meeting will record their Band recommendation on the report, which they complete for Foster Carer reviews.

10. REQUIREMENTS OF LEARNING AND DEVELOPMENT SCHEME

Each training and development opportunity will carry a number of points which foster carers will earn as they attend various courses and events.

- **Band 1 Carers** - the expectation is that they will gain 6 points throughout the year and 4 of these points need to come from Section A Learning Activities (please see chart of Learning Activities given on next page).
- **Band 2 Carers** - the expectation is that they will gain 10 points throughout the year and 6 of these points need to come from Section A Learning Activities (please see chart of Learning Activities given on next page).
- **Band 3 Carers** - the expectation is that they will gain 15 points throughout the year and 9 of these points need to come from Section A Learning Activities (please see chart of Learning Activities given on next page).

If carers are a looking to progress to a higher Band then they will need to obtain points for the relevant band within a 12 month period as detailed above.

SECTION A – LEARNING ACTIVITIES

TYPES OF TRAINING	NUMBER OF POINTS
External Training Courses	See below for points*
In-house Training	See below for points*
Online Training	See below for points*
Training Delivered by SSW	See below for points*
Support Group Attendance (inc Kinship)	1 point per session
Reading online / other relevant literature / Self Study	See below for points*
Discussions with Diploma Tutor / Assessor	See below for points*
Reflecting on relevant documentary films	See below for points*
Medical learning / specialist training for specific children	See below for points*
(Any learning that contributes to development and influences practise)	See below for points*

*2hrs = ½ point / 4hrs or ½ day training = 1point / 8hrs or 1 day training = 2points

SECTION B – CONSULTATION and MENTORING

TYPE OF ACTIVITY	NUMBER OF POINTS
Matched as a Foster Carer Mentor	1 point per month
FACBO Member	1 point per meeting
Support and Retention Group	1 point per meeting
Finance Meetings	1 point per meeting
Facilitating Courses	1 point per session
Panel Member	2 points per meeting
Recruitment Events	See below for points*
Consultation Groups and Exercises	1 point per meeting
Adoption Mentoring	1 point per month
Contributions to Newsletter	1 point per article

*2hrs = ½ point / 4hrs or ½ day training = 1point / 8hrs or 1 day training = 2points

SECTION C – SUPPORT GROUPS and MEETINGS

TYPE OF EVENT	NUMBER OF POINTS
Informal Support Group	1 point per meeting
Organised Trips / Nights Out	1 point per trip

Couples that foster

In the case of couples that foster (in the same household) they need to achieve the requisite number of points per Fostering household, which means that the couple have to achieve the same number of points as the household of a single carer of the same banding but if both members of the couple attend the same training course they will only be able to gain one set of points for the course (i.e. points for household rather than per person).

If each member of the household attending different training courses then the points for both these courses could be claimed.

All carers are issued with an attendance card, which can also be used to keep an account of their attendance at other events, such as coffee mornings, Mentoring schemes etc. (4.CH.794). The Fostering Service will also keep a record of attendees and this will be stored in a central database.

An example of how the Foster Carers are to record their learning activities is given below:-

Date	Duration (Hours or days) 2hrs = ½ point 4hrs = 1 point 1 full day = 2 points	Details of training and learning activity (Including where appropriate name of provider of training or learning activity)	Please state how the recorded training and learning has contributed to your development and informed your practice	Number of points	Signature of Supervising worker / Course Facilitator
08/04/08	4hrs	Support Group - talk on Alcohol and Substance Misuse	I now have a greater awareness and understanding of different,	1	

			types of substances, affects patterns of use and related problems of misuse and how it can affect families' and children. I feel better informed to have open discussions with the young people I care for about the dangers / possible side affects.		

Once carers have made a record of the activities that they've undertaken they can then discuss them and have them verified with their Supervising Social Workers during their regular supervision visits. The Supervising Social Worker must also keep a record of the activities that the carer has undertaken on the carers records.

Supervising Social Workers and the Fostering Service will make every effort to ensure that Foster Carers are able to fulfil the necessary requirements. However, Foster Carers also need to take responsibility for their own training and development and their current banding position will be at risk if they fail to meet the criteria i.e. achieve enough points due to their own lack of commitment to their training/development.

There will also be further opportunities for Foster Carers to gain points through pieces of practice, although these will need to be agreed the carer's Supervising Social Worker. Examples would be creating memory boxes and evidence based practise pieces that are over and above the expected requirements and that may be made available for other carers to use as a template of good practise.

Foster Carers can evidence further learning/development opportunities (so that their Supervising Social Worker can make a decision as to whether they are entitled to points for the activity) using the 'Additional Evidence Recording Form' (4.CH.795). The Supervising Social Worker must keep a copy of these forms on the carer's records.

11. APPEALS PROCEDURE

This procedure acknowledges that there may be differences of opinion. Where a Foster Carer wishes to appeal they must do so, in writing, within 28 days from the date of the letter they receive about the Band decision.

The carer's appeal letter will need to outline the reasons why the Foster Carer disagrees with the Band decision and include evidence why their case should be reconsidered by the Operational Manager (Resources).

The Service Manager (LAC Accommodation Services) will make a decision about the carer's appeal within 10 working days from the date they receive the appeal information. The Foster Carer will then receive a letter about the outcome.

12. REVIEW

This procedure will be regularly reviewed by the Fostering Service and amended / updated as appropriate.

Appendix I

FOSTER CARER DESCRIPTIONS

Applicable to Band 1, Band 2 and Band 3 Foster Carers		ADDITIONAL BAND 3 CARER TASKS	
1. CARING FOR CHILDREN			
1	To provide day-to-day care of the child/ren you are fostering, having regard to the particular demands of children separated from their families	1	At least one carer must not be employed outside the home or alternatively must have such flexibility of employment to ensure that they can foster a child at all times, for example, during periods of school exclusion.
2	To take part in facilitation of the childcare plan, which would include specific tasks and contact with parents and others who are important to the child.	2	To be able to work with children whose parent/s have complex needs for example learning difficulties, substance misuse.
3	<p>To promote the healthy growth and development of the child(ren) with particular emphasis on:</p> <p>(a) Health—taking responsibility for ensuring appropriate health appointments are made and attended. Including dental treatment and eye tests.</p> <p>Taking the child to medical appointments as necessary following discussion with the social worker and if applicable with the child's family. Using equipment e.g. hoists where applicable to ensure child's health needs are met. Ensure that the child is provided with a healthy and nutritious diet.</p> <p>Sex Education – talking to the child about sexual development and sexual health as appropriate to their age and understanding. Including supporting the child to obtain sex education about sexual orientation/identity from health professionals.</p> <p>(b) Education – in addition to ensuring that the child attends school, the foster carer is also expected to attend meetings and activities with school staff as necessary after discussion with the social worker and where applicable with the child's family.</p> <ul style="list-style-type: none"> - Providing the child with an environment to stimulate interests and develop activities. - Providing the child's social worker and family with a copy of the school report. - Working together with teaching staff, including attendance at information evenings, to encourage educational achievement. <p>(Band 2) To be able to work with different approaches to change patterns of behaviour.</p> <p>(Band 2) To look after a child experiencing problems within education including exclusions and alternative education</p>	3	To be able to work with children with challenging behaviour using skills to manage and divert the behaviour.
		4	To look after a child experiencing problems within education. This will include temporary and/or permanent exclusions from school and children with an alternative education curriculum.
		5	To be able to provide appropriate levels of care and stimulation to pre-school and older children with complex health, emotional and/or developmental needs.
		6	To be able to work with young people who are involved with the criminal justice system including children who are on remand and bailed to reside.
		7	To be able to work with the Local Authority care plan to move a child on to the identified permanent placement including adoption.
			To be able to work with children with challenging behaviour using skills to manage and divert the behaviour.

	curriculum.		
4	To ensure that the children being looked after are encouraged to have and receive a positive understanding of their origins, religion and culture valuing their diversity and promoting equality.		
5	To assist and support parents and other people who are significant in the child's life to sustain and develop appropriate relationships with them.		

Applicable to Band 1, Band 2 and Band 3 Foster Carers	ADDITIONAL BAND 3 CARER TASKS
--	--------------------------------------

1. CARING FOR CHILDREN

6	To enable children and young people who are moving on to do so in a positive manner and continue to offer support to young people who have moved on, to help them adapt to independent living.		
7	To be able to respond to the child/young people emotional age as well as their actual age.		
8	Encourage the child to develop and pursue talents, interests and hobbies.		
9	To be able to care for a child whose progress is delayed or uncertain		

2. PROVIDING A SAFE AND CARING ENVIRONMENT

Band 1, Band 2 and Band 3		Band 3	
1	To ensure that children are kept safe from harm and abuse and that they are taught how to get help should anything untoward occur.		To maintain a positive relationship with a child to sustain a placement through periods of stress that includes a child displaying extremely challenging behaviour.
2	To promote the secure attachment of children to adults capable of providing safe and effective care.		
3	To act as an advocate for each child fostered. BAND 2 ## To move children on in a planned way, even when it is clear that the placement cannot continue.		
4	To work with children/young people who are at risk of significant harm using strategies to minimise the risks posed (a) to themselves (b) to others (c) from others.		
5	To be able to maintain a positive relationship with a child.		To provide a high level of supervision.
6	To move children on in a planned way.		

3. WORKING AS PART OF A TEAM

Band 1, Band 2 and Band 3		Band 3	
1	To work with staff and other professionals in accordance with Cardiff Council guidelines, policies and procedures.		To be available and willing to support the Fostering Service when possible with events for the recruitment of carers
2	To attend and actively participate in all reviews, family meetings, case conferences and court hearings as required.		To assist with the development of new foster carers practice by becoming a Buddy/mentor.
3	<p>To assist with the implementation of the identified care plan for each child placed including rehabilitation, moving a child to adoption and leaving care provision.</p> <p>To actively promote the positives of fostering and the particular needs of looked after children within local communities and amongst other carers</p> <p>To attend a minimum of 2 foster carer support group meetings per year.</p>		To attend a minimum of 3 foster carer support group meetings per year.
4	To deal responsibly with confidential information and store in a lockable filing cabinet		To work, when appropriate, with parents who may have complex needs for example drug misuse
5	To notify the Emergency Duty Team, police and/or social worker when a child does not return home as arranged.		
6	To write a daily record about the child/young person including positives and concerns.		

4. OWN DEVELOPMENT

Band 1, Band 2 and Band 3		Band 3	
1	To recognise the impact that fostering has upon one's own family and help them understand the needs of a looked after child		To be willing to look after a child in an emergency with little notice at any time during and outside office hours.
2	To maintain relationships and interests which provide support particularly through periods of stress.		To assist formally in the development of new foster carers practice by becoming a buddy.
3	To take up training and development opportunities appropriate to the carers band and approval status		To enrol for and within 18 months to obtain the Diploma in Social Care & Health or to be able to evidence an equivalent or higher qualification
4	To attend the Foster Carer Support Group meetings.		To attend the Foster carer support group meetings at least 3 times per year.
5	To have support from family or close friends to enable attendance at training and development groups.		

Key guidance, policies and procedures 6

Procedure for the management of significant changes in a Foster Carer's circumstances

This document was approved by the Children's Service Business Improvement process on 20th December, 2012. It replaces all previous issues before this date and takes account of the most recent and relevant legislation issued prior to this date.

1. Introduction

- 1.1** The Foster Carer Agreement (CIS ref. 2.CH.717) advises Foster Carer's of the need to make the Fostering Service aware of any significant changes in their health, household or general circumstances.
- 1.2** Supervising Social Workers need to ensure that any newly approved foster carer is clear about his or her responsibility to notify the supervising social worker before any change in the composition of their household occurs or where there is any significant change in their circumstances which affects their fostering, for example any new relationship, pregnancy or bereavement.
- 1.3** If a carer's Supervising Social Worker discovers that there has been a change in the foster carer's household without prior notice, a Team Manager must be informed and an immediate review of the foster carer's approval must be convened (please see Procedure and Process for the Review of Foster Carers, CIS ref. 2.CH.679).

In these circumstances, a suspension of the foster carer's approval may have to be considered at the Review.

Once the Review has been completed the carer will need to be returned to the Fostering Panel for a formal review of their approval.

2. Significant visitors, new members of a Foster Carer's household and new partners

2.1 Significant visitors – 'one off' or infrequent visitors

In situations where a young person previously placed with the carer or a friend or relative over the age of sixteen years wish to stay overnight (but will not be visiting regularly or moving in to the household), then :-

- the Fostering Service need to undertake a risk assessment (and this assessment should include current information provided by the social worker for the child(ren) in placement);
- following the completion of the risk assessment any decision taken will be conveyed in writing to the foster carer by the Fostering Team Manager.

Any agreement to overnight stays must be endorsed by a Fostering Team Manager, who will need to have signed off the risk assessment.

In circumstances where a foster carer is found to have not worked in accordance with any agreement or decisions set out by the fostering Team Manager, a suspension of the foster carers approval will be considered. If a suspension of the foster carer's approval is being considered, the relevant case management manager for the child(ren) should be contacted immediately to discuss the situation.

2.2 Significant visitors – regular visitors

In situations where a friend over the age of sixteen years or a new partner will be a significant visitor in a fostering household and are likely to wish to stay overnight (but will not be moving in to the household), they will need to have an enhanced Criminal Records Bureau (CRB) check undertaken by the Fostering Service.

The Fostering Service has a duty to safeguard the children in their care, therefore the enhanced CRB check will need to have been returned prior to the Fostering Service making a decision as to whether or not they will agree to:-

- them being left unsupervised with Looked After Children; or
- them having overnight stays.

The only exception to this would be carers who offer respite or Support Care only and where overnight stays will not coincide with children being in placement.

The Fostering Service also need to undertake a risk assessment (and this assessment should include current information provided by the social worker for the child(ren) in placement). Amongst other things the risk assessment should include:-

- the number and ages of the children in the placement;
- the children's views about the foster carer's partner,
- the significance and stability of the relationship (including how long they

- have known each other) and
- the foster carer's history of fostering.

Following the completion of the risk assessment any decision taken will be conveyed in writing to the foster carer by the Fostering Team Manager.

A significant visitor in a fostering household would be considered a significant change of circumstance. A Team Manager must therefore be informed and an immediate review of the foster carer's approval must be convened.

Once the Review has been completed the carer will need to be returned to the Fostering Panel for a formal review of their approval.

A list of the information that should be included in the report presented to the Fostering Panel at this time is:-

- A copy of the previous Fostering panel minutes;
- A copy of the review of approval that has recently been undertaken to consider the change of circumstance (which should include an updated Health and Safety check and an updated Safer Caring policy);
- Confirmation that a CRB check has been undertaken in respect to the significant visitor;
- A summary giving consideration to all of the information and of the suitability of the continued approval of the carer re: the current circumstances;
- A clear recommendation for the future approval of the carer (as appropriate).

Please note that the above list is not considered exhaustive.

2.3 New members of a Foster Carer's household

Where a foster carer is proposing that any person over the age of sixteen years will join their household, notice must be given before this occurs in sufficient time to enable an enhanced CRB check undertaken by the Fostering Service prior to them moving in to the foster home.

An assessment at the appropriate level will also need to be undertaken before the change in household composition occurs.

As part of the assessment process, the Fostering Service will need to undertake a risk assessment (and this assessment should include current information provided by the social worker for the child (ren) in placement). Following the completion of the risk assessment any decision taken will be conveyed in writing to the foster carer by the Fostering Team Manager.

In circumstances where a foster carer is found to have not worked in accordance with any agreement or decisions set out by the fostering Team

Manager, a suspension of the foster carers approval will be considered. If a suspension of the foster carer's approval is being considered, the relevant case management manager for the child(ren) should be contacted immediately to discuss the situation.

A new member of the household is a significant change of circumstance. The carer will therefore need to be returned to the Fostering Panel as soon as possible to allow a review of their approval to be undertaken.

In the event that the foster carer does not agree to the decisions made further to the completion of the risk assessment, the issues raised should be considered at the review. If they cannot be resolved at this stage, a discussion about the issues and concerns raised will be included in the report presented to the Fostering Panel.

A list of the information that should be included in the report presented to the panel at this time is:-

- A copy of the previous Fostering panel minutes;
- A copy of the review of approval that has recently been undertaken to consider the change of circumstance (which should include an updated Health and Safety check and an updated Safer Caring policy);
- Confirmation that a CRB check has been undertaken in respect to the new household member;
- A summary giving consideration to all of the information and of the suitability of the continued approval of the carer re: the current circumstances;
- A clear recommendation for the future approval of the carer (as appropriate).

Please note that the above list is not considered exhaustive.

In situations where there is a proposal that the new member of the household will play a part in caring for the child(ren) in placement, a review of approval will be required and the case will need to be presented to the Fostering Panel as soon as possible (but within 6 months) to give consideration to the suitability of a joint approval. The process to be followed in such circumstances is the same as that described below in 2.4 regarding a new partner planning to move in to a Foster Carer's household.

2.4 New partners planning to move in to a Foster Carer's household

Where the proposed new member of the household is a partner of the foster carer, there will be a presumption that he or she will have a part to play in caring for any child in the placement.

Therefore, within 6 months of the initial review of the situation being presented to the Fostering Panel a more comprehensive assessment of his or her suitability for this role must be completed.

The required detail of the assessment will depend on the extent to which the new member of the household will undertake a caring role in relation to any child placed.

Where the new member of the household will play a part in caring for the child in the placement, background information held by the service can be utilised however, the report / assessment presented to the panel at this time should cover all of the information that would be necessary to include in a Form F assessment when considering a couple for joint approval.

Part of the assessment will need to specifically focus on the new relationship, the change in circumstances for the carer and the fostering household.

A list of the information that should be included in the report presented to the panel at this time is:-

- A copy of the previous Fostering panel minutes;
- A copy of the most recent review of approval that has been undertaken;
- Information to confirm that we have undertaken all the checks necessary for an approved carer;
- Information to confirm that have undertaken references for the partner (as we would do when considering approving any carer) along with references from people who know the carer and their partner as a couple;
- Information to confirm that the partner has undertaken 'Skills to Foster' training (and ideally Safe Caring and Child Protection training although in some circumstances, due to a lack of course availability, one-to-one work training could be undertaken initially and the partner could then attend the formal courses at a later date);
- A summary giving consideration to all of the information and of the suitability of the approval of the couple;
- A clear recommendation for the future approval of the couple (as appropriate).

Please note that the above list is not considered exhaustive.

2.5 Initial review of approval

In circumstances where an existing carer and their new partner are jointly approved as carers by the Cardiff Fostering panel, further to a review being undertaken and the case must then be returned to the Fostering Panel within 12 months of their initial joint approval.

3. Adult placements

In circumstances of adult placements being considered e.g. an Adult Placement or a Supported Lodgings placement, clear consultation must take place between Adult Services and / or Supported Lodgings Service (as appropriate) and the Fostering Service prior to any placement being

made.

Similar to the situation in relation to any new adult member of a carer's household, an immediate review of the Foster Carer's approval will need to be undertaken.

A report must then be provided to all appropriate panels i.e. Adult Placements Panel and / or Supported Lodgings Panel (as appropriate) and the Fostering Panel outlining the recommended terms of approval (including recommendations in relation to current placements and any future placements that is, in addition to the adult placement being proposed that has led to the review of approval).

4. Review

This document will be subject to regular review to ensure it continues to be in accordance with current:-

- legislation,
- guidance and
- the policies and procedures of Cardiff Children's Services.

Key guidance, policies and procedures 7

GUIDANCE NOTES FOR FOSTER CARERS ON RECORDING.

Recording information is an essential task undertaken by foster carers. Accurate information can help build a record of a child's life history as well as providing the carer and others with insight into a child's needs and behaviour and the services required.

The Fostering Regulations (Wales) 2003 and the National Minimum Standards refer to the importance of recording.

This Guidance has been developed to assist foster carers to:

- Understand why recording is important.
- Understand how their recorded information will be used.
- Assist in recording accurate information.
- Understand where carers should record and store information.

While the guidance provides a useful reference point for all carers it does not replace the importance of attending the training provided by the Training Centre on recording and report writing and having discussions with your supervising social worker and the child's social worker.

Why recording information is important.

There will be a variety of ways in which the information recorded by foster carer can be used:

- To make decisions about children's care plans
- To provide information for the child, which can be used by social workers, foster carers and others to answer questions the child may have about themselves and their history.
- When children and young people who are currently or who have been looked after previously decide they want to have access to their Social Services records. This request is mainly to enable the child find out about themselves, what they were like, about their family and friends and what happened to them.
- To provide a written record, which can be considered in cases when a

complaint/ allegation is made against the foster carer.

- To provide the child's allocated worker and other professionals with information about the experiences and important events for the child to inform care planning and service provision.
- To provide evidence in court proceedings if needed.
- To indicate patterns and possible triggers to the child's behaviour.
- To enable the child to read and contribute to the content of the recordings

Recording Accurate Information

It is very important for foster carers to provide an accurate daily written record, which also takes into account that the child and other professionals will read these recordings at a later date. Whilst it is an expectation that daily written recordings will be made for each child in foster care it is recognised that for children who are in long-term placements for example the frequency of the recordings will need to be confirmed with the District worker and your supervising social worker.

All recordings must be in black ink and written clearly. Use one page per foster child and use initials for each child.

Tippex must not be used to delete errors, put a line neatly through any mistakes without making the error unreadable.

All recordings must be signed and dated by the person who wrote them.

You should record the facts, what was actually said using the words used by the child and/or others. Include the date and time of the event/observation and who was present and also include the date and time that you are making the recording. Recording can also include observations of facial and body gestures.

When the recordings include the details of more than one child or young person it is important to be clear who the individuals are and what action/words belong to each individual.

In the event of a disclosure by a child it is essential to record as much of the disclosure as possible using the actual words used by the child or young person. Do not use your own words to 'interpret' what the child or young person said because you may be interpreting incorrectly and this may result in an inaccurate recording and action being taken which is inappropriate to the event. (Your foster carer handbook provides further guidance about dealing with disclosures).

Where foster carers wish to share and have their personal view or analysis of an event or observation recorded this is best achieved by the foster carer contacting their supervising social worker. Discussion can then take place and the information will be recorded by the supervising social worker either as a case recording or on the FCV form during a visit to the foster carer or the

information may be included on both recordings. The foster carer will receive a copy of the FCV form for their records and the information provided is also shared with the child or the young person's allocated worker.

Sometimes it can seem more important to record the challenges and difficulties but remember to include the positives. When the information is shared with the child or young person it is always nice to hear good things about oneself.

The language used to record information about children and young people needs to be considered carefully – always thinking about the day it will be read or shared with them or by someone else. Reading information about oneself will have an enormous impact on the child/ young person/ adult whether the information is positive or negative.

Where foster carers should record and store information

Foster carers should use their diaries and child health books to record the time and venue of appointment meetings.

Foster carers should not use diaries to record information about children in placement because of issues of confidentiality and to comply with the validity of recordings for court evidence and access to records if required.

Information about the health of a child in foster care will be recorded in the child's health book. This information should include medical appointments arranged and attended and outcome, any self-harm behaviour, immunisations, CAMHS involvement, eating and sleeping patterns. At the end of the placement, the health book should be given to the child's social worker for inclusion in the main file.

All Cardiff Council approved foster carers will be issued with a duplicate book for recording information about each child in placement. The duplicate books will also produce a carbonated copy of the original recording for the foster carer to keep. The top copy of each page of recording will be placed on the child/young person's Social Services files, which could be read by the child/young person in the future.

The duplicate books must be stored in a lockable cabinet together with minutes of meetings and other information about the child/young person. You will be reimbursed up to £40 for the cost of this cabinet upon proof of purchase being provided to your supervising social worker.

What happens to the recordings?

Your supervising social worker will discuss and ask to see your duplicate book recordings. Any advice provided regarding the content of the recordings will be recorded on the FCV form by the supervising social worker. They will also collect the top copy, which will then be forwarded to the District worker and kept on the child or young person/s Social Services file. The child/s social

worker may also discuss and ask to see your recording when they visit.

Each page in the duplicate book has a number. Your supervising social worker will make a note in your duplicate book of the numbers of the recording sheets they have taken and sign the duplicate book as confirmation of receipt.

Your supervising social worker will also sign the duplicate book to confirm they have read the original recordings and you should ask the child's social worker or other professionals who reads it to do the same. If they refuse please record this in the duplicate book and notify your supervising social worker.

At the end of a placement your supervising social worker will collect any remaining top copies of recordings and other information, which will be forwarded for inclusion onto the child's Social Services file.

Do not let anyone remove your recordings without a signature to confirm receipt.

Do not let anyone remove your duplicate book unless this is agreed as being necessary for example in legal proceedings.

Content of Log Book / Duplicate Book Recordings

The following headings may not be always applicable to your foster child but are to be used as Guidance for recording in your duplicate book.

Child's Personal Development (to include: relationships and behaviour towards all household members and towards others, hygiene, sexualised behaviour, violent behaviour, language, activities and interests)

Child's Education (to include: attendance, incidents of bullying, behaviour at school/nursery, exam results, school trips, school plays, extra curricular activities, support provided by carer with education, attendance at parent/teacher meetings)

Contact (to include: behaviour of child prior to/during/following contact, who has supervised the contact, whom the child had contact with, date and duration of contact, type of contact e.g. letter/phone/visit)

Complaints/Allegations – made about or by the child, who made the complaint/allegation and when, date and time information was obtained and reported and to whom, outcome.

Key guidance, policies and procedures 8

Guidance document – Fostering Mentoring scheme

This document was approved by the Children's Service Business Improvement process on 25 October 2012. It replaces all previous issues before this date and takes account of the most recent and relevant legislation issued prior to this date.

1. Who can be a Mentor?

The Mentoring scheme is one of the support initiatives for Cardiff Council foster carers.

It is a role for approved, experienced carers who have been approved for over two years (and who will have normally reached Band 3).

The experienced carer is 'matched' with a fostering applicant or newly approved carer as part of their induction programme.

Mentors can also be 'matched' to more experienced carers that require assistance with an issue that is new to them or with which they feel they need further support e.g. moving a child on for adoption for the first time, support with a particularly challenging placement, etc.

Suitability experienced Foster Carers who are interested in becoming a Mentor Foster carers can make a request to be considered as a Mentor by contacting their Supervising Social Worker or the Fostering Duty Worker. The carer will then be asked to complete a Mentor scheme profile questionnaire and the completed profile will be passed to the scheme co-ordinator.

The scheme co-ordinator will then normally set up a meeting with the applicant or carer and their Assessing Social Worker / Supervising Social Worker.

2. What do Mentors do?

A mentor is someone at the end of the phone e.g. when a new applicant or carer needs advice to help with issues such as:-

- How to complete a mileage form,
- Who needs to be contacted when and with what information etc.
- Providing a listening ear.
- Mostly this will be for out of hours support but there may be issues that new carers want to check on before calling their Supervising Social Worker.
- Mentors will be linked to one applicant / foster carer at a time.
- A mentor will go to at least the first support group meeting with a new carer.
- A brief record of the contact will be kept so that the service can track how the Mentoring Scheme is used, how often it is used and any issues that arise - this will help inform our recruitment and support of carers.
- Mentors can help with practical advice, for example form filling.
- Mentors should provide feed back for the first annual review.

Other carers can also benefit from being linked with a Mentor e.g.:-

- a carer who is not yet approved but is looking after a child placed under regulation 38;
- a carer who has just been re-approved after an allegation or change of circumstances;
- a carer moving a child on to adoption or independent living for the first time.

3. What don't Mentors do?

- They cannot make decisions. They are a sounding board that can point a carer to the right person to make decisions.
- They don't make home visits, they are a telephone contact.
- Mentors do not replace the role of the Supervising Social Worker

4. Who can make referrals for Mentors?

Every newly approved carer will have a mentor and will automatically be referred to the scheme.

Supervising Social Workers can make a referral to the Mentoring scheme for any carers that they think may be assisted by the scheme (following agreement from their Manager).

Foster carers can make a request to be linked to a Mentor by contacting their Supervising Social Worker or the Fostering Duty Worker.

5. Who decides what the Mentor does?

The Mentoring scheme is supported by:-

- the Mentor scheme co-ordinator,
- Assessing Social Workers / Supervising Social Workers
- the Managers (including a 'Lead' manager with specific responsibility for assisting the co-ordinator in overseeing the scheme).

The Mentoring scheme co-ordinator, the applicant / carers Social Worker and the Mentor's Supervising Social Worker (if required) will meet with the Mentor and the applicant / carer.

During the meeting a written agreement will be drawn up, agreed and signed so that everyone is clear about who does what.

A review will be held after three months to identify if further involvement by Mentor is required. If it is felt that the Mentor is still needed this will be reviewed after a further three months.

Normally a formal Mentor relationship will cease after 12 months.

6. Matching

When a carer applies to be a Mentor will are asked to complete the Mentor Scheme Profile Questionnaire (CIS ref 4.CH.849) - these profiles need to be kept up to date and they should be reviewed / updated a minimum of every 12 months.

The Mentoring scheme co-ordinator uses these profile questionnaires to identify which Mentor will be matched to the carer who has been referred to the scheme for support.

7. Getting Started

When the Mentoring scheme co-ordinators have matched a Mentor to a new carer, the Mentor will be contacted by the scheme co-ordinator to discuss and confirm that the Mentor is happy to proceed.

If the Mentor advises that they feel unable to proceed, the scheme co-ordinator will record the reasons why (as this is likely to help when looking to identify another match).

If the Mentor advises they are happy to proceed – the scheme co-ordinator will then discuss the Mentoring match needs with both the Supervising Social Workers for the Mentor and the Supervising Social Workers of the carer who is to be mentored – both need to agree to the arrangement before the arrangement can proceed to the initial meeting.

If the mentor and applicant / new carer are matched and all parties are happy

/ ready to proceed, the scheme co-ordinator will then organise a meeting between the Mentor (and their Supervising Social worker if required), the applicant / carer who is to be mentored (and their Social Worker) – the scheme co-ordinator will chair this meeting.

During the meeting discussions will be had to help clarify everyone's roles and expectations and this is likely to include:-

- the days and times when the Mentor is available to be contacted;
- the types of topics on which the Mentor can provide advice i.e. Mentors will be sharing their experience of being a carer and working with social services / other professionals / families (but it is important to remember that mentors are not teachers);
- issues in relation to confidentiality and child protection.

The meeting will be recorded and everyone will receive a copy of the minutes.

At the end of the meeting the Mentor will be asked to sign the Mentoring Agreement (CIS ref. 4.CH.850) and a date will be set for three months or sooner to review the mentoring match.

Sometimes it may be felt appropriate to terminate a mentoring agreement before the three-month review date however, before this happened it would be discussed with all parties involved.

8. Recording

All conversations between the Mentor and applicant / carer being mentored are to be recorded - the reasons for this is to assist the applicant / new carer to obtain the support and training that is required to fulfil their role as a foster carer.

Mentors will need to record the date and time of each contact and summarise what has been discussed.

Copies of completed recordings can either be posted to the Mentoring scheme co-ordinator or sent to them via email (as long as the recordings don't contain confidential information)

Mentor can be provided with a duplicate book to use for their recordings if this is their preference (and the top copy can then be posted to the scheme co-ordinator or passed to the applicant's / carer's Social Worker when they visit.

Recordings will be photo copied - the original copy will be filed in the Mentor's foster carer file and the copy will be kept by the mentoring co-ordinator.

The Mentoring scheme co-ordinator should be made aware of each contact made so that they are able to ensure the carer being mentored is being supported in accordance with the mentoring agreement.

9. Confidentiality and Child Protection

A key part of fostering is respecting and ensuring confidentiality.

Foster carers will therefore have a lot of information about the children they foster and their families and it is an expectation that any confidential information is kept in a lockable filing cabinet. The fostering service will reimburse carers up to the value of £40 to purchase a lockable cabinet

Records related to the mentoring role should be stored in a lockable cabinet.

Mentors can send some brief information to the mentoring scheme co-ordinator or their Supervising Social Worker however, such emails should never include information that would be considered confidential (and please – even only limited information is being given – the names of children placed and members of their family would be considered confidential).

A foster child and their family have a right to privacy; however a foster carer will sometimes want to talk to their Mentor about their experiences of caring for a child. The types of issues that may be discussed with a Mentor are outlined in Section 2 of this guidance i.e. under ‘What do Mentors do?’

Carers should not discuss specific information about a child or their background and circumstances with their Mentor. Please always remain conscious that you should also not share information about a child’s family or their home address e.g. as it may be that the person you are talking to will know them.

Issues that would involve sharing confidential information about a child or their family should instead be discussed directly with Supervising Social Workers, The Fostering Duty Worker and the child’s allocated social worker (or the Emergency Duty team if advice is needed ‘out of hours’).

The service recognises that new carers often find it particularly difficult if other people such as neighbours ask questions about their foster child. We recommend that you say you are unable to discuss this with other people.

Please note: an allegation of a breach of confidentiality is very serious and will be investigated by the Fostering Service and it could lead to a review of your approval as a foster carer.

However, there may also be times when your foster child wants to confide in you and asks that you keep what they tell you as a secret. Although this can be very difficult, **you cannot make promises** like this to a foster child as the child may tell you that they have been abused in some way and **this has to be reported**. As a foster carer you have a responsibility to protect children and to keep them safe from harm and abuse. If a child tells you that they have been abused in some way this should not be discussed with a Mentor – it should instead be reported to the child’s Social Worker / the relevant Case Management team immediately (or to the Emergency Duty team out of hours)

and the Fostering Service should then be advised as soon as possible.

Section 8 of the Cardiff Foster Carer Handbook provides further information about child protection and confidentiality.

10. What support do Mentors get?

Mentors will receive:-

- Re-imburement for expenses e.g. use of telephone & travel whilst linked to the carer they are mentoring
- Training
- A minimum of four mentor support meetings a year

Key guidance, policies and procedures 9

Guidance for foster carers in relation to blood borne viruses - Hepatitis B, C or Human Immunodeficiency Virus (HIV)

1. Background

1.1 Human Immunodeficiency Virus (HIV) – HIV is a virus that attacks the body's immune system making it vulnerable to infections that a healthy immune system would fight off.

The vast majority of children who have HIV will have acquired the virus from their mothers either in the womb, at delivery or through breast feeding.

Children and young people may also acquire HIV :-

- Through sharing contaminated needles, syringes or other equipment during intravenous drug use or from a needle stick injury.
- Through unprotected sexual intercourse with an infected person or through sexual abuse.

1.2 Hepatitis B Virus (HBV) - Hepatitis B is highly infectious and much more easily transmitted than HIV by blood borne routes however, it is preventable by immunisation.

HBV causes inflammation of the liver and liver cell damage that may lead to scarring of the liver (cirrhosis) and in some people it can result an increased risk of liver cancer. The risk of liver cancer is much higher in children who were infected at birth.

Children and young people who have HBV may have acquired the virus from:-

- their mother at their birth / the point of delivery;
- from sharing contaminated needles, syringes or other equipment during intravenous drug use, or from a needle stick injury;
- through unprotected sexual intercourse with an infected person or through sexual abuse;
- through a blood transfusion given in a country where blood transfusions are not screened for hepatitis;
- by invasive medical/dental treatment abroad using non-sterile

instruments/needles.

Other less common ways in which the infection may be spread are:-

- non-sterile equipment used for tattooing and cosmetic piercing;
- sharing razors and toothbrushes (which may be contaminated with blood) with an infected person.

Newborn children with an identified risk of Hepatitis B will be immunised against Hepatitis B from birth.

1.3 Hepatitis C Virus (HCV) - HCV is a virus that causes inflammation to the liver.

20% – 40% of people with the HCV infection will clear the virus.

The majority of people infected will only get mild liver damage however, in 5%-20% of people HCV progresses over 20 to 30 years to cause serious liver damage.

Children and young people who have HCV may have acquired the virus from:-

- from sharing contaminated needles, syringes or other equipment during intravenous drug use, or from a needle stick injury;
- through a blood transfusion given in a country where blood transfusions are not screened for Hepatitis;

Other less common ways in which the infection may be spread are:-

- non-sterile equipment used for tattooing and cosmetic piercing.
- sharing razors and toothbrushes (which may be contaminated with blood) with an infected person.
- from an infected mother to her baby at birth (this risk is increased if the mother is also infected with HIV);
- by unprotected sexual intercourse;
- by invasive medical/dental treatment abroad using non-sterile instruments/needles

2. Avoiding the risk of children being stigmatised

A child who is suspected or confirmed as having HBV, HCV or HIV **must** have their right to confidentiality maintained. Children with suspected or confirmed HBV, HCV or HIV should be treated no differently to a child without that risk.

However, to ensure the child or young person with HBV, HCV or HIV can be supported, it may be necessary to share the diagnosis with their carer – this disclosure will be considered and made by the child's social worker if appropriate.

Please note: every effort should be made to ensure that children who are looked after complete their Hepatitis B immunisation course

3. Safe Caring / safe practice

There is a small risk that children born to mothers who Hepatitis B, Hepatitis C or HIV will also have the virus.

The possibility of getting HBV, HCV or HIV from a child is minimal however, to further reduce the risk, safe caring and good hygiene measures should be adhered to at all times.

All Foster Carers have been provided with information about safe caring and should be aware of the need to use protection against contact with blood / body fluids / open wounds.

If however Foster Carers are unsure about any aspects of Safer Caring / safe practice they should contact their Supervising Social Worker (or the Fostering Duty Worker in their absence) to request further information.

Although this list is not seen as exhaustive, good practice that should apply to all children being cared for would include:-

- Don't share personal items e.g. tooth brushes, razors or tweezers;
- Clean up any blood spillages with hot soapy water then wipe surfaces with household bleach – then throw the cloth away;
- Cover cuts with a waterproof plaster until healed;
- If blood is noticed in the stools or urine wear gloves for nappy changing;
- If blood is noticed in vomit - wear gloves for cleaning it up;
- If you have areas of broken skin on your hands e.g. due to a cut, eczema or psoriasis wear gloves when changing nappies / cleaning up vomit even if there is no blood noticed (to prevent infection from other germs).
- Using safe disposal methods for sanitary protection e.g. linen contaminated with blood, urine, vomit and faeces should be washed on the hottest wash cycle possible using a detergent. Dilution is an important part of the washing process and overloading of washing machines should therefore be avoided. If washing by hand is unavoidable, household rubber gloves *must* be worn. Alternatively, linen can be dry cleaned at elevated temperatures or dry cleaned cold followed by steam pressing.

Please note : some fabrics won't be suited to being cleaned at high temperature so there is a need to refer to the washing instructions on the label and urine, faeces, saliva (spit), sputum (phlegm), tears, sweat and vomit do not carry a risk of HIV, HBV or HCV infection unless they are contaminated with blood.

It is not possible to catch HBV, HCV or HIV from normal social contact including, kissing, coughing, sneezing, holding hands, sharing bathrooms, toilets, swimming pools, food, cups, cutlery and crockery etc.

4. Immunisation for Hepatitis B

Usually vaccination would only be recommended for people in high-risk groups, such as families that foster or adopt children who may have been at increased risk of developing a Hepatitis B infection

The Fostering Service would therefore recommend this vaccination for Foster Carers and their families :-

- All short-term foster carers who accept children as emergency placements;
- who are caring for children identified as being high risk of having Hepatitis B.

However, all carers (and their family members) can ask their GP to immunise them against Hepatitis B.

Most carers have found that their GPs have provided this vaccination without charge. If however, carers find that their GP does charge for this vaccination they can contact their Supervising Social Worker to request that the service pay for them to have this injection.

5. Immunisation for Hepatitis C or HIV

Currently there is no immunisation available for Hepatitis C or HIV

6. Review

This document will be reviewed on a regular basis to ensure it is in accordance with current practice and legislation.

Health and safety checklist

Health and Safety Property/ Environment Checklist

This form is to be completed by the supervising support worker in partnership with foster carer/s.

Applicant / Carer(s) Name (s):

Address:

Telephone Numbers.

Date of Report:

Name of Person Making Check:

Part 1 – HOME CONDITIONS (to be completed by the Social Worker only)

			Action / improvement required and date to be carried out
•	Is the accommodation suitable for the number of children/young people living, or proposed to live, in it? (Note, disabled children may need more space)	YES/NO	
•	If loft areas are part of the accommodation, do these meet building regulations?	YES/NO	
•	Is there sufficient space for children to pursue their homework, to engage in quiet activities on their own, as well as play boisterously?	YES/NO	
•	Do rooms have sufficient light to read and play by?	YES/NO	
•	Are all rooms maintained at a reasonable temperature?	YES/NO	
•	Can children eat in a comfortable and relaxed atmosphere?	YES/NO	
•	Is the accommodation hygienically clean and free from the odour of pets, cigarette smoke, urine and rubbish?	YES/NO	
•	Are there any obvious hazards? If yes, please specify	YES/NO	
•	Do any pets pose a physical threat to children?	YES/NO	
•	Are sleeping and feeding arrangements for pets hygienic?	YES/NO	

Part I1 – GENERAL SAFETY FACTORS (indoors)

			Action / improvement required and date to be carried out
•	Do floor coverings / door thresholds pose a hazard?	YES/NO	
•	Is electrical equipment in good repair?	YES/NO	
•	Are accessible power points fitted with child resistant safety covers?	YES/NO	
•	Are all heating appliances fixed to the wall?	YES/NO	
•	Are radiator temperatures at a safe level?	YES/NO	
•	Does everyone know the plan for escape in case of fire?	YES/NO	
•	Are fireguards used?	YES/NO	
•	Are glassware, china and other fragile objects kept out of reach?	YES/NO	
•	Is there an easily accessible and working fire extinguisher or fire blanket in or near kitchen?	YES/NO	
•	Are smoke detectors fitted and working (test batteries)?	YES/NO	
•	Are sockets overloaded?	YES/NO	
•	Has an electrician checked the wiring and a safety report issued?	YES/NO	
•	Are gas fires and gas water heaters serviced yearly?	YES/NO	

			Action / improvement required and date to be carried out
•			
•	Are there any loose or uneven floor coverings?	YES/NO	
•	Do all rooms have opening windows?	YES/NO	
•	Do windows have locks/restrictors?	YES/NO	
•	Are the keys to the house kept safely?	YES/NO	
•	Is there adequate artificial /natural light to illuminate any steps?	YES/NO	
•	Are the banisters filled in, or do they have a maximum gap between rails of 4 inches?	YES/NO	
•	Is a stair gate fitted?	YES/NO	
•	Are balcony doors secured?	YES/NO	
•	Do soft furnishings conform to British Standards. Are you committed to ensure any new furniture conforms to British Standards	YES/NO	
	<u>KITCHEN</u>		
•	Is access to the kitchen always closely supervised?	YES/NO	
•	Is gate used (age appropriate)?	YES/NO	
•	Are kettle flexes short and out of reach?	YES/NO	

			Action / improvement required and date to be carried out
•			
•	Are chest Freezers kept locked?	YES/NO	
•	Is a cooker guard fitted?	YES/NO	
•	Are kitchen surfaces and flooring undamaged and kept clean?	YES/NO	
•	Is food appropriately stored and the fridge kept at the correct temperature?	YES/NO	
•	Are bleach, poisonous substances, matches, etc., stored in their original containers out of reach of small children?	YES/NO	
	<u>BATHROOM</u>		
•	Are toilet and washing facilities clean and hygienic and close to each other?	YES/NO	
•	Are lights and electric fires controlled by a pull cord switch?	YES/NO	
•	Are medicines, shampoos, cosmetics and razors locked away out of each?	YES/NO	
•	Is there a thermostat on the hot water control to prevent scalding?	YES/NO	
•	Is there a lock on the door? Is it out of reach of small children?	YES/NO	

			Action / improvement required and date to be carried out
	<u>BEDROOM</u>		
•	Is the bed or cot safe? (Note: bunk beds are not suitable for age 14+: top bunks are not suitable for under 5s)	YES/NO	
	<u>GARDEN</u>		
•	Does the garden contain any poisonous plants?	YES/NO	
•	Are swings, slides etc., securely fixed and kept in good condition?	YES/NO	
•	Are garage and sheds locked?	YES/NO	
•	Are greenhouses, pools, ponds, hot tubs, water tanks etc., covered or fenced off?	YES/NO	
•	Are sandpits hygienic and covered when not in use?	YES/NO	
•	Has a trip device been fitted in the electrical circuit to prevent a fatal shock?	YES/NO	
•	Are garden/DIY equipment/chemicals locked away, out of sight and reach?	YES/NO	
•	Is any dangerous equipment (e.g. farm machinery) accessible to children?	YES/NO	
•	Are garden fences and gates secure and in good condition?	YES/NO	

			Action / improvement required and date to be carried out
	<u>Household Vehicles</u>		
•	Are the car keys appropriately secured?	YES/NO	
•	Will you ensure all adults who drive foster children in your car conform to all safety and legal requirements?	YES/NO	
•	Will you notify your Social Worker of any legal health or changes in circumstances that affects any of the above or impair your ability to drive immediately?	YES/NO	
•	Are BSS approved car seats used when appropriate	YES/NO	
•	Is the MOT, tax and insurance on car up to date (fully comprehensive)?	YES/NO	
•	Is the direct access to the road protected?	YES/NO	

Part III – General Safety Factors (outdoors

	<u>FIREARMS</u>		
•	For what purpose are they used?	YES/NO	
•	Where are they stored and who is the user?	YES/NO	
•	Are arms and ammunition stored separately and in locked cabinets?	YES/NO	
•	Any other hazards e.g. Decorative swords?	YES/NO	

			Action / improvement required and date to be carried out
	<u>PERSONAL CIRCUMSTANCES</u>		
•	Do household members smoke:	YES/NO	
	Inside the House?	YES/NO	
	Outside the house?	YES/NO	
•	In communal areas?	YES/NO	
	In front of the Children?	YES/NO	
	If YES, do they understand the risk to children?	YES/NO	
	Are smokers willing to smoke away from children, if they do not already?	YES/NO	
•	If Yes, do they understand the risk to children?	YES/NO	
•	Is there an accessible First Aid Box	YES/NO	
•	Is a member of the household a trained first aider?	YES/NO	
•	Is the need to use protection against contact with blood/body fluids/open wounds understood and practised?	YES/NO	
•	Do adults understand how infections are transmitted?	YES/NO	
•	Are alcohol, cigarettes and lighters kept out of reach?	YES/NO	
•	To the best of my knowledge – no member of my household or any person likely to be invited to my home or have contacts with young people in my care present a risk health or otherwise to young people	YES/NO	

I UNDERSTAND THAT THE HEALTH AND SAFETY OF YOUNG PEOPLE LEFT IN MY CARE IS PARAMOUNT.

IF MY CIRCUMSTANCES CHANGE IN A WAY THAT COULD OR POTENTIALLY CAUSE ANY ADVERSE HARM TO YOUNG PEOPLE LEFT IN MY CARE I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CONTACT A MEMBER OF THE FOSTERING AND ADOPTION TEAM IMMEDIATELY.

SIGNED: (Person making report)

SIGNED: (Foster carer)

SIGNED: (Foster carer)

DATE:
