Welcome To Your Foster Carers’ Handbook

Birmingham City Council fostering service is dedicated to providing the highest possible standard of care to Children and Young People in foster care in line with our Corporate Parenting Pledge.

As a foster carer you will be expected to comply with the Children Act 1989 and 2004, Care Standards Act 2000 (CSA), Care Planning Regulations 2010, Fostering Services (England) Regulations 2011 (amended July 2013) and National Minimum Standards 2011 (NMS) and this handbook is designed to guide you through this.

As foster carers you make a real difference to the lives of children and young people by providing a family to children who really need one. As a Local Authority we want to ensure that we provide the best possible service to children and young people in foster care and to you as foster carers. To do this we need to provide you with a high level of support.

We are committed to protecting children from harm, improving engagement in learning and achievement in education and reducing health inequalities, to achieve the best possible outcome in all areas of their lives.

We hope this guide will help you throughout your fostering career and provide clear information to support you in achieving the best possible outcomes for our children and young people.

We'll send you updates whenever new legislation and procedures come in and your Supervising Social Worker will be able to offer further guidance and support.

We welcome feedback, therefore if there is anything in this edition that is not clear or you have any suggestions about what should be included in the future please send us your suggestions to Janet Denny, Head of Service, PO Box 15742, Birmingham, B2 2QW.

We look forward to working with you

Janet Denny
Head of Service for Adoption and Fostering
Birmingham Corporate Parenting Pledge

Values

Foster carers’ agreement

1) Fostering for Birmingham

- What is fostering
- Who’s who in fostering
- People you may work with
- Foster carers’ charter
- Records and recording
- Fostering Network
- Birmingham Foster Care Association

2) The law and fostering

3) Placement process

4) The Child’s wishes and feelings and the views of those significant to them (Standard 1)

5) Promoting a positive identity, potential and valuing diversity through individualised care (Standard 2)

6) Promoting positive behaviour and relationships (Standard 3)

7) Safeguarding children (Standard 4)

8) Children missing from care (Standard 5)

9) Promoting health and wellbeing (Standard 6)

10) Leisure activities (Standard 7)
11) Promoting educational attainment (Standard 8)

12) Promoting and supporting contact (Standard 9)

13) Providing a suitable physical environment for the foster child (Standard 10)

14) Preparation for placement (Standard 11)

15) Promoting independence and moves to adulthood and leaving care (Standard 12)

16) Foster carer training – (Standard 20)

17) Useful resources for foster carers
Birmingham’s
Corporate Parenting Pledge

We promise:

1. To involve you in decisions that affect you and to listen to your views.

2. To find you the best possible place for you to live.

3. To make sure you have every opportunity possible to achieve your best at school.

4. To encourage you to take part in all available activities that the city has to offer.

5. To take care of your health and encourage you to be healthy.

6. To provide you with a good and clear assessment of your needs and an up to date care plan.

7. That you will have your own social worker who visits you regularly and gives you details about who to contact them or someone else if they are away when you need them.

8. We will help you stay in touch with your family, friends and other people who are important to you.

9. We will listen to what you have to say.

10. To work with you and give you all the help and support you need to successfully move from care to adult life.

Peter Duxbury
Strategic Director, Children, Young People and Families, Birmingham City Council
Signing on behalf of the Corporate Parenting Board, Birmingham City Council and partners.

Councillor Brigid Jones
Cabinet Member, Children and Family Services, Birmingham City Council

Birmingham’s Children in Care Council fully support this pledge. If you are a young person in Birmingham’s care and would like to discuss the pledge please email: childrensightssadmin@birmingham.gov.uk or phone: 0121 303 7217 and ask to speak to a Children in Care council officer.
The Fostering service values

Birmingham City Council fully endorses the values set out in the National Minimum Standards (Department of Education 2011) which explain the important principles underpinning the Standards.

Children’s welfare, safety and needs should be at the centre of the fostering process.

Children in care deserve the best possible experiences in life and should benefit from excellent parenting and access to a range of opportunities to develop their knowledge and skills.

Foster carers are core members of the team working with a child and should be treated with the recognition, respect and support they need.

Fostering Regulations 2011, highlight that it is the obligation of the foster parent to:
“care for any child placed with them as if the child were a member of the foster parent’s family and to promote the child’s welfare having regard to the long and short term plans for the child” (Regulation 25 (5) (b) Schedule 5 of the Fostering Regulations 2011).

The National Minimum Standards sets out the following values that are central to children in care:

- The child’s welfare, safety and needs are at the centre of their care
- Children should have an enjoyable childhood, benefiting from excellent parenting and education, enjoying a wide range of opportunities to develop their talents and skills leading to a successful adult life
- Children are entitled to grow up in a loving environment that can meet their developmental needs
- Every child should have his or her wishes and feelings listened to and taken into account
- Each child should be valued as an individual and given personalised support in line with their individual needs and background in order to develop their identity, self-confidence and self-worth
- The particular needs of disabled children and children with complex needs will be fully recognised and taken into account
- The significance of contact for looked after children, and of maintaining relationships with birth parents and the wider family, including siblings, half-siblings and grandparents, is recognised, as is the foster carers’ role in this
- Children in foster care deserve to be treated as a good parent would treat their own children and to have the opportunity for as full an experience of family life and childhood as possible, without unnecessary restrictions
• The central importance of the child’s relationship with their foster carer should be acknowledged
  and foster carers should be recognised as core members of the team working with the child

• Foster carers have a right to full information about the child

• It is essential that foster carers receive relevant support services and development opportunities
  in order to provide the best care for children

• Genuine partnership between all those involved in fostering children is essential for the NMS to
  deliver the best outcomes for children; this includes the Government, local government, other
  statutory agencies, fostering service providers and foster carers
This is the standard Birmingham Foster Carer Agreement which you will need to sign before any placements can be made. Please ensure you have read and understood the contents and speak to your supervising social worker if you have any questions.

**Foster Carers Agreement**

**NAME Carer(s)** 1. 2. **DATE**

### INTRODUCTION

Fostering today is a complex task which requires a range of skills, abilities, personal qualities and the need to keep up to date with knowledge.

In the process of fostering carers take on the responsibility for the child, or children placed with them, and are required to offer safety and security within a family setting.

As a minimum requirement carers are expected to act as any good parent would and to promote a family life experience which recognises the child’s cultural background and interests. It is also required that carers will promote a non-stigmatising lifestyle.

It is within the family setting that the child is supported, valued and helped in ways which meet their developmental needs and help them to achieve positive outcomes in the future.

Foster carers are part of the Team Around the Child [TAC] and work with the child’s allocated social worker, teachers, medical staff, other professionals and birth parents in securing and delivering the child’s Care Plan. Carers are directly supported in this task by their supervising social workers.

Foster carers are key to the task of helping children in placement - their commitment, attitude and values make a difference to children and young people whose lives have been disrupted by events beyond their control.

All carers approved by Birmingham Fostering Panels are subject to the Fostering Services Regulations 2011, the Care Planning, Placement and Review Regulations 2010, the National Minimum Standards on Fostering and the Policies, Procedures and Guidance issued by the Council’s Fostering Service.

This Foster Carer Agreement complies with Regulation 27(5)(b) and Schedule 5 of the Fostering Services Regulations 2011.
## VALUES & PRINCIPLES

- The welfare of each child/young person is paramount
- The child’s welfare, safety and needs are at the centre of their care
- The central importance of the child’s relationship with their foster carer should be acknowledged and foster carers should be recognised as core members of the team working with the child.
- Children in foster care deserve to be treated as a good parent would treat their own children and to have the opportunity for as full an experience of childhood and family life as possible, without unnecessary restrictions.
- Children should have an enjoyable childhood, benefiting from excellent parenting and education, enjoying a wide range of opportunities to develop their talents and skills leading to a successful adult life.
- Children are entitled to grow up in a loving environment that can meet their developmental needs.
- Every child should have his or her wishes and feelings listened to and taken into account.
- Each child should be valued as an individual and given personalised support in line with their individual needs and background in order to develop their identity, self-confidence and self-worth.
- The particular needs of disabled children and children with complex needs will be fully recognised and taken into account.
- The significance of contact for looked after children, and of maintaining relationships with birth parents and the wider family, including siblings, half siblings and grandparents, is recognised, as is the foster carers’ role in supporting this.
- Foster carers have a right to full information about the child.
- Carers are part of the Team Around the Child [TAC], which promotes the safety, welfare and best outcomes of all children and young people.
- Foster carers and the Adoption and Fostering Service demonstrate a commitment to equality and anti-discriminatory practice, to treat all children and the families with dignity and respect.
- Carers and the Adoption and Fostering Service are also expected to be sensitive and have due regard to disability, ethnic or cultural origins, race, gender, sexual orientation, political or religious beliefs.
AIMS & OBJECTIVES

- To provide a right to family life which is sensitive to the child’s past experiences and helps support that child to gain an understanding of their life narrative and history
- To provide an environment which keeps the child safe by setting reasonable and agreed boundaries and exercising appropriate care and control
- To help the child achieve their social, physical, linguistic, intellectual, cultural, emotional, sexual and spiritual developmental milestones
- To help the child achieve positive outcomes in line with the required standards by being healthy, staying safe, enjoying and achieving, making a positive contribution and working towards economic well being
- To make a positive contribution and work in partnership to achieve and secure plans for the child, as outlined in the individual Care Plan or Pathway Plan
  - The Care Plan will incorporate the Placement Plan and Delegated Authority, the Personal Education Plan, Health Plans and any Statement of Special Education Needs.
- To help the child retain meaningful contact with birth family and extended family networks as directed by the child’s Care Plan
- Parents and significant relatives are part of the child's life and are expected to remain involved in their life consistent with their safety and welfare.
- Subject to age and understanding, children and young people will be given the opportunity and encouragement to participate in decisions; to contribute their views to their plans, to delegation of authority and to be kept well informed

Foster Carer/s and the Adoption and Fostering Service agree to abide by the Legislation, Guidance, Values & Principals detailed above

I/We understand that this agreement reflects the understanding between the parties and does not constitute a legally binding contract, nor does it confer on me/us the status of employee.

The terms of this agreement and its legal status have been explained to me / us

Yes ☐ No ☐

Foster Carer Names 1. 2.
1. **ORIGINAL TERMS OF APPROVAL** as Foster Carers

<table>
<thead>
<tr>
<th>For</th>
<th>Number / Named person as appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Level</td>
</tr>
<tr>
<td>Short Term</td>
<td>Long Term</td>
</tr>
</tbody>
</table>

**SIGNATURES**

- Main Foster Carer
- Foster Carer
- Address
- Post Code
- Supervising Social Worker
- Print Name
- Team
- Date

2. **TERMS OF APPROVAL**

<table>
<thead>
<tr>
<th>For</th>
<th>Number / Named person as appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Level</td>
</tr>
<tr>
<td>Short Term</td>
<td>Long Term</td>
</tr>
</tbody>
</table>

**SIGNATURES**

- Main Foster Carer
- Foster Carer
- Address
- Post Code
- Supervising Social Worker
- Print Name
- Team
- Date

3. **TERMS OF APPROVAL (CHANGE)**

<table>
<thead>
<tr>
<th>For</th>
<th>Number / Named person as appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Level</td>
</tr>
<tr>
<td>Short Term</td>
<td>Long Term</td>
</tr>
</tbody>
</table>

**SIGNATURES**

- Main Foster Carer
- Foster Carer
- Address
- Post Code
- Supervising Social Worker
- Print Name
- Team
- Date
## 4. TERMS OF APPROVAL (CHANGE)

<table>
<thead>
<tr>
<th>Agreed on</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>For</td>
<td>Number / Named person as appropriate</td>
</tr>
<tr>
<td>Age</td>
<td>Level</td>
</tr>
<tr>
<td>Short Term</td>
<td>Long Term</td>
</tr>
</tbody>
</table>

**SIGNATURES**

| Main Foster Carer |  |
| Foster Carer |  |
| Address | Post Code |
| Supervising Social Worker |  |
| Print Name |  |
| Team | Date |

**APPENDIX ONE**

Schedule 5 Requirements [Fostering Service Regulations 2011] amended 2013
1(a) Terms of Approval

The initial Foster Carers Terms of Approval will be specified in writing, following the presentation of an assessment to the Fostering Panel and the Panel recommendations being ratified by the Agency Decision Maker.

Terms of approval thereafter can be altered by the Head of Service having considered the information presented in the form for Notification of Change of Approval/Support Plan and also the most recent Annual Review. The Team Manager will have made a recommendation on the notification form and the agreement or otherwise of the foster carer will also be noted on the form.

If an exemption from the usual fostering limit is required this may be authorised by the Head of Service, after considering the information presented on the application form. An exemption certificate for the foster carers will be signed by the Head of Service at the same time.

(b) Support & Training

The Adoption and Fostering Service is responsible for providing regular supervision by visits to the foster carer in their family home at times agreed between each party. The purpose of the supervision is to offer support, advice and guidance to the foster carer in helping to meet, safeguard and promote the holistic needs of the child in accordance with the Care Plan [NMS 21 - Supervision and Support of Foster Carers].

A clear framework of Post Approval Training and Development is in place and set out in Foster Carers Training Plan. This is used as the basis for assessing foster carers’ performance and identifying their training and development needs. The Adoption and Fostering Service expects all carers to participate in two designated training events per year – if available and appropriate to the carers terms of approval. Failure to undertake specified training may result in future placements not being made, and fees not being paid until requirements are met. [NMS 20 – Learning and Development of Foster Carers].

Mandatory training includes Section 1 training to be completed within 2 years and Section 2 training to be completed within a 3 year period.

Section 1
Safeguarding
Allegations and Safe Care
Delegated Authority
First Aid

Section 2
Diversity
Attachment
Life Story
Contact
E safety

Review of Approval

The Adoption and Fostering Service Supervising Social Worker must review the approval of each foster carer in accordance with the Fostering Services Regulations 2011 [Reg. 28(1), (2)] A review must take place not more than a year after approval, and thereafter whenever the fostering service provider considers it necessary, but at intervals of not more than a year, and in line with the promotion of best outcomes for the child.

The Adoption and Fostering Service must for the first review, and may on any subsequent
review, refer its report to the Fostering Panel for consideration [Reg. 28(5)].

Subsequent to a review the Fostering Service/Agency Decision Maker may alter the terms of approval.

*(d) Procedures for Placement and Placement Plan Agreement*

Requests for placements will be made to the Placements Team which, having identified a possible vacancy, will liaise with the foster carers supervising social worker or the duty social worker. Care will be taken in matching children to appropriate families and within the foster carers’ terms of approval. The needs of the child to be placed will be considered alongside the needs of any children already placed, and those of the foster family. All essential and appropriate information available about the child will be shared with the foster carer before the decision to make the match is confirmed.

Before making any foster care placement (other than emergency and immediate placement) there will be a Placement Plan Agreement Meeting and completion of delegated authority to take full account of all information on the child, delegation of consent, roles and responsibilities, the plans for the child and how these plans are to be achieved [as specified in Schedule 2, copy attached] **If this is not completed before placement this MUST be completed within five working days of the start of placement.**

The key tasks and responsibilities are clearly defined for each party [Care Planning, Placement and Review Regulations 2010 (Reg 9 (3)].

*(e) The meeting of Legal liabilities of the Foster Carer in relation to placements*

The Council Indemnifies (insures) any foster carer against claims for alleged negligence in carrying out any tasks, provided that the:
- carer was acting in good faith and carrying out the Directorate’s powers and duties at the time of the alleged negligence;
- actions lie within the scope of the relevant placement plan and that these specify that the tasks should be carried out by the foster carer;
- carer has been authorised to carry out the tasks;
- carer has followed the Directorate’s procedures with proper care and attention.

*(f) Representation procedures*

Foster carers have the right to make comments and complaints to the Supervising Social Worker, or their Team Manager, Birmingham Foster Carers Association (BFCA) and/or, if the matter is not resolved, to the Head of Service, Adoption and Fostering.

All approved foster carers automatically become members of Birmingham Foster Carers Association (BFCA):

Birmingham Foster Carers Association
150 Church Lane
Handsworth Wood
Birmingham
B20 2RT
Telephone: 0121 464 3037
Web: [www.bfca.org.uk](http://www.bfca.org.uk)

All approved foster carers are also members of Fostering Network:

Telephone: 0207 620 6400
Web: [www.fostering.net](http://www.fostering.net)

Additionally, carers can contact the:
Customer Relations Service (CYPF)
Peoples Directorate
Room 11- Council House Extension
6 Margaret Street
Also, if foster carers wish to raise concerns on behalf of children and young people in placement, they can make contact with:

Rights and Participation Service
The Lighthouse
100 Alma Way
Birmingham
B19 2LN
Telephone: 0121 303 7217
2. OBLIGATIONS OF THE FOSTER CARER

(a) To care for any child placed with them as if the child was a child of the foster carers’ family, and to promote that child’s welfare having regard to the long and short term plans for the child.

(b) To give written notice to the Fostering Service, without delay, with full particulars of any;
   (i) Intended change of the foster carers’ address;
   (ii) Change in the composition of the household;
   (iii) Other change in the foster carers’ personal circumstances and any other event affecting either their capacity to care for any child placed, or the suitability of the household;
   (iv) Request or application to adopt children, or for registration as an early years provider, or a later years provider, under Part 3 of the Childcare Act 2006.

(c) Not to administer corporal punishment to any child placed with the foster carer.

(d) To ensure that any information relating to a child placed with the foster carer, to the child’s family, or to any other person, which has been given to them in confidence in connection with a placement, is kept confidential and is not disclosed to any person without the consent of the Adoption and Fostering Service or the child’s social worker.

(e) To comply with the terms of any Placement Agreement and Delegation of Authority. These documents for each child will be discussed by the foster carer and supervising social worker during supervision meetings, within placement and CIC meetings.

(f) To comply with the policies and procedures of the Adoption and Fostering Service issued under Regulations 12 and 13 (see attached; Safe Guarding Policy, Control, Restraint and Discipline Policy, Missing Children Policy)

(g) To co-operate, as reasonably required, with the Chief Inspector (OFSTED) and, in particular, to allow a person, authorised by the Chief Inspector, to interview the foster carer and visit the foster carers’ home at any reasonable time.
   National Business Unit
   OFSTED, Royal Exchange Building,
   St. Ann’s Square,
   Manchester M2 7LA
   Telephone 08456 404040/Fax 08456 404049

(h) To keep the Adoption and Fostering Service informed about the child’s progress and to notify them, as soon as is reasonably practical, of any significant events affecting the child.

3. SIGNIFICANT EVENTS
The foster carer must keep the Fostering Service informed through the child’s allocated social worker and the carers’ supervising social worker, or EDT if out of hours, (0121 464 9001) of the child’s progress and significant events including, but not limited to:

(a) The death of a child in placement;
(b) Serious illness or accident;
(c) The outbreak of any infectious disease;
(d) An allegation that a child has committed a serious offence;
(e) The involvement of, or the suspicion that, the child in placement is subject to sexual exploitation;
(f) A serious incident requiring a response from the police;
(g) The child absconding, or going missing for a significant period of time (see attached policy When A Child Goes Missing);
(h) The use of measures of control, particularly restraint (see attached policy);
(i) If a child makes a complaint.

In addition to the above statutory obligations, Birmingham City Council Adoption and Fostering Service also requires the foster carer to:

(a) Record and notify the Adoption and Fostering Service of:
   - all medicines administered;
   - all accidents;
   - incidents and complaints;
   - any holiday arrangements.
   and;

(b) Allow removal of a foster child from the foster home;

If the fostering provider identifies that the placement is no longer meeting the child’s needs and its continuation is detrimental to the child.

and;

(c) Actively promote good standards of health and safety and meet the National Minimum Standards 2011 by:
   - Keeping the home in a reasonable state of repair;
   - Allowing all rooms and outbuildings, including sheds, garages, cellars, and bedrooms to be accessible and subject to visual inspection;
   - Ensuring that gas and electrical supplies are maintained to a safe standard;
   - Ensuring furniture is of a reasonable standard, and complies with fire resistant requirements;
   - Having full car insurance, car tax and, where appropriate, MOT. When carrying babies and small children, to have appropriate seating and restraint mechanisms and if using other parties’ cars to make sure that appropriate safety mechanisms are in place.
   - Holidays taken away from the family home to be notified to the Adoption and Fostering Service and the child’s social worker.
1. **STANDARD ONE – The child’s wishes and feelings and the views of those significant to them**

**Outcome:**

Children know that their views, wishes and feelings are taken into account in all aspects of their care; are helped to understand why it may not be possible to act upon their wishes in all cases; and how to obtain support and make a complaint.

2. **STANDARD TWO – Promoting a positive identity, potential and valuing diversity through individualised care.**

**Outcome:**

Foster Carers to encourage and enable the children to develop and have a positive self-view, emotional resilience and knowledge and understanding of their background. Foster cares meet and promote the children’s individual needs as set out in the child’s placement plan as part of the wider family context.

3. **STANDARD THREE – Promoting positive behaviour and relationships**

**Outcome:**

Carers encourage and promote the children to enjoy and form positive relationships with their foster family, interact positively with others and behave appropriately. Foster carers respect the child’s privacy and confidentiality, in a manner that is consistent with good parenting. Foster carers have high expectations of all of the foster children in their household and provide an environment and culture that promotes models and supports positive behaviour.

4. **STANDARD FOUR & FIVE – Safeguarding Children and Children Missing From Care**

**Outcome:**

Foster Carers to support and ensure that children feel safe and are safe and that children understand how to protect themselves and are protected from significant harm, including neglect, abuse and accident. Foster Carers must ensure the children’s safety and welfare is promoted in all fostering placements and foster carers actively safeguard and promote the welfare of foster children.

Foster Carers to ensure that the care and support provided to children, minimises the risk that they will go missing and reduces the risk of harm should the child go missing. Foster Carers know and implement what the Fostering service and the responsible authorities policy is in relation to children going missing.

5. **STANDARD SIX – Promoting good health and wellbeing**

**Outcome:**

Children live in a healthy environment where their physical, emotional and psychological health is promoted and where they are able to access the services to meet their health needs.

Foster Carers to ensure that children’s physical, emotional and social development needs are promoted.

Foster Carers to ensure that children have prompt access to doctors and other health professional, including any specialist services (in conjunction with the responsible authority) as and when required. All Foster Carers to ensure that children’s health is promoted in accordance with their placement plan and foster carers are clear about what responsibilities and decisions are delegated to them and where consent for medical treatment needs to be obtained. Foster Carers to keep a written record of all medication, treatment and first aid given to children during their placement.
7. STANDARD SEVEN – LEISURE ACTIVITIES (Including education, employment and leisure activities)

**Outcome:**

Foster Carers to promote and encourage children to participate and enjoy their interests, develop confidence in their skills and are supported and encouraged to engage in leisure activities. Children are able to make a positive contribution to the foster home and their wider community. Foster Carers to promote and develop the child's emotional, intellectual social, creative and physical skills through the accessible and stimulating environment created within the foster home. Children are supported to take part in school based and out of school activities. Children pursue individual interests and hobbies. They take part in a range of activities, including leisure activities and trips.

8. STANDARD EIGHT – Promoting educational attainment

**Outcome:**

It is imperative that foster carers ensure that the education and achievement of children is actively promoted as valuable in itself and as part of their preparation for adulthood and that children are supported to achieve their educational potential. Children, including pre-school children and older children, have a foster home which promotes a learning environment and supports their development. Children are helped by their foster carer to achieve their educational or training goals and foster carers are supported to work with a child’s education provider to maximise each child’s achievement and to minimise any underachievement.

Foster Carers maintain regular contact with each child’s school and other education settings, attending all parents' meetings as appropriate and advocating for the child where appropriate. Foster Carers engage and work with schools, colleges and other organisations to support children’s education including advocating to help overcome any problems the child may be experiencing in their education setting. Foster Carers have up-to-date information about each child’s educational progress and school attendance record.

9. STANDARD NINE – Promoting and Supporting Contact

**Outcome:**

Foster Carers to ensure that children have, where appropriate, constructive contact with their parents, grandparents, siblings, half-siblings, wider family, friends and other people who play a significant role in their lives. Foster Carers also need to ensure that they are aware and understand what decisions about contact are delegated to them, in line with the child’s care plan, and make those decisions in the child’s best interests.

10. STANDARD TEN – Providing a suitable physical environment for the foster child

**Outcome:**

Children live in foster homes which provide adequate space, to a suitable standard. The child enjoys access to a range of activities which promote his or her development. The Foster Carer must provide a home that can comfortably accommodate all who live there including where appropriate any suitable aids and adaptations provided and fitted by suitably trained staff when caring for a disabled child. Also the carer must maintain and provide a foster home that is warm, adequately furnished and decorated, is maintained to a good standard of cleanliness and hygiene and is in good order throughout. Outdoor spaces which are part of the premises are safe, secure and well maintained.

11. STANDARD ELEVEN – Preparation for a placement
<table>
<thead>
<tr>
<th>Outcome:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Carers to ensure that children are welcomed into the foster home and leave the foster home in a planned and sensitive manner which makes them feel loved and valued. The Foster Carers will enable the child/ren to feel part of the family and ensure that they are not treated differently to the foster carers’ own children living in the household. The child’s needs are met and they benefit from a stable placement.</td>
</tr>
</tbody>
</table>

| 12. STANDARD TWELVE – Promoting independence and moves to adulthood and leaving care |
| Outcome:                        |
| Foster Carers actively promote and enable children and young people to be prepared for, and supported into, adulthood so that they can reach their potential and achieve economic well-being. |
Section 1
Fostering for Birmingham

What is fostering?

Fostering is one of many services provided by Birmingham City Council to support families in crisis. Where possible we try to keep families together. But when children can’t stay with their families we need to find them another home where they will be safe and well looked after.

Foster care means looking after someone else’s child in your home until they can go home to their family or until a permanent home is found for them.

Short-term fostering (also known as temporary fostering)
Short-term foster carers take children for periods of days, weeks, month or years. It is never intended to be a permanent arrangement. Most children will return home or move on to a new permanent home.

Long-term fostering
Long-term carers offer permanent homes where adoption is not suitable for a child.

Shared care
Shared Care offers regular breaks to disabled children and their families.

Connected person’s care
Connected person’s care for a specific child (or children) who is/are either related or known to them. Connected person’s carers are assessed and expected to adhere to the same standards and expectations as mainstream foster carers.

Emergency duty team
Foster carers who agree to take placements out of working hours. EDT carers generally work on a rota basis (four weeks on, two weeks off) expected to take placements with little or no notice.

Remand care
Remand carers look after young people who are remanded by the courts to the care of the Local Authority.
Who’s who in fostering?

Foster carers are a vital part of a team that works together to promote the best interests of children in our care.

Birmingham’s Directorate of People has a number of different sections working for children. The fostering service comes under Children’s Provider Services (specialist services).

**Adoption & fostering recruitment team**

The team makes sure all people interested in fostering and/or adoption have all the information they need from the time they make their first enquiry and supports them by providing information before their assessment.

The team also promotes fostering through advertising campaigns to ensure we are able to recruit carers for children with particular needs and carers from all communities reflected by our looked-after children. Please contact them on 0121 303 1010, if you have suggestions about how to recruit new foster carers or if you like to support the service by telling your story in the media.

This team is also responsible for delivering pre approval training to foster carers’.

**Assessment team**

The assessment team are responsible for co-ordinating the full assessment of foster carers’ and presenting the assessment report to panel.

**Placements team***

The placements team is staffed by social workers and supported by placements co-ordinators. They will try to find the most appropriate place for a child to stay. This will usually be with a Birmingham foster carer, but they might also look for a place in a residential home or with an independent fostering agency. [* the placements team is managed through the Commissioning Service and NOT the Fostering Service].

**Family finding team**

The role of this team is to find suitable long-term families for children who have an approved plan of either adoption or long term fostering.

**Fostering support teams**

The role of the support teams is to supervise and support foster carers in looking after children placed with them. Each foster carer should have a named supervising social worker whose role is carried out through regular meetings with carers and, where appropriate, with family members.
These meetings are:

- Supervision visits every three months
- Support visits, a minimum one every four to six weeks, when a child is in placement
- Unannounced visit at least once a year

The supervising social worker provides a link between the carer and Birmingham City Council to ensure that statutory regulations and agency standards in relation to foster care policies and procedures are maintained.

The supervising social worker will also represent a carers’ views back to the fostering service and advocate on behalf of the foster carer for a child’s needs, where appropriate.

Carers will be assisted by the supervising worker to identify their skills, strengths and weaknesses and be encouraged to take part in training and information workshops.

In consultation with the child’s social worker, the supervising social worker will advise and support the carer in relation to a particular child or family situation, for example, how to manage challenging behaviour, preparation for moving on, contact arrangements, etc. They will make sure that you have adequate information about the child placed with you and all the appropriate forms.

The supervising social worker will advise and assist the carer in preparing for reviews, conferences, giving evidence in court, Personal Education Plan (PEP) meetings, attending medical appointments and any other meetings.

The supervising social worker will review the approval of carers annually, or at any time when there has been a significant change of circumstances, in accordance with the regulations.

The supervising social worker will 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 and contributing to the child’s life story work.

The supervising social worker will negotiate between the carer and child’s social worker where difficulties or misunderstandings arise. The supervising social worker will take a lead role for any investigation that questions suitability as a foster carer.

The supervising social worker will arrange for the provisions of equipment, financial payments such as holiday allowances, initial clothing allowance etc.

**Head of adoption and fostering**

This person takes responsibility for the operation of the whole fostering service. They are supported in this role by the assistant head of service for fostering.
Team manager

Each social worker within the service reports to a team manager. The team manager signs off annual reviews and will oversee the investigation of any allegations about foster carers. If you have any comments, compliments or complaints about the service you can address these to the team manager.

Children’s social workers

Children’s social workers are based in geographical social work teams.

- Each looked after child has a social worker whose role and responsibility is to make sure their best interests are always taken into account
- They may bring the child to your house and will visit whilst the child is with you to make sure everything is fine
- They will be in touch with the child’s family and consider what to do for the future
- They will draw up a plan to achieve the best outcome for a child and discuss this with you
- The social worker is required to see the child alone

Independent visitors

Independent visitors act as a friend and advocate for young people who may have no contact with their family and no one else to take on this role. Currently, this service is provided on our behalf by NCH, the children’s society.

Teams and people who may work with you

On call service

The fostering service has an out of hours on call telephone service for carers. This is available Monday to Friday 5.15 pm to 12 midnight and Saturday to Sunday 8.45am to 12 midnight, you can contact the on call duty worker on the following numbers:

North and East 0121 303 5626
South and West&Central 0121 303 5389

Emergency duty team (EDT)

Birmingham Directorate of People has an emergency team available during all out of office hours, including weekends and bank holidays. The team covers the whole of the city and its task is to deal with matters that cannot wait until the next working day.

The Emergency Team can be contacted on 0121 675 4806.
You should call the Emergency Duty Team about any of the following:

- Child goes missing
- Serious problems with child’s parents or other family members
- Child whose behaviour is putting themselves or others at risk
- Worrying injuries
- Advice on any major immediate concerns
- Any crisis in your own life that prevents you from looking after the young people in your care
- Medical Emergencies. In the event of an accident or medical emergency get medical help immediately. Tell the doctor the child is fostered by you. If the child’s life is in danger the doctor or hospital will know what to do and you should be guided by them

Birmingham foster care association (BFCA)

BFCA also runs a 24-hour support line where experienced carers offer support and advice to other carers over the phone. The telephone number is 0121 515 2749. Web: [www.bfca.org.uk](http://www.bfca.org.uk)

Disabilities children’s team

A social worker from this team will meet with you to support any disabled children you are fostering or looking after on the shared care scheme.

18+ Service

Before a looked after child reaches their 18th birthday the social worker will refer them to the 18+ team. A social worker from the team will work with them to make the transition to independence as successful as possible.

Youth Offending Service (YOS)

This team deals with young offenders and can be contacted on 0121 464 0600. Web: [www.birmingham-yot.org.uk](http://www.birmingham-yot.org.uk)

Therapeutic emotional support service (TESS)

This specialist service consists of social workers, not clinical psychologists, psychotherapists and specialist psychiatric nurses who are trained and experienced in working with children, young people and their families who are experiencing complex personal and social difficulties. The following are examples of the types of problems TESS can help child and young people with:
• Emotional difficulties such as anxiety, depression, mood swings, low self-esteem
• Behavioural difficulties such as aggression, self-harm, compulsive and obsessive behaviour
• Relationship difficulties such as problems in the family or with peers, problems with attachment and loss
• Developmental difficulties, such as bedwetting, problems with eating or sleeping, problems with communicating

If you think a child or young person in your care who is not currently receiving a service from TESS could benefit from this, please raise the issue with your supervising social worker and/or the child’s social worker.

Tess also offers one to one consultations for foster carers who are working with children with complex emotional, and/or behavioural issues. These can be accessed via and are attended with your supervising social worker.

**Looked after children education service (LACES)**

LACES comprises teams of teachers, learning mentors and professional support staff who work in partnership to ensure that Looked After Children (LAC) can fulfil their educational potential.

LACES is part of Birmingham’s Virtual School for LAC which:

“**oversees the education of children in care in the authority, and those children in the authority's care who are placed out of the authority, as if they were in a single school**”.

Key activities includes:

• 1:1 support for individual LAC

• A regular cycle of meetings with Designated Teachers (DT’s) in all partner schools/settings to monitor the progress of their LAC population and agree strategies to remove barriers to learning and individuals making expected academic progress.

• Bespoke & core training offer for DT’s, Social Workers, Carers and other key stakeholders to enable them to provide the support and challenge needed for LAC to make good educational progress.

• Dedicated educational support for LAC in residential care.

• Working in partnership to secure suitable educational provision for children without school places and those with engagement issues.

As a Foster Carer you can benefit from this service in a number of ways including:
• Attending training from LACES

• Direct contact with the Service

• Encouraging the children you care for to take part in projects and other opportunities offered by LACES (e.g. Summer Schools)

• Joining the Fostering Information Exchange (details on the LACES website)

• Participation in Foster Care Support Groups that LACES regularly attend to provide Educational advice for Carers

• Reading education contributions to the BFCA newsletter

Contact details, referral forms, resources and links to useful websites are available at www.birmingham.gov.uk/laces

Tel: 0121 303 8003

School designated teacher for looked after children

There must be a “designated teacher” with specific responsibility for looked after children in every school. This teacher must have sufficient authority to make things happen, and is intended to be an important resource for children in care in the school, for carers, parents, social workers, other teachers, school governors and support staff in the school.

The designated teacher should be an advocate for children in care, able to access services and support, and ensure that the school shares and supports high educational expectations for children in care.

The Local Authority maintains an up-to-date register of all designated teachers which is available on the LACES website.

SENCO (specialist educational needs co-ordinator)

This is a teacher with responsibility for all the children in the school who have special needs. They may not have a statement of special educational needs, but have needs met within the school through being on school action (SA) or school action plus (SA+). The SENCO will also ensure that the children who are identified have an individual education plan (IEP) which records the plans made for the child and that it is monitored and reviewed regularly.

Education social worker (ESW)

Monitors attendance in the school and will work with carers and the young person to support any attendance issues.
Educational psychologist (EP)

Will work with the child and carer to enable learning to take place.

Children with special educational needs

SENA R, the special educational needs assessment and review service, is responsible for the administration of the procedures related to the assessment and statementing of children by the education service by:

Child’s family

Most children fostered short-term will go home, so it’s vital for them to keep up relationships with parents and other significant family members. Even when a child is placed in a long-term fostering environment you may have to help a child stay in touch with their family.

Parents or other relatives may visit a child in your home if it is deemed safe and appropriate to do so. The child’s social worker may insist that meetings take place elsewhere under their supervision. Foster carers are sometimes involved in helping parents manage the child and their behaviours.

Other foster carers

You will meet other foster carers in support groups and at training sessions.

Carers also get together on other occasions to provide support to each other. Other foster carers can support you in many ways, perhaps informally through friendships with carers who live nearby. All Birmingham carers automatically have membership of the Birmingham Foster Carers Association (BFCA) who provides support and advocacy to foster carers in Birmingham, including out of hours.

Doctors and other medical professionals

All children living with you will need to be registered with a GP – initially as a temporary patient, this is usually their own or your GP. If a child has a medical condition you may have to work with doctors or health visitors. If children need to attend hospital appointments or dental appointments you will need to go with them.

Therapists and counsellors

Some children who have been through distressing experiences may need help from therapists and counsellors. You may be asked to take part in progress meetings and give particular help to a child working with the therapist.

Solicitors and court officials

If a child is involved in a court case e.g. where the Local Authority is seeking a care order your views may be asked for by the children’s guardian and the solicitors representing the various parties involved. If this happens, you will need to discuss this with your supervising social worker.
Children’s guardian

A children’s guardian is appointed by the court to look after a child’s interests and does not work for the Local Authority. They will:

- Listen to what a child wants now and in the future
- Talk to the child, the parents, grandparents and anyone else who is important to the child
- Talk to teachers, social workers, health visitors and anyone else who can give advice or help
- Ask the carer for information and observations about how the child is progressing
- Read reports about the child and their family
- Work out what is best for the child, taking into consideration how the child feels about the plans and what the child wishes to happen
- Appoint a suitable solicitor for the child who will be able to explain to the court what is best for them
- Write a report giving advice on what he or she thinks is best for the child
- After the final hearing, meet the child to explain what has been decided

Independent reviewing officer

This officer chairs all statutory reviews of children and makes sure that children’s views are considered in all aspects of their care.

Children’s rights and engagement service

This provides a service where children and young people who are looked after can talk to an advocate about any issue they may have and it’s the advocate’s job to make sure that the views are taken seriously when decisions about the young person’s life are being made. The service also organises Rights of Children (ROC) groups where young people can meet with their peers, have fun, and also have an opportunity to influence the services provided for looked after children and young people.

Viewpoint Online is a questionnaire that children and young people who are looked after can fill in on the computer and it asks views about things like their placement, contact with family and friends, education, health and leisure activities and gives young people an opportunity to have their say. The information is then shared at their statutory reviews and helps to formulate their care plans.

To find out more, please contact:

- Children’s rights and engagement service
  The Lighthouse
BIRMINGHAM ADOPTION AND FOSTERING SERVICE’S
COMMITMENT TO FOSTER CARERS

“The role of the Birmingham City Foster Carer is essential to ensuring that the needs of some of our most vulnerable children in our City are met. Your role deserves to be recognised and supported and this Foster Carer Charter is designed with this in mind.

The aim of this Charter is to bring together the responsibilities of staff and foster carers into one clear document so all can be sure about what is expected of us. The best foster care families can change lives and we want to be able to support you to achieve this. It is essential that foster carers remain at the heart of our arrangements for looked after children and that they feel involved, supported and consulted within this process.

Our intention is that this Charter will assist us with the task of developing and sustaining an excellent working relationship together, so that children and young people in foster care can feel safe and thrive. You will continue to seek to achieve the very best possible outcomes for children and young people and we will continue to strive to meet the expectations placed on us to deliver high quality support and supervision services to you.”

Katie Harris
Assistant Director
Directorate for People

What Foster Carers Can Expect From the Service

1. Partnership working

We recognise that foster carers are core members of the team around the child (TAC) and that the influence of the child’s relationship with the foster family can make the biggest difference to the child’s life, enduring into adulthood.

We will:

• value your skills and expertise equally to those of other professionals.
• include you in relevant meetings that affect you and the children for whom you care.
• work to ensure there is continuity wherever possible in the link workers supporting you.
• continue to work with BFCA to develop services offered by and to foster carers and improve outcomes for children.

Children in Birmingham Foster Care deserve the right to a family life.

• facilitate and assist the production of life story work.

2. Information

We know that information is vital for foster carers to provide the best possible care.
We will:

- provide all information at the earliest possible opportunity and within agreed timescales.
- keep you fully informed and listen attentively to your input while respecting confidentiality.
- provide you with details of all relevant departmental policies and procedures.

3. Clarity about decisions

We acknowledge that in order for children to live a full family life foster carers must be able to make decisions regarding each child they foster, within the limits of the child placement plan.

We will:

- provide a clear statement of the extent to which you may make everyday decisions in the delegated authority document attached to the child’s placement plan.
- ensure that you are provided with a full delegated authority document as quickly as possible after each child is placed.
- explain any limitations in respect of a specific child at a particular time.

4. Support and Fair Treatment

Fostering is a complex task and appropriate timely support can make all the difference to the fostering family and to the child in your care. The Adoption and Fostering Service upholds the right for foster carers to be treated fairly in all circumstances.

We will:

- consult with you before changing your terms and conditions of approval to foster.
- be positive and respectful about those with whom we work.
- provide you with regular, sensitive and honest supervision.
- respond to calls, concerns and complaints quickly and with understanding.
- ensure you’re kept informed and provided with support if subject to an allegation.

Children in Birmingham Foster Care deserve the right to a family life.

5. Learning and Development

We believe that foster carers must be enabled to access learning and development opportunities in order that they can help transform the lives of the children they foster.

We will:

- provide you with appropriate and relevant training by qualified trainers.
- recruit, approve and train foster carers and help them develop their skills and career.
Foster carers’ commitment and what the Adoption and Fostering Service and children can expect from us:

1. Partnership working

We will demonstrate a high standard of care and conduct.

We will:

• attend meetings, providing updates and/or written reports on the child’s progress.
• work with the agencies involved with the child such as school, health and religious.
• show a willingness to work with birth parents, wider family and significant people.
• meet the standards in fostering regulations and follow departmental policies.
• respect confidentiality and others working in the team around the child.

2. Information

We believe that open and honest dialogue is the key to a good relationship.

We will:

• inform our supervising social worker about changes or difficulties in our household.
• inform the social worker about any incidents, problems, accidents or difficulties.
• follow policies and procedures and complete forms as required.

Children in Birmingham Foster Care deserve the right to a family life.

3. Fair treatment

Every child and young person should be respected as an individual and be supported in meeting their needs and achieving their aspirations and potential.

We will:

• provide children with a positive experience of family life.
• respect and promote a child’s religious, linguistic and cultural heritage.
• give at least the level of protection and care to a child as we would our own child in accordance with the national minimum standards.
• ensure the child has the right to make decisions regarding their own lives, as appropriate to their age and understanding.
• assist and facilitate the production of life story work.

4. Learning and Development

We must be enabled to access learning and development opportunities throughout our fostering career. This will ensure we have the skills and knowledge we need, and allow us to develop our practice so that we can help transform the lives of the children we foster.
We will:

- provide evidence of continued training, learning and development.
- be prepared to develop our skills throughout our fostering career.
- attend and contribute to support groups.

Janet Denny
Head of Service
The Adoption and Fostering Service
Birmingham City Council

Delores Collett
Chairperson - Birmingham Foster Care Association

March 2014

Children in Birmingham Foster Care deserve the right to a family life.
**Record’s and recording**

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

All children looked after will have a complete set of records which will be kept up to date by the child’s social worker.

Foster carers should keep a daily record on each child placed with them. It does not have to be a long document. A diary of short precise notes will be sufficient. When keeping records it is always important to separate fact from opinion and to be accurate when recording dates and times of corresponding significant events.

It is important to keep a record of any significant events and behaviour because:

- A written record helps to monitor a child’s progress during a placement and can help to identify patterns of, or changes in, behaviour.

- A record of your responses in certain situations can be valuable when it is necessary to review ‘what has worked’ and for compiling reports for social workers, child protection conferences, looked after children reviews, legal services and even court reports.

- A record of events and incidents can help a foster carer to remember at a later date, things that otherwise might be dispute e.g. an accident to the child, failure to attend a contact visit, medication given and why etc.

- A record of incidents can support a foster carers’ application for additional help.

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

A good rule to follow is: If you think something is important write it down.

If there is a serious incident involving child placed with you, police officers may ask you to give them your records **you must not**. The police need to contact child protection officers in children’s services who will respond to this request and contact you.

When a child leaves you, you will need to give your records to your supervising social worker who will ensure these are placed on the child’s file for future reference.
All foster carers approved with Birmingham City Council are members of the Fostering Network. This membership is paid for by Birmingham. The Fostering Network is the UK’s leading charity for foster care. The Fostering Network aims to help you to work effectively as part of the fostering team and to make foster care better for children across the UK.

Members get access to expert advice and the latest information about fostering. Foster carer members and fostering service members also get access to exclusive content on their website: http://www.fostering.net

“The Fostering Network is the voice of foster care, and has been influencing policy and campaigning for improvements for nearly 40 years. We work with key decision makers such as Government Ministers, civil servants and elected representatives in England, Northern Ireland, Scotland and Wales to put into place policies that are best for fostered children and foster families.”

The Fostering Network have a member helpline that can be contacted if you need help or advice on any aspect of fostering. The fostering network team of advisers can:

- Provide advice and information to prospective and approved foster carers and those who support them on a range of issues which affect the foster carer role, including topics like allegations, approval, finance, legislation, relationships with fostering services.
- Advise you on how to take the next step in dealing with any fostering issue and how to access other useful services and support.

Opening hours vary for each area. If you can’t get through, or it is outside opening hours, you can leave a message and an adviser will ring you back as soon as possible.

Contact details for fostering network are as follows:

Tel: 020 74019582 or you can email them at info@fostering.net.
BFCA

Birmingham Foster Care Association exists to support carers who foster for Birmingham City Council to do their job well in order for the children to reach their potential. B.F.C.A. have a dedicated committee representing all areas of fostering. The B.F.C.A. is funded in part by Birmingham People’s Directorate, and works with the department in partnership, advancing your views and recommendations at management meetings and working parties to improve the support, profile and remuneration of Birmingham Foster Carers. Our support workers are extremely experienced Foster Carers who can assist you through complaints, allegations, etc. and give their time voluntarily to help other Foster Carers. We have a staffed resource centre, making contact with B.F.C.A. easier for carers.

The stated aims of B.F.C.A are:

- To discuss terms, conditions and payments with the department on a regular basis
- To provide an experienced peer support team
- To facilitate foster carer training
- To have a staffed resource centre, making contact with BFCA easier for foster carers
- To provide 3 newsletters a year.

B.F.C.A are a group of experienced foster carers and can provide you with a ‘buddy’ in your area to help you in your role as a foster carer, to endeavour to answer any questions and be there to listen to you so that you do not feel isolated.

The B.F.C.A. co-ordinator is available 9.30am – 3pm Monday to Friday on Tel: 0121 4643037 or there is a ‘Buddy mobile’ Tel: 07563 085208.

B.F.C.A. also have a dedicated support line Tel: 0121 5152749

For more information you can visit the BFCA website www.bfca.org.uk or visit the resource centre at 150 Church Lane, Handsworth, Birmingham, B20 2RT.
## Section 2
### The law and fostering

There are a number of legal requirements relating to fostering. Your Supervising Social Worker can provide more information in respect of this, however the tables below provide guidance about the key pieces of legislation most relevant to fostering services.

**What is the difference between statutes, regulations, statutory guidance and the National Minimum Standards?**

<table>
<thead>
<tr>
<th></th>
<th>Purpose</th>
<th>Mostly directly relevant to fostering services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statutes</strong></td>
<td>Statutes are Acts of Parliament. They are legislation and <strong>must</strong> always be complied with by everyone concerned.</td>
<td>The Children Act 1989</td>
</tr>
<tr>
<td><strong>Regulations</strong></td>
<td>Regulations are legislation in the same way as acts of parliament, and <strong>must</strong> always be complied with by everyone concerned.</td>
<td>The Fostering Service (England) Regulations 2011</td>
</tr>
<tr>
<td><strong>Statutory Guidance</strong></td>
<td>Issued by government this explains how local authorities should interpret acts of parliament and regulations, when they are delivering services or buying them from other organisations. The Local Authority must comply with them unless there are exceptional circumstances that justify a change.</td>
<td>Children Act 1989 Guidance and Regulations Volume 4: Fostering Services (2011)</td>
</tr>
<tr>
<td><strong>National Minimum Standards (NMS)</strong></td>
<td>Describe the <strong>absolute minimum standards</strong> that the government requires of organisations delivering services. Used by inspectors to judge the quality of services and whether or not these comply with regulations. Also useful for carrying out self-assessments of services, as a basis for induction, and to guide staff and foster carers through their work.</td>
<td>Fostering Services: National Minimum Standards (2011)</td>
</tr>
</tbody>
</table>
### Legislation & Guidance Relevant To Fostering Services

#### Statutes and regulations

<table>
<thead>
<tr>
<th>Statute/M Regulation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children Act 1989</strong></td>
<td>Primary legislation governing looked after children and fostering services.</td>
</tr>
<tr>
<td><strong>Care Standards Act 2000</strong></td>
<td>Sets the regulatory and inspectorial regime and introduced National Minimum Standards.</td>
</tr>
<tr>
<td><strong>Children Act 2004</strong></td>
<td>Requires Local Authorities to promote educational achievement of looked after children.</td>
</tr>
<tr>
<td><strong>Fostering Services (England) Regulations 2011</strong></td>
<td>Makes requirements about how fostering services are conducted and how prospective foster carers are assessed and approved.</td>
</tr>
<tr>
<td><strong>Care Planning, Placement and Case Review (England) Regulations 2010</strong></td>
<td>Specify requirements for care plans, placement decisions, monitoring and review.</td>
</tr>
<tr>
<td><strong>Care Leavers (England) regulations 2010</strong></td>
<td>Designed to ensure that young people leaving care receive the same support that would be provided by a reasonable parent.</td>
</tr>
</tbody>
</table>
# Legislation & Guidance Relevant to Fostering Services

## Statutory and National Minimum Standards

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Act 1989 Guidance and Regulations Volume 4: Fostering Services (2011)</td>
<td>Explains how the government expects fostering services to interpret the regulations, in order to give the best possible care and support to children in foster care.</td>
</tr>
<tr>
<td>Promoting the Educational Achievement of Looked After Children: Statutory Guidance for Local Authorities</td>
<td>Statutory guidance which came into force in 2010.</td>
</tr>
<tr>
<td>Working Together to Safeguard Children 2013</td>
<td>Statutory guidance on how organisations and individuals should work together to safeguard and promote the welfare of children.</td>
</tr>
<tr>
<td>Family and Friends Care: Statutory Guidance for Local Authorities (2010)</td>
<td>Sets out a framework for provision of support to family and friends who look after children who are unable to live with their parents, including those who are foster carers.</td>
</tr>
<tr>
<td>Statutory Guidance on Children Who Run Away or go Missing from Home or Care</td>
<td>Issued in 2009. A new edition of this is expected in late 2013 or early 2014.</td>
</tr>
</tbody>
</table>
## Section 3
The placement process

### Making a Placement

#### Short Term Placements

Area Social Worker completes referral documentation
- Placement Request
- Risk Assessment

Documentation sent to Placements Team

Placements worker contacts Fostering Support Duty Social Worker OR if potential carer already identified, the Supervising Social Worker for that carer

Paperwork (as above) forwarded to Duty Social Worker / Supervising Social Worker

Duty Social Worker / Supervising Social Worker assesses appropriate carer(s) from vacancy report, taking into consideration:
- Carers’ terms of approval
- Other children in placement
- Fostering family issues
- Risk Management issues

Duty Social Worker/Supervising Social Worker makes referral to carer

Accepted

Rejected as not suitable

Paperwork (Placement Request & Risk Assessment) forwarded to carer in advance of placement, if possible

Reasons given to Placements Team
Area Social Worker places child with carer with appropriate paperwork:
- Placement request (if not previously forwarded)
- Risk Assessment (if not previously forwarded)
  - Delegated Authority document
Carer rings Fostering Admin Team to inform that child is placed, giving child's name; DoB; and Social Worker / Area Office

Supervising Social Worker contacts child's Social Worker to arrange Post-Placement Meeting

Post placement meeting (within 72 hours of placement) attended by Foster Carer, child's Social Worker & Supervising Social Worker
- Contact schedule and contact risk assessment agreed
- Any outstanding paperwork given to carer

Ongoing monitoring of child and progress via Foster Carer / Supervising Social Worker Supervision (throughout placement)

First Child in Care Review (within 28 days of placement)
Section 4
The child’s wishes and feelings (Standard 1)

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

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

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

These are some of the policies and practices we have in place in Birmingham to help foster carers with this part of their role:

A children’s guide to fostering

Share a copy of the leaflet below with any child that is placed with you. It helps to explain what being in foster care means and what to expect. If you look after older young people make sure you discuss the points that are raised. You can also give them a copy of the young person’s guide to the Care Planning Regulations.

..\PDFs to insert\GUIDE The Young Persons Guide to the Care Planning Placement and Case Review England Regulations 2010.pdf
Birmingham’s Pledge to Children and Young People in Care

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

1) To involve them in decisions that affect them and to listen to their views
2) That they will have their own social worker who visits regularly and gives details about how to contact them or someone else if they are away
3) To make sure that they have every opportunity possible to achieve their best at school
4) To encourage them to take part in all available activities that the city has to offer to ensure that their talents, hobbies and interests are met and they are supported to do the things they enjoy
5) To take care of their health and encourage them to be healthy
6) To provide them with a good and clear assessment of their needs and an up to date care plan
7) To do your best to find the best possible place for them to live
8) To help them stay in touch with their family, friends and other people who are important
9) To listen to what they have to say
10) To work with them and give them all the help and support they need to successfully move from care to adult life

Who listens and advocates for children and young people?

Independent Reviewing Officer (IRO)

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

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

The IRO has two main functions:
- chairing a child’s review
- monitoring the child’s case on an ongoing basis

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

The IRO is responsible for identifying gaps in the assessment process or delivery of the service. They must ensure that a child’s views, wishes and feelings have been taken account of and that the child/young person understands the implications of any changes to their plan. If the child’s wishes cannot
be acted upon then the IRO and/or the child’s social worker and foster carer must explain the reasons to the child.

**The child’s social worker**

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

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

**Foster carers**

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

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

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

**Supervising social worker**

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

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

Children’s rights and participation (RAP)

RAP aims to optimise and empower children and young people’s involvement in both strategic and local decisions that affect their lives. The service aims to challenge and champion children and young people’s rights to ensure that when decisions are made they are involved, consulted and listened to. RAP provides the following:

- Advocacy to Birmingham’s children in care and care leavers
- Advocacy visits to all children’s homes in Birmingham
- Facilitation of Birmingham’s children in care council
- Facilitation of Birmingham’s children and young people’s parliament Voice is Power (VIP)
- Facilitation of Birmingham’s young disabled champions
- Facilitation of Birmingham’s UKYP young people

For more information about this service you can visit their website www.birmingham.gov.uk/childrens-rights

Listening to children

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

Some simple listening rules:

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

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

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

LAC reviews

It is important for the planning process that any relevant information about the child is shared at review meetings. Foster carers’ are expected to attend review meetings and where this is not possible ensure their views are presented in writing by their supervising social worker.

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

If the child wants to make a complaint

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

This link will take you to Birmingham City Council’s complaint section.

H:\Fostering\PDFs to insert\Customer Complaints_Guide [1].pdf
Key Points to Think About:

- How will I make sure any child placed with me gets an explanation about what being in foster care means for them that they understand?

- How am I going to make sure that I carry out the commitments in the corporate parenting pledge that apply to foster carers?

- Listening is as much an art as speaking. Both require patience. Both require attention.

- How am I going to help any child in my care take decisions for themselves and make their views and feelings known?

- Good communication with everyone involved with the child is really important.

- Good recording is really important to make sure everyone knows a child’s wishes and views.
Section 5
Promoting a positive identity, potential and valuing diversity through individualised care (Standard 2)

When a child is placed with you they should have a placement plan that sets out what their individual care needs are. These are some areas of this where you will have to give thought to how you might meet the child’s particular needs.

Life story work

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

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

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

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

The training course in this area will really help you think about how to do this. Your supervising social worker will talk to you about this and will advise you on how you can put together the information you have.
Some suggestions for what to include in a life story book or memory box are as follows:

- Pictures of all the fostering household including pictures of the home.
- Records of achievements/copies of certificates and awards.
- Development milestones (when achieved).
- Favourite birthday and Christmas gifts.
- Favourite activities.
- Family holidays and photos of foster child with fostering family.
- Names of favourite friends (photos if possible).
- Information about significant illnesses or hospitalisation.
- Details of pets in the family (plus photos).
- Details of special activities or day trips.
- School details, favourite teacher, subjects, school reports, school plays.
- Special activities such as scouting, clubs, camping experiences.
- Religious celebrations and festivals.
- Family special occasions.
- Ways the child liked to show affection and things that made them laugh.
- Information about reactions and frequency of visits with birth relatives.
- Any cards/gifts/letters/photos and clothing provided by members of the birth family.
- Letters from foster carers/family to the child.

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

..\PDFs to insert\All about me.jpg

- Trans-cultural and trans-religious placements

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

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

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

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

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

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

Remember you must respect parents’ wishes and encourage all children to value their background and care for the child in accordance with the parent’s views. Birth parents may be greatly distressed if their child breaks food laws or the observances of religion. Ask before you act.

Some websites that may have useful information:

http://connectonline.org
http://www.bemyparent.org.uk/search.html?q=ethnicity

Sexuality

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

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

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

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

Caring for children with disabilities

Children with disabilities are children first. Every child has social, physical, intellectual, cultural, emotional and spiritual needs.

- Value children for who they are as well as for the abilities and skills they have
- Beware of negative language and the dangers of stereotyping and labels. Labels tend to make us forget that the child is an individual with individual feelings, abilities and needs
- Ask your supervising social worker for information about training opportunities in this area
- Children with disabilities have a range of needs. You will work closely with many professionals who can give you advice
- Think about how you can help your child and challenge discrimination where you find it. There is training in anti-discriminatory practice available
- Every child can communicate; you need to get to know your child, and be creative and perceptive
- Be sensitive about the child’s feelings around how their personal care needs are met

Remember you will be the first person to notice that the child/young person needs are changing. If the services provided to this child no longer meet their needs, ensure you raise this with professionals working with the child.

Support for Interests

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

Talk to your supervising social worker about the child or young person’s developing interests. They may be able to advice on how to support this and help with additional costs like equipment that may be involved.
As children get older and start to make plans for the future they may want to think about learning to drive, apprenticeships, going to University. Make sure that their interests and plans are recorded in their Pathway plan and thought is given to how this will be achieved.

**Exercising independence**

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

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

*http://www.thesite.org/homelawandmoney/law/yourrights/whatagecancan-you*

**Privacy statement**

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

**Some general guidance in respect of this:**

- Letters addressed to children/young people should not be opened or read without their permission
- The telephone should be put somewhere so that confidential calls can be taken (unless this is not permitted for specific reasons)
- Friends should be able to visit the carers home and privacy given to them in line with your safe care policy
- Children and young people must have somewhere to store their personal belongings safely and securely
Young people need to have their own space, and to know under what circumstances it will be entered such as if the room needs to be cleaned, if the person is felt to be at risk.

Carers will also have their own personal belongings - respecting privacy should be a two-way process. Privacy and confidentiality can be a good area for discussion.

Some secrets cannot be kept - if you are worried that a child has suffered or is likely to suffer "significant harm" you may have to take the matter further, but the child needs to know what you intend doing and why, and to be kept informed.

However there will be in some circumstances in which a child’s right to privacy will need to be restricted, for example internet usage may need to be monitored. Training on e-safety is available.

Things to consider when a child joins your family

Names are important because they are part of our sense of identity. Remember to use the name the child identifies with. What the child or young person calls you must be discussed early in the placement.

Foster carers should not encourage children to call them mum and dad, however in some circumstances the child may wish to do this. Each child’s situation is different so discuss it with the social worker first.

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

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

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

- What are the individual needs of the child or young person I am looking after and what am I doing to promote them?

- Have I thought about the child’s racial, cultural and religious needs and what they and their birth family want for them?

- Is the young person being encouraged and supported to make decisions that help them become independent?
Section 6
Promoting positive behaviour and relationships (Standard 3)

This section offers general guidance to help foster carers understand and manage behaviours. It is important for you to check with the child’s social worker and your supervising social worker the approaches you plan to take and the reasons why. They will be able to offer support and ensure consistency with others who will also have a key role to play, for example school.

Some young people may engage in criminal activity. If you are concerned that this is the case you should discuss with the child’s social worker as a priority.

There are some key points to bear in mind about presenting behaviours which may not understand. These are:

- All behaviour is learnt. Each child will come to you with individual past experiences and learnt behaviour. They will continue to learn from your behaviour as a role model and others around them.
- Behaviour you do not understand maybe a result of the child needing to survive a perceived threat.
- Challenging behaviours will not be personal to you, though it may feel that way. They maybe a response to past experiences and a way of expressing hurt and pain.
- All children and young people require consistent approaches and boundaries that are appropriate to their emotional age.
- Children will respond to change over time if they feel valued and secure.

All children misbehave at times and require clear boundaries. They have to learn that sanctions are a consequence of behaviour. Sanctions routines, boundaries and a consistent approach, offer security to children.

The message should be clear: “we accept the child but we don’t accept the behaviour”. It is important to separate one from the other.

Since your foster child is new to your home they will not know or understand your rules unless you explain them. It is important to explain about how everyone respects each other and to ensure safe care and privacy are in place.

NO CORPORAL PUNISHMENT

The law states that looked after children should not be subjected to corporal punishment. Many of the children you will care may have suffered sexual, physical and emotional abuse. Therefore it is important that you teach children that people respond positively through love and care rather than negatively through anger and violence.
Strategies for managing difficult behaviour

A united approach

Probably the most important strategy is that everyone who is dealing with a young person’s behaviour is united in their approach.

Children you foster can come into contact with many people – parents, social workers, child-minders, playgroup staff, school staff, neighbours and friends who baby-sit, grandparents and other members of the extended family. If any of them seem to be rewarding bad behaviour, you need to speak out.

Recognise good behaviour – give praise

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

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

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

Rewards and incentives

Reward good behaviour. Attention is a powerful reward for almost all of us (and conversely behaviour that is ignored tends to reduce). Many children understand and will strive for a reward such as yoghurt, a biscuit, a TV programme or a trip. These can all be used while new behaviour is being learned. A golden rule is to never use a bigger reward than is necessary.

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

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

**Behaviour contracts/agreements**

Contracts or as they are sometimes called, ‘working agreements’ are arrangements that can be made between the foster carer, the young person, and other members of the team around the child.

When a contract is made it is important to remember that:

- It should be specific – a young person should know exactly what is expected of them
- It should not be emotional – failure to fulfil the conditions should lead to predictable consequence
- There should be clear benefits for compliance and predictable consequences for failure to fulfil the conditions for all parties
- It should be reasonable – the tasks or behaviour specified must be achievable by the individual young person and be based on what is known to be possible given age, abilities, personality and experience
- It should be made clear what the benefits of adhering to the contract are

Requests for a contract can and should come from the young person as well as the carer.

Contracts can be useful in reducing conflict over issues such as coming home on time, household chores, school attendance, clothes and appearance. They need the agreement of all parties.

**Changing your responses**

There is a difference between consistency and inflexibility. Always responding to things in the same way can set up a pattern that is hard to break and can stop the carer and young person communicating. Carers need to work out different ways to respond that don’t lead to the young person feeling that you are condoning their behaviour e.g. if a child is always sent to their room for a particular type of behaviour then maybe discussing what has happened or going out for a walk with them to talk about it could be better. Alternatively getting the child to make some sort of reparation – helping you to clear up, etc – could be of more help in preventing this behaviour in the future.

**Active listening**

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

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

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

**Cueing**

Giving a pre-arranged signal can help a child to produce a change of behaviour at a particular time. The cue or signal is given just before the behaviour is expected. For example, a child learning to stop masturbating in public may need some comment just as the hand goes into the pants or trousers. This shouldn’t be a put-down, but a special signal between carer and child. Some amusing in-jokes have been developed by carers to convey this message directly.

Success can depend on the child’s willingness to co-operate.

**Calming a distressed child**

Sometimes children become so excited or irrational that they cannot behave appropriately on request. A way round this is to take the child to a quiet place and tell him or her that they are going to remain there until they feel able to behave properly. While some adults remove themselves totally from the child, it can be better if carers either stay with the child or are very close by to monitor what is happening. Time-out must be age appropriate and should not be used to increase distress in a child.

A bedroom is generally not an appropriate place to use for time out and you can discuss a suitable alternative with your supervising social worker. This will form part of your safe care agreement.

**Restraining young people**

Birmingham City Council has a clear policy of restraints that foster carers should be familiar with. If your safe care agreement indicates that there is an increased likelihood of the need to restrain a child your supervising social worker should arrange appropriate training for you.

**BIRMINGHAM CITY COUNCIL FOSTERING SERVICE**

**Policy on the Use of Physical Restraint in Foster Homes**

**Policy**

Foster carers approved by Birmingham City Council will not exercise physical restraint unless there are good grounds for believing that immediate action is necessary to prevent a child or young person causing significant injury to him/herself or to another person, or causing serious damage to property.

**Definition**
In this policy “physical restraint” refers to situations in which an adult has felt it necessary to hold or to hold down a child or young person with the intention of overpowering him/her.

Physical restraint does not include –

- Attempting to control a child’s behaviour by techniques which do not involve physical contact; For example emphasising verbal instructions or standing in a doorway to prevent exit.

- Holding or touching a child or young person to persuade him/her to comply. For example laying hands on shoulders to gain a young person’s attention or taking a child’s arm to lead him/her away from a situation. This is seen as distinct from restraint as the effect is to persuade rather than to enforce compliance.

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

- Putting a child into a car seat during a car journey is normal care: putting a child into a car seat in the home because s/he is having a tantrum is an inappropriate use of restraint.

- Putting a child into a high chair during a meal is normal care: putting a child into a high chair for an extended period to stop him/her moving around is an inappropriate use of restraint.

- Telling a child who is misbehaving to leave the room is normal discipline: locking a child in a bedroom is an inappropriate use of restraint.

- Locking outer doors is normal domestic security: locking a child out in the garden as a punishment is an inappropriate use of restraint, particularly after dark, in bad weather or if the child is inappropriately dressed.

Avoiding the need for restraint

Although the need for restraint is sometimes unavoidable, high quality child care draws on a range of techniques to predict and avoid conflict. Birmingham City Council has an expectation that foster carers will reduce the risk that the use of restraint will become necessary by supporting positive behaviour and de-escalating disputes. This will involve techniques such as:

- Maintaining a non-confrontational atmosphere in the foster home;

- Listening to children and young people and taking their problems seriously;

- Clear communication, particularly when unwelcome messages are concerned;

- Rewards for good behaviour; and

- Negotiation and compromise.
When the need for restraint cannot be avoided

The use of restraint itself poses a risk to the safety of the child, to the safety of the adult applying it, and potentially to others who are present. It is justifiable only in the limited circumstances in which these risks are balanced against a greater risk of harm if the foster carer does not intervene physically.

Circumstances which may justify the use of restraint include situations in which a young person:

- Engages in serious self harming behaviour;
- Exhibits violent behaviour towards others;
- Has caused damage to property and appears to be out of control or acting with the intention of causing serious damage; or
- Recklessly puts him/herself or others at imminent risk of significant harm including actions taken under the influence of alcohol or drugs.

When restraint is necessary the foster carer will:

- Apply the minimum force necessary to prevent injury to any person or serious damage to property; and
- Apply force for the minimum period necessary to take control of the situation.

Any restraint must not deliberately inflict pain and should be used in a way that does not humiliate the child/young person.

After applying restraint

When a foster carer has applied restraint s/he must inform the supervising social worker or the on-call manager about the incident within 24 hours.

Within 3 working days after the incident the foster carer must provide a written report of the incident giving details of the circumstances (this could be a copy of the note in the foster carers’ own records). The Fostering Service will arrange for the supervising social worker to discuss the incident and provide appropriate support. The fostering manager will discuss the implications of this report with the Head of Fostering within 10 working days.
Relevant Law and Statutory Guidance on the Use of Physical Restraint in Foster Homes

Law
The Fostering Services (England) Regulations 2011, at Regulation 13, state -

1. The fostering service provider must prepare and implement a written policy on acceptable measures of control, restraint and discipline of children placed with foster parents.
2. The fostering service provider must take all reasonable steps to ensure that—
   a. No form of corporal punishment is used on any child placed with a foster parent,
   b. No child placed with a foster parent is subject to any measure of control, restraint or discipline which is excessive or unreasonable, and
   c. Restraint is used on a child only where it is necessary to prevent injury to the child or other persons, or serious damage to property.

Guidance
The Children Act 1989 Guidance Volume 4 states -

3.89 The fostering service must prepare and implement a procedure to be followed if a child goes missing or is absent from a foster home without permission (regulation 13 and standard 5). Foster carers should know when to try to prevent a child or young person leaving the home and should do so through dialogue, but they should not try to restrain the child should they be intent on leaving, or in any other circumstances, unless it is necessary to prevent injury to the child or others, or serious damage to property. No measure of restraint may be excessive or unreasonable (regulation 13(2)).

Behaviour management, discipline, control and restraint
3.96 Being able to promote positive behaviour and manage children’s behaviour well is central to the quality of care provided in any foster home. Negative behaviour should usually be managed through building positive relationships with children. Foster carers need to be able to respond positively to each child or young person’s individual behaviour and to be skilled at both diffusing difficult situations and avoiding situations escalating. The child’s placement plan must set out any specific behavioural issues that need to be addressed or approaches to be used.

3.97 Every fostering service must prepare and implement a clear written policy about acceptable measures of control, restraint and discipline of children placed with foster carers (regulation 13 and standard 3). All foster carers should be made aware of the policy and apply it at all times. The service must ensure that no form of corporal punishment is used on any child by a foster carer or a member of their household, and that no foster child is subject to any excessive or unreasonable measure of control, restraint or discipline.

3.98. The policy should make it clear that restraint should only be used in exceptional circumstances where it is the only appropriate means to prevent likely injury to the child or other people, or likely serious damage to property, and in a manner consistent with the actions of any good parent. Sanctions for poor behaviour must be clear, reasonable and fair and must not include restraint or corporal punishment.

3.99. Wherever possible foster carers should use constructive dialogue with the child or guide them
away from a confrontational situation. They should also have an understanding of their own emotional response to a confrontation or threat, and know when to withdraw, concede or seek help.

**Unacceptable forms of punishment**

Corporal punishment should not be used on any child placed with a foster carer. No child placed in foster care should be subject to any measure of control, restraint, or discipline which is excessive or unreasonable (see restraint policy above).

The following forms of punishment are unacceptable:

- Any punishment involving the consumption or deprivation of food or drink
- Restricting or threatening to restrict contact with the child’s parents, relatives or friends
- Restricting a child’s access to any telephone help line providing counselling
- Making a child wear distinctive or inappropriate clothing
- With holding of medication, medical or dental treatment
- The intentional deprivation of sleep
- The imposition of any financial penalty other than a requirement to pay a reasonable sum (by instalments if necessary) by way of reparation
- Any intimate or physical examination of the child
- With holding of any aids or equipment needed by a disabled child
- Threatening to end the placement as a result of the child’s behaviour

If you are struggling to manage the behaviour of a child in your care please discuss with your supervising social worker and the child’s social worker.
## Handy Hints

1. **Be consistent**
2. **Respect privacy**
3. **Be open and honest with the child**
4. **Keep any promises made to children**
5. **Ensure the child understands the consequences of misbehaviour**
6. **Accept that you can be wrong and be prepared to admit it to the child**
7. **Reward good behaviour, rather than focus on the bad**
8. **Disagreements, how to manage a child’s behaviour should not be discussed in front of the child**
9. **Ensure that any sanctions are relevant and proportionate to the child’s behaviour**
10. **Ask yourself if you are being manipulated by the child**
11. **You know the child in your care, have a appropriate strategies ready**
12. **Be aware that your own personal mood can affect the atmosphere, be tolerant**
13. **Where necessary to seek advice or help before the situation escalates**
14. **Do not make a threat to a child that you are not prepared, allowed or capable of carrying out**
15. **Avoid acting in temper**
16. **Pocket money cannot be withheld as a form of punishment, although some part of it may be used in reparation. (Please discuss with your supervising worker who can advise)**
Bullying

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

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

**Online Bullying**

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

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

http://www.ceop.police.uk/
www.getsafeonline.org

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

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

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

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

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

To support a child who is/may be bullying:

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

Key Points to Think About:

- Role modelling of positive relationships includes respectful behaviour towards children. How will I ensure this?
- Do I pay attention to and praise children in my care for the positive behaviour?
- How can I use supervision and support visits to understand my foster child’s behaviour better?
- What sanctions am I going to use and when will they be necessary?
- Am I clear about the fostering services restraint policy?
- Do I understand about bullying including on line and know what I should do as a foster carer to address any concerns?
Section 7

Safeguarding children (Standard 4)

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

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

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

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

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

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

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

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

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

You should also be advised of what to do if the child wants to talk about the abuse and how you might respond. It is important not to question them but to listen and observe and write down what they say and describe and pass it on to their social worker or the Police. They should also be helped to understand that they are not responsible for any abuse they have suffered.
Above all children who have been abused need reassurance, to be cared for and to feel safe.

If you have any questions about your role in caring for a child who has bee, or may have been abused, then speak to the child’s social worker or your supervising social worker.

Safe care guidelines

A vital element in assisting you to safeguard the children in your care is the document called the safe care guidelines and agreement form.

Insert hyperlink – safe care guidelines and agreement form

8 22 – (FOS 30) Safe Care Guidelines and Agreement (Sept’12).dot

Your supervising social worker is responsible for ensuring the safe care document will meet the needs of the specific child in your care and for recommending any changes necessary to take account of this child’s needs and circumstances. Your safe care guidelines and agreement form should be reviewed each time a placement is made and updated if appropriate.

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

Strategy discussion / meeting

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

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

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

Section 47 enquiries

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

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

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

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

Further information is available on child protection conferences on the below link.

Initial Child Protection Conference

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

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

Child protection conferences: the foster carers’ role

If a child placed with you has a child protection plan then you will usually have a very important contribution to make to the child protection conference and you should do all you can to attend.

It will always help you to contribute to the discussion if you have earlier recorded any important observations or information.

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

Child protection conferences: the child / young person involvement

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

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

Initial Child Protection Conference

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

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

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

Confidentiality

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

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

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

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

All foster carers are governed by the same principles of confidentiality. It is possible that another foster carer may have experienced the same issues as yourself: you may ask for general advice from them. This would not be breaking confidentiality, but you must not discuss specific details of a child’s case or their background.

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

Again if difficulties around confidentiality are likely to arise these should be discussed and included in the child’s care plan.
Allegations made against foster carers

Allegations made against foster carers can take various forms. Children you are looking after could make allegations directly to you or to someone else. Allegations about you or your family may also be made by members of the child’s family, other professionals, or members of the public.

An allegation maybe made because:

- Some people will be attracted to or may seek contact with a foster carer because it provides the opportunity to abuse children
- Sometimes carers lose control
- Children may behave in ways which can be wrongly interpreted
- An innocent action can be misinterpreted
- Children may want to draw attention to previous abuse but identifying the real abuser is too frightening
- A child or adult may be using this to exercise some control over their life

If anyone makes an allegation of abuse you should inform your supervising social worker or the child’s social worker as soon as possible.

If allegations are made against you, a member of your family, the Local Authority has a duty to investigate in the same way if the child was living at home. A strategy discussion may be held and a section 47 investigation undertaken.

However as a foster carer is a person in a position of trust, there will also be an enquiry into whether they are considered appropriate to continue to work with children.

You should always consider seeking the support of the Birmingham Foster Care Association.

www.bfca.org.uk

What can you do to reduce risks?

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

Persons in a position of trust

As an approved foster carer you are a Person in a Position of Trust. This term applies “to anyone who carries out work, paid or unpaid work with children or who has access to children as part of their work. Any allegation about a person in a position of trust will be referred to the Local Authority designated officer (LADO team) who will arrange a meeting to consider the implications and coordinate action.
An investigation will also be carried out if allegations are made about a carers’ parenting of their birth children or other children who they come into contact with whether in their extended family, through their work or socially.

In some cases a foster carers’ approval may be suspended without prejudice until the investigations has been completed.

The outcome of any investigation may lead to a review of the foster carers terms of approval or action to terminate the approval if it is deemed that a foster carer has:

- Behaved in a way that has harmed, or may have harmed a child
- Possibly committed a criminal offence against children or related to a child
- Behaved towards a child or children in a way s/he is that indicates unsuitable to work with children

If a foster carer is being investigated they can seek advice and support from their supervising social worker and the Birmingham Foster Care Association.

Persons in a Position of Trust

*Insert PDF Foster carers Allegations March 2012*

*.\PDFs to insert\FC Allegations Booklet march 2012.pdf*

**Key Points to Think About:**

- There are two parts to safeguarding:
  1. Creating a safe environment in my home
  2. Ensuring that plans to protect a child from significant harm or risk of significant due to abuse or risks of abuse

- Have I updated my safer caring agreement recently with my supervising social worker and does it reflect the issues in my home currently?

- Safer caring is part of ensuring allegations are not made inappropriately

- I should only share CONFIDENTIAL information on a need to know basis

- What is my role if the child I care for has a child protection plan?
Section 8
Children missing from care (Standard 5)

What does missing mean?

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

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

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

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

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

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

• Not wanting to be in care
• Arguments with carers
• Conflict with peers
• Bullying and abuse
• Wanting to spend time with friends
• Problems in contact arrangements with relatives
• Wanting to spend time with family members when this is not allowed for in the young person’s Care Plan
• Grooming by adults for sexual exploitation or child trafficking
• Peer group pressure
• Generally being unhappy with their circumstances.
Prevention and action plans

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

Carers’ response to a missing young person

When it first appears that a young person might be missing the foster carer should try to find them by:

- Speak to other members of the household to establish whether the young person is, in fact, missing without permission and search the building including outhouses and attics
- Calling the young person’s own phone
- Consider the agreed guidance within the care plan/safe care agreement
- Speak to the young person’s friends and family etc as appropriate
- Contact the police and area social worker, or if out of hours the emergency duty team
- Notify your supervising social worker or the fostering duty worker if they are unavailable

The fostering service have an on call worker you can contact on the following numbers for advice and guidance:

North and East 0121 303 5626
South and West&Central 0121 303 5389

Please note the on call duty worker will be available until midnight.

Informing the police

The police can be contacted on 0345 1135000 (West Midlands Police) or in case of emergency dial 999. Before contacting the police ensure you have any relevant paper work to hand. When you report the child as missing the police will give a log number. It is important to keep a note of this number.

The Police may search the carers’ home including outbuildings.

Inter-agency meeting

If a young person is missing for than 72 hours the child’s social worker will arrange an inter-agency meeting to co-ordinate action to trace the child and make plans for the child’s return.

When a child returns

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

When appropriate carers should discuss the reasons for the young person being missing.
A foster carer should inform:

- The police, if they were notified that the young person was missing.
- The area social worker.
- The emergency duty team if the young person returned outside normal office hours.
- Supervising social worker.

The police may visit following a child’s return to ensure they are safe and well.

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

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

### Key Points to Think About

- Any time a child or young person is away from placement without authorization and their whereabouts are unknown they should be considered missing.

- Do I have all relevant contact details to hand e.g. child’s mobile number, my local police, EDT, the child’s social worker and the fostering service?

- Do I have an up to date photo of every child and young person I care for?

- If there is a prevention and action plan in place what am I responsible for?

- On their return to placement young people need reassurance that they are cared for.
Section 9
Promoting good health and wellbeing (Standard 6)

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

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

Foster carers have a responsibility to ensure that all statutory appointments, such as dental checks or health assessments, are kept. Immunisations should be up to date and you will need to complete an SDQ.

Foster Carers Responsibilities:

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

Healthy lifestyles
It is important that foster carers promote healthy lifestyles and provide a balanced and nutritious diet and plenty of exercise. Foster carers should role model healthy lifestyles. Change 4 Life offer lots of tips about healthy lifestyles and children.

http://www.nhs.uk/change4life/Pages/change-for-life.aspx

Health plans and medicals

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

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

Foster carers need to know the health plan needs for the child they care for. This is sent from the LAC nursing team and is part of the child’s care plan, make sure you have an up to date copy of this from the child’s social worker. Children should have a Red Book that shows their medical history. Make sure you have the following information:

- Medicines being taken, why and dosage
- Known illnesses and allergies
- Date of dental appointments and venue of dentist
- Date of optical check and venue of opticians
- Any immunisations given and the date it was given

Medical consent and delegated authority

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

It is your responsibility to take children to medicals, dental and opticians’ appointments. Depending on their age and level of understanding, some may refuse consent to medical examination or treatment. It is the responsibility of the doctor to decide whether they have the capacity to make this decision.

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

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

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

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

**Storing and giving medication**

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

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

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

*Insert prescribed medication form.*

Hyperlink

---

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

This may mean that the health visitor or the pharmacist has recommended it having discussed a child’s symptoms with you. The following will need to be considered:

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

*Insert OFSTED Medication PDF*
Minor accidents, injuries and illnesses

Accidents

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

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

*Insert PDF of accident form*

Illnesses

Foster carers should respond in the same way that a reasonable parent would to any minor ailments, such as coughs, colds, sore throats, influenza.

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

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)
Tel: **0845 4647**

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

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

Serious illness

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

Hospitalisation

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

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

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

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

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

**Growth and development**

It is very important to keep a close watch on the growth rate of children. Most children grow at a regular rate. This may not happen if the child has been ill, or inadequately fed.

Some children may also put on too much weight or lose if they are given an unsuitable diet. This will affect their self-esteem and health in adulthood.

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

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

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

It is very important not to miss developmental checks, as these are occasions on which 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.

Babies develop according to a recognised pattern. ‘Milestones’ are the ages at which a child first smiles, sits, crawls, walks, etc.

You should keep a record of when Milestones are reached. This information may be very helpful when assessing a child’s development. It is also of interest to the child as he or she grows up and may be included in the life storybook.

**Speech and language**

Language and talking:
- Should be fun
- Should be natural
- Should take place all the time

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

- Looking at and reading books
- Talking about events and everyday activities
- Experiences such as visits, cooking, playgroups/toddlers groups/school/clubs
- Mixing as much as possible with other children

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

Many people misinterpret a speech and language problem as laziness or being naughty.

- Does the child have difficulty following instructions without visible clues such as pointing?
- Does the child not hear if spoken to from behind?
- Does the child have a problem understanding what is being said?
Does the child have difficulty expressing ideas in words and rely on nonverbal communication such as pointing/taking you to things?

Is the child’s speech difficult to understand in comparison to children of the same age?

Does the child rely on a brother or sister to translate for them or not bother to try to understand?

**If you think there is a problem, ask for help sooner rather than later.** One in twenty children will experience stuttering or stammering. To help them come through this without developing a permanent stammer, do not react or tell them to slow down. Ignore it.

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

**Immunisations**

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

<table>
<thead>
<tr>
<th>Age</th>
<th>Immunisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Hib, diphtheria, whooping cough (pertussis), tetanus, polio. 1&lt;sup&gt;st&lt;/sup&gt; Pneumococcal infection (PCV)</td>
</tr>
<tr>
<td>3 months</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Hib, diphtheria, whooping cough (pertussis), tetanus, polio. 1&lt;sup&gt;st&lt;/sup&gt; Meningitis C</td>
</tr>
<tr>
<td>4 months</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Hib, diphtheria, whooping cough (pertussis), tetanus, polio. 2&lt;sup&gt;nd&lt;/sup&gt; Meningitis C, 2&lt;sup&gt;nd&lt;/sup&gt; Pneumococcal infection (PCV)</td>
</tr>
<tr>
<td>Around 12 months</td>
<td>Final Hib / Meningitis C</td>
</tr>
<tr>
<td>Around 13 months</td>
<td>Measles, mumps and rubella (MMR) Final Pneumococcal infection</td>
</tr>
<tr>
<td>3 years and 4 months to 5 years (prior to starting school)</td>
<td>Diphtheria, tetanus, whooping cough, polio, Measles, mumps and rubella booster</td>
</tr>
<tr>
<td>13 to 18 years</td>
<td>Diphtheria, tetanus, polio and meningitis C booster</td>
</tr>
</tbody>
</table>

**Dental care**
Dental care should begin as soon as teeth appear.

The age at which a baby can have the first tooth coming through can vary from birth to 18 months or so. In most babies they begin to appear from about the age of six months and usually all the baby teeth are through by about the age of 2 years. There are 20 baby teeth altogether.

The lower middle teeth usually come first. 
Teething does not cause illness, although it may cause discomfort.

- Tooth decay is avoidable
- Restrict sugar-containing foods and drinks to mealtimes
- If a child is thirsty between meals, give water or no added sugar squash
- If a feeder is used put only plain water in it
- If a dummy is used never put a sweetener such as sugar, honey or jam on it. Do not give baby a bottle to suck to go to sleep
- If it is necessary for the child to take medicines ask your doctor or chemist for a ‘sugar free’ one. If not available, a child’s teeth and gums should be cleaned after taking medicine
- Clean teeth thoroughly at least twice a day
- Always brush teeth before going to bed

Children need help to brush their teeth properly until they are about 7 years old. Fluoride makes teeth strong. Use fluoride toothpaste. Ask your dentist or health visitor about fluoride supplements.

Introduce the child to a dentist early on. It is expected that children in your care will have dental checks every six months and that you will keep a record of all visits and any treatment given.

Eye care

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

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

Hearing

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

Poor hearing makes it difficult for a child to understand the teacher in class, which may lead to behaviour and/or learning difficulties. Other children may also ignore them. You may be able to spot a hearing problem if the child:
• Turns up the volume on the television
• Shouts rather than speaks
• Does not come when called if not facing you
• Does not form words correctly
• Behaves very boisterously/disruptively

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

Research has shown that having a personal stereo/mp3 player/mobile phone in the ear for extensive periods may cause hearing loss, which cannot be put right later (younger children are more vulnerable to this). Loud music can also affect hearing. It is essential that children do not listen to personal stereos for long periods especially at high volume.

Footcare

Shoes and slippers are not needed until a baby starts to walk.

It is important to make sure that there is always plenty of room for the child’s toes in the shoes and/or socks otherwise the toes may be bent and permanently damaged.

‘Baby grows’ are very useful items of clothing but can be harmful to a child’s feet if they are too small.

Children’s shoes should be checked for size every 3-6 months. An approved specialist in a shoe shop should measure their feet.

Puberty

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

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

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

Many boys begin puberty between 9-14 years of age. There are plenty of signs that puberty has started. All boys are different, common signs are getting taller, more muscular, spots and sweating, unexpected erections, wet dreams, hair growth, deeper voice and mood swings.
There are many myths and different beliefs surrounding puberty both from a cultural and religious point of view. You may need to get extra advice. You can get information from your GP’s Practice Nurse or the School Nurse or NHS direct website.

Infection control

Control of infection depends on standard precautions being taken consistently.

Rather than identifying “high risk” groups the emphasis should be on applying the same infection control procedures for everyone particularly regarding all blood and body fluids that could be potentially infectious.

The body fluids requiring special care are:
- Blood and blood products
- Urine
- Faeces
- Vaginal secretions
- Vomit
- Amniotic fluid
- Semen
- Breast milk

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

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

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

The NHS Direct website is very useful. See: www.nhsdirect.nhs.uk
Your supervising social worker and the child’s social worker will also be a source of advice and information.

Drugs and alcohol

Looked after children may be particularly vulnerable to developing problematic use of drugs and alcohol and of misusing domestic products such as aerosols, glue etc.

These could be:

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

The use of legal highs can also be problematic. This is a fast changing area refer to the ‘talk to frank’ website for up to date information (below).

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

If you want to extend your knowledge of drugs and alcohol, you can contact Frank: National Drug Helpline
Telephone: 0800 776 600
Web: http://www.talktofrank.com/
One of the most commonly asked questions in relation to young people and substance use is “What signs will tell me if a young person is using substances?” Historically long lists of signs and symptoms have been produced which signs such as “moodiness, poor hygiene, secrecy, lack of energy, etc.”
Unfortunately many of these symptoms can also be symptoms of other things including just growing up. Whilst it may be possible to tell if a young person is actually under the influence of substances by their behaviour or demeanour, if they have not recently taken something there may be no indicators at all.

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

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

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

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

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

The importance of being seen to have taken all reasonable steps cannot be overstated. This requires clear, detailed recording of any substance-related incident and any action taken with the reasons for this clearly stated.

**Smoking**

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

Whilst acknowledging that many looked after young people may already have an established smoking habit it is important that foster carers support and encourage young people to reduce/stop smoking. There are various methods to help you do this. You can get advice from the looked after children’s nurse, a stop smoking clinic or the young person’s GP. Some pharmacists also offer resources / clinics to help people stop smoking.

Foster carers must not offer to give or lend cigarettes, tobacco, lights or cigarette papers to young people at any time.

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

Carers will not be approved to care for children under 5 years if there is a person in the household who smokes.

Legal Position regarding Drugs and Alcohol

Passive smoking can cause a number of health issues for children such as impaired lung growth, asthma, bronchitis and respiratory problems. There are also links between middle ear problems which can affect hearing.

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

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

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

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

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

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

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

- Where do babies come from?
- Can men have babies?
- How does the baby get in?

At this age children may touch their genitals and this is a good time to teach them about the difference between private and public behaviour. This is also a good time to start teaching them about wanted and unwanted touching.

Reading them stories is often a way of talking about different feelings and relationships.

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

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

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

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

Inappropriate or sexualised behaviour

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

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

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

Advice about Safe Sex

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

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

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

http://www.nhs.uk/Conditions/contraception-guide/Pages/contraception.aspx

Pregnancy

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

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

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

All cases of suspected child sexual exploitation should be reported to the child’s social worker in the first instance. Further information and a copy of the risk assessment can be found on the Birmingham Safeguarding Board website. [http://www.lscbbirmingham.org.uk](http://www.lscbbirmingham.org.uk)

Key Points to Think About:

- What am I doing to promote healthy lifestyles?
- Do I know what authority I have to consent to any medical treatment for the child I am looking after?
- Are medications stored and administered safely in my home?
- Have I got up to date knowledge on issues around drug and alcohol use?
- Have I thought how I am going to talk to children about sex?
- You are the main carer for the child it is important to be alert and bring any potential problems to the attention of the relevant health professionals.
- Refer any suspected cases of child sexual exploitation to the relevant professionals
Section 10
Leisure Activities (Standard 7)

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

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

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

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

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

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

Please ask leaders about their policies around safe caring, supervision and staff checks.

If a child may be a risk to themselves or others then you need to share vital information with the group leader in a discreet way.

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

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

http://www.birmingham.gov.uk/cs/Satellite?c=Page&childpagename=SystemAdmin%2FCFPageLayout&cid=1223348771119&packedargs=website%3D4&pagename=BCC%2FCommon%2FWrapper%2FCFWrapper

Your supervising social worker can provide a letter to support your application for a passport to leisure card.

Involvement in activities such as sports, youth clubs and after school pursuits develop the child's individual interest and social skills and thus stimulate their general growth and development.

Whenever practical and unless there are good reasons against it, the child should be encouraged to maintain their contacts with their previous community/ neighbourhood, particularly if they are likely to return to it on leaving you.
Delegated Authority and Risk Assessment

A child’s developing friendships and interests should be considered as part of their placement plan and will be an important area for you to share information about whenever their plan is reviewed.

You must ensure that when they are joining clubs and activities or doing activities with friends or your family you have considered issues of risk and consent. Depending on a child’s age and legal status different people may need to be involved in the decision making including social workers, parents and the Courts.

Many looked after children have complained of missing out on opportunities when they have to wait for their social worker, social workers managers or birth parents consent to join in activities.

When any child is placed with you there should be a meeting between you, the child’s social worker and your supervising social worker within the first 5 days of placement to make clear what decisions you can make about a child day to day care. A delegated authority document will be completed and signed by all relevant parties and this will be reviewed and updated regularly.

*Insert hyperlink/PDF delegated authority matrix and policy*

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

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

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

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

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

If you are travelling abroad then please discuss these plans well in advance with your supervising social worker and the child’s social worker. **Do not book the holiday abroad until you know the child has a passport and this has been obtained.** You will also need a letter of authorisation from the department **“to whom it may concern”** authorising the named child to travel with named carers.

Insert hyper link/PDF foster carers holiday arrangements policy

Insert hyperlink/PDF to holiday allowance application form

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

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

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

**Babysitters**

It is important for foster carers to enjoy outside interests and attend foster carers training, reviews, appointments, meetings etc. Once the child has settled you can leave them, with a reliable babysitter unless this would be inappropriate for the individual child. It is always best if the child knows the person who is babysitting and feels comfortable with them.

When considering a babysitter:

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

Being able to make friends is a really important social opportunity for children. When many relationships have been disrupted children can find this hard. You can help any child or young person you are looking after by:

- Arranging lots of opportunities for the child to play with others.
- Helping them share and take turns with favourite toys and games.
- Trying not to get involved if they argue; children can usually sort things out themselves.
- Being ready to offer sympathy and a listening ear afterwards.

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

Visits and overnight stays

Having sleep overs with friends can be very important to children and young people and should be supported wherever possible.

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

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

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

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

- Whether there are any restrictions contained in the child’s Care Plan, including the placement plan.
- Whether there are any court orders which restrict the child from making a particular overnight stay, visit or holiday.
- Whether there are any factors in the child’s past experiences or behaviour which would preclude the overnight stay, visit or holiday.
- Whether there are any grounds for concern that the child may be at significant risk in the household concerned or from the activities proposed.
- The age and level of understanding of the child concerned.
- The reasons for the overnight stay, visit or holiday.
- The length of the stay.
Some children or young people may wish to visit someone about whom you have doubts. These requests should be referred to your supervising social worker and child’s social worker.

**Use of the internet**

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

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

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

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

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

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

*Insert PDF social networking advice for foster carers.*
Section 11
Promoting educational attainment (Standard 8)

A good education is the key to a positive future. Children in care should be able to benefit from the opportunities which a good education can open up – from early years right through to higher education and lifelong learning and training.

Key points to think about

- Children and young people need to enjoy leisure activities. What sort of leisure activities would the child you are caring for like to be involved in?
- What are you doing to help the child make and maintain friendships?
- Have you ensured you know what decisions you can and can’t make about the child’s hobbies and interests?
- Always discuss holiday plans with your supervising social worker as soon as possible to allow arrangements to be made for the child
- Apply appropriate safeguards to sleepovers and use of babysitters
- Remember to risk assess leisure activities including use of the internet for social networking.
The duty to promote educational achievements includes pre-school children. Opportunities to access learning through play and to spend time in play groups and nursery settings can be effective ways to promote good educational outcomes.

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

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

Many looked after children, may have had disruptions in their school careers for a variety of reasons.

Factors that contribute to difficulties include:

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

Factors that contribute to success include:

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

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

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

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

Foster carers need to inform school of:

- Placement address (including temporary changes such as respite care)
- Telephone contact numbers
- Emergency contacts
- Absences, including if a young person has gone missing
- Arrangements to collect child
- Medical issues
- Issues which might affect behaviour or progress school
- Any issues at school that are causing difficulties for the child/young person
Each school should have a homework policy, which clearly states the type of homework being set, the amount of time to be spent on it, and the role that the school expects parents/carers/children’s home staff to have. It is quite often specified in the home-school contract.

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

Parents Evenings and School Reports

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

Personal Education Plans – PEPS

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

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

Pupil Premium
The pupil premium for looked after children is a government initiative. It is an addition to the school’s budget. Schools can spend the premium in a way that best supports the raising of attainment of children who are in the care of Local Authorities.

Who Does What?

There are a number of teams and professionals involved in supporting a looked after child’s education which can include LACES, the schools designated teacher, the special educational needs co-ordinator, the education social worker, the education psychologist etc. (refer to who’s who in fostering). If a child has special educational needs, the Special Educational Needs and Review (SENAR) team will be responsible for the administration of the procedures relating to the assessment and statementing of children.

The way in which the roles and tasks about a child’s education are to be shared will be identified in the care plan, placement plan and the child’s personal education plan. The symbols by each item show the level of responsibility for social workers and foster carers.

A tick (!) indicates who has primary responsibility
A circle (○) indicates a shared or negotiated level of responsibility

<table>
<thead>
<tr>
<th>Who…</th>
<th>Social Worker</th>
<th>Foster Carer</th>
<th>Supervising Social Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initially chooses a school/early year’s school place?</td>
<td>!</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>Chooses a school at normal school transfer times?</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies for a place?</td>
<td>○</td>
<td>!</td>
<td>○</td>
</tr>
<tr>
<td>Appeals for a place?</td>
<td>○</td>
<td>!</td>
<td>○</td>
</tr>
<tr>
<td>Asks the LA to provide education while a child waits for a school place?</td>
<td>○</td>
<td>!</td>
<td>○</td>
</tr>
<tr>
<td>Buys the uniform?</td>
<td>!</td>
<td></td>
<td>○</td>
</tr>
<tr>
<td>Pays for school transport? (outside of 3 mile radius)</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrange work experience</td>
<td>!</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agrees support and targets on the PEP</td>
<td>○</td>
<td>!</td>
<td></td>
</tr>
<tr>
<td>Pays for school trips?</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>Buys computer equipment?</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>Complains about bullying?</td>
<td>○</td>
<td>!</td>
<td>○</td>
</tr>
<tr>
<td>Asks for help for a child with special educational needs?</td>
<td>○</td>
<td>!</td>
<td>○</td>
</tr>
<tr>
<td>Checks their individual education plan?</td>
<td>!</td>
<td>!</td>
<td>○</td>
</tr>
<tr>
<td>Attends their annual review of special educational needs?</td>
<td>!</td>
<td>!</td>
<td>○</td>
</tr>
<tr>
<td>Appeals to the SEN and Disability Tribunal?</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>Contributes to a pastoral support programme?</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>Makes representations about an exclusion to school governors?</td>
<td>○</td>
<td>!</td>
<td>○</td>
</tr>
<tr>
<td>Appeals against an exclusion to the independent appeal panel?</td>
<td>○</td>
<td>!</td>
<td>○</td>
</tr>
<tr>
<td>Asks the LA to provide education for a permanently excluded child?</td>
<td>○</td>
<td>!</td>
<td>○</td>
</tr>
<tr>
<td>Asks the school to provide homework for a temporarily excluded child?</td>
<td>○</td>
<td>!</td>
<td>○</td>
</tr>
</tbody>
</table>

What Happens When?

<table>
<thead>
<tr>
<th>What?</th>
<th>When?</th>
<th>Key activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Event Description</td>
<td>Age</td>
<td>Details</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>-----</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Take up Early Years place</td>
<td>Age 3</td>
<td>Check child is settling Early Years PEP</td>
</tr>
<tr>
<td>Take up infant school place (Key Stage 1)</td>
<td>Age 5</td>
<td>Check child settling in PEP</td>
</tr>
<tr>
<td>Move from infant to junior school (Key Stage 2)</td>
<td>Age 7</td>
<td>Support child through transition phase Check child is settling in PEP</td>
</tr>
<tr>
<td>Key Stage 2 Assessments</td>
<td>Age 11</td>
<td>Support child through test period Celebrate success</td>
</tr>
<tr>
<td>Move from primary to secondary school</td>
<td>Age 11</td>
<td>Support child through transition phase Check child is settling in PEP</td>
</tr>
<tr>
<td>Become eligible for careers planning</td>
<td>Age 13</td>
<td>Check whether child is working with personal adviser</td>
</tr>
<tr>
<td>Key Stage 3 Assessments</td>
<td>Age 14</td>
<td>Support child through test period Celebrate success</td>
</tr>
<tr>
<td>Choose options for Year 10</td>
<td>Age 14</td>
<td>Discuss options Help with selection Careers advice Pathway Plan</td>
</tr>
<tr>
<td>Transitional Review for children with statements of SEN</td>
<td>Age 14</td>
<td>Attend review meeting</td>
</tr>
<tr>
<td>Year 11 examinations including completion of coursework</td>
<td>Age 16</td>
<td>Check coursework completed Check revision is being done Support revision process Celebrate success</td>
</tr>
<tr>
<td>Decide to stay in school / go to college / take up training / modern apprenticeship / employment</td>
<td>Age 16</td>
<td>Discuss options Help with selection Careers advice Pathway Plan</td>
</tr>
<tr>
<td>Take AS/Vocational Qualifications</td>
<td>Age 17</td>
<td>Check revision is being done Support revision process Celebrate success</td>
</tr>
<tr>
<td>Choose higher education/university course / employment / training</td>
<td>Age 17</td>
<td>Discuss options Support application process</td>
</tr>
<tr>
<td>Take A Levels / Vocational Qualifications</td>
<td>Age 18</td>
<td>Check revision is being done Support revision process Celebrate success</td>
</tr>
<tr>
<td>Take up higher education / university course / employment / training</td>
<td>Age 18+</td>
<td>Arrange finances Arrange accommodation Arrange holiday living arrangements Support emotionally Celebrate success</td>
</tr>
</tbody>
</table>

**When a Child Refuses to Attend School**

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

School attendance has a direct relationship with pupil attainment. Whilst long-term absence is most destructive and concerning, even small periods of absence from school can have a long lasting impact upon a pupil’s attainment. Good attendance will contribute towards giving the child in your care the best chance to achieve their full potential and have real opportunity in further education. It is important that each foster home adopts an ethos of attending school regularly and on time. Below 85% attendance is considered to be poor.
It is the parent/carers’ legal responsibility to ensure the children in their care receive appropriate education. Failure to send your child to school regularly without good reason is a criminal offence.

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

If a young person is refusing to attend school all reasonable efforts must be made to ensure attendance. This will include establishing why a young person is not attending and addressing those issues individually. Decide on sanctions if they do not attend school and consider rewards.

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

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

If a child has been excluded

Young people with permanent exclusions are automatically referred to the City of Birmingham School.

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

When a pupil is excluded, you should be informed immediately by telephone (if possible) and by letter within one school day. The letter must state the precise period of exclusion, the reason for the exclusion and the right to appeal. Young people with a Statement of Special Educational Need should not be permanently excluded – a Statement Review should be called.

Actions to take by the foster carer, when a child has been excluded:
- Notify their supervising social worker, the child’s social worker and LACES
- Attend any meetings about the exclusion
- Work as advocates for the child during any appeal against the exclusion
- Support any educational work that has been set by the school
Section 12
Promoting and Supporting Contact (Standard 9)

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

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

Whenever possible contact should be meaningful for the child and every effort should be made to ensure that time children spend at contact is of the best possible quality.
Contact can be:

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

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

**Contact arrangements**

Arrangements for contact may or may not be clear at the time of placement. If the placement is planned you should be told what the ongoing plan will be but if the placement is in an emergency they may still be being drawn up in the first days. Clear and detailed plans for contact between a child/young person and their family members must be outlined in the Placement Plan, and each child’s Care Plan. This will include:

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

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

**Role of Foster Carers**

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

- transporting the child to and from contact venues
- allowing children/young people access to telephone/computer
- allowing contact at the foster home
- facilitating contact with siblings in other placements
- keeping communication books with family members attending contact
- sending bottles, snacks, nappies, changes of clothes as requested by the contact worker. (It may not be appropriate to expect the parent to provide these for a variety of reasons)
The Fostering Service expects social workers to provide information that considers risk issues around contact for the foster family. All practicalities surrounding the support of contact arrangements should be discussed between the foster carer, the supervising social worker and the child’s social worker when deciding on the suitability of each placement. This is particularly relevant where a child is placed at a distance from their birth family or has a high level of contact.

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

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

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

- daily routines
- emotional impact on foster carers
- children’s moods and behaviours
- managing free time and planning holidays

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

**Connected person foster carers**

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

However such contact can be a source of conflict if when you have to prioritise the needs of the fostered child and this could create tension in the family. The fostering service recognises that for connected person foster carers there are additional challenges relating to contact. All children should have a plan for contact drawn up by their social worker and all foster carers must follow this.

You can discuss any difficulties in managing this with your supervising social worker who will try to assist you in your role of prioritising your fostered child or young person’s needs.

**Respite**

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

Key Points to Think About:

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

Section 13
Providing a Suitable Physical Environment for the Foster Child (Standard 10)

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

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

- Most accidents involving children occur in the lounge
- 110 children under 5 are rushed to hospital every day after falling down a flight of stairs
- 50% of all accidental house fires are started because of cooking
- 11 children are rushed to hospital every week because they have been poisoned by something, with the main cause suspected to be bleach or toilet cleaner
- A baby can drown in as little as 2 inches of water
All children are individual and depending on their age, developmental stage, needs and personality different measures will be required to keep them safe in your home. Children you foster are at greater risk of accidents because:

- Your own children are aware of potential hazards within your home because they have grown up with them. Children joining households will investigate their new surroundings and therefore need safety measures to minimise risk of injury
- Many fostered children are developmentally immature and will not have the ability to assess hazard and risk in the same way as their peers
- Some children will not have received adequate guidelines from their parents and therefore will not be aware of potential dangers

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

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

The fostering service expects all foster carers to:

- Advise your supervising social worker of any changes or events within the household that could impact on children in placement. For example, a relative staying with you, any driving offences or any member of the household being arrested and / or charged with a criminal offence
- Understand and adhere to the safe care agreement draw up by your supervising social worker
- Allow unannounced visits from the fostering service including inspecting the premises and speaking to the children in placement. At least one of these will be carried out once a year
- Attend relevant training in relation to Health and Safety

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

**Terms of tenancy or ownership**

During assessment ownership details of your accommodation will have been established. If your home is rented or leased the length of tenancy must be established and confirmation obtained that there are no restrictions on the placement of children.
If there are any changes to the terms of your tenancy or mortgage you must tell your supervising social worker. This will be considered as part of your annual review.

Living space

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

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

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

Bedrooms

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

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

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

Current NHS advice is that babies should sleep in the same room as their carers in a moses basket, crib or cot for their first six months. The fostering service will consider whether or not there is adequate bedroom space for any baby to move into their room at an appropriate age.

Advice about preventing cot death

The NHS Says:

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

All bathrooms and toilets should be accessible, clean and hygienic. Lights (and heaters where appropriate) should be controlled by a pull cord switch. All cosmetics and related products should be kept out of reach of young children and medication should be securely (refer to section on ‘storing and giving of medication’). Carers should be mindful of safety at all times and where necessary have measures in place to prevent scalding via hot water taps eg thermostatic control. Particular consideration will need to be given to the needs of a child with a disability and how they will access these facilities.

Kitchens

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

Food hygiene

The main courses of food poisoning are:

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

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

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

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

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

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

Outdoor toys must be given regular safety checks. When using outdoor toys such as trampolines safety guidelines must be adhered to.

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

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

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

**Children with a disability**

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

Areas to be considered include:

- General accessibility, including wheelchair access
- Location and size of the bathroom and toilet
- Arrangements for evacuation in the event of a fire or similar emergency
- Need for aids and adaptations and the suitability of the property to be adapted as the child grows and needs change
- Support to install, maintain and safely use any aids

**Religious and cultural observance**

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

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

The West Midlands Fire Service offers a free fire safety check and will fit smoke alarms and discuss an escape plan with you. This can be booked by calling Tel: **0800 389 5525** Further information is available via the West Midlands Fire Service web page:

http://www.wmfs.net/content/home-safety-check

**Insurance**

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

Supervising social workers must check and confirm that insurance cover is up to date as part of the carers’ annual review of approval.

**First aid**

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

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

A basic first aid kit includes:
- Plasters x 10
- Eye pads x 2
- Triangular Bandages x 4
- Safety pins x 12
- Medium dressings x 6
- Large dressings x 2
- Gloves x 1
- Wipes x 6

**Transporting Children and Young People In Cars**

The law requires all children travelling in cars to use the correct child seat or restraint until they are either 135cm in height or the age of 12 (which ever they reach first). After this they must use an adult seat belt. It is the driver’s responsibility to ensure that children are restrained correctly in accordance with the law.
It is illegal to carry a child in a rear facing child seat in the front which is protected by an active frontal airbag. In the rear seat the child must have the correct child restraint.

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

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

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

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

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

**Guidelines for hygiene when dealing with cuts, soils etc.**

The following guidelines are designed to minimise risk of a number of illnesses. Foster carers should familiarise themselves with them and apply at all times:
Animals and Pets

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

There are health risks associated with household pets, for example they may need to be wormed and treated for fleas. The accommodation and play areas must be free fouling. Where appropriate, pets should be properly trained and used to being with children.

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

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

**Weapons**

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

**The health and safety check**

The attached document outlines the specific requirements that the Fostering Service has of foster carers.

L:\02. Assessment - 2012\Health and Safety\Health and Safety Checklist.doc

Some additional issues to consider with older young people with risky behaviours or children who may self-harm:

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

Burns and Scalds
Don’t eat or drink anything hot if holding a baby on your lap.
Beware of iron flexes, table cloths and pan handles.
Barbeques retain heat that can severely burn for several hours after they have been extinguished.

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

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

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

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

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

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

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

Road Safety
Hold small children’s hands. Teach road safety at a young age. Cycle helmets should be used and high visibility clothing worn when cycling. Make regular safety checks on children’s bikes and encourage children to take cycle proficiency courses.
Key Points to think about:

- How will a child or young person see my home when they first arrive? Is it welcoming to them?

- What do I need to do to make my home a safe place for this child or young person?

- Have I told my insurance company about my fostering?

- Is my first aid knowledge up to date and does the child I’m caring for have extra needs I should be trained to meet safely?

- Do I have all the certificates to show my supervising social worker when they ask?
Section 14
Preparation for placement (Standard 11)

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

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

The matching process

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

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

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

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

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

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

Consideration will be given to you taking children to school within and outside your area and you will be expected to do this unless you have other commitments that prevent this that have been discussed prior to placement.
You will be expected to play an active part in contact arrangements, taking children to and collecting them from contact. You need to check out what’s expected of you with respect to school and contact before the child is placed.

**Placement process**

When an area social worker needs a placement they will contact the placements duty worker and provide the details of the child needing placement. Unless you have been identified as a connected person foster carer when they will be liaising with you directly.

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

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

In addition to this a risk assessment is completed by the child’s social worker. This will also be discussed with you when a placement is proposed and the safer caring implications for your household explored.

The risk assessment considers the following information:

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

This information forms the basis for matching and means you should be given enough information to help you decide whether or not you are able to accept any placement. You are not under any obligation to accept a placement. However, if you refuse to take a child within your terms of approval you will be expected to give reasons for this.
When making up your mind – think about your circumstances, skills, space and the likely effect on family relationships. The Fostering Service and Placements Duty Workers will also be thinking about these things and hopefully a match will be made.

The placements duty worker has a vacancy list of foster carers available on the day and if there is a potential match they will speak to the fostering support team duty worker who will consider the information and consult with your fostering social worker, to see if there’s a potential match. You should not be contacted directly by placements without the agreement of this duty worker or your supervising social worker.

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

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

**Approval criteria and exemptions**

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

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

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

**Emergency placements and planned placements**

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

However many temporary or short term placements are made in an emergency and there is limited information. In an emergency there is little time to plan or match children’s needs to particular carers and there may be limited written information.
Information needed by foster carers

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

This information should be provided before children are placed with you although it is accepted in an emergency some of this information may have to be given at a later date. In this case it must be provided as soon as possible, within 5 working days.

Connected person’s foster placements

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

When the placement is made

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

Ending placements

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

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

Sometimes, there are emergencies when remaining in placement is impractical and puts other household members at risk.
All children should leave a placement with their belongings appropriately packed in luggage and never in plastic bags.

**When a placement is under stress**

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

When a placement comes to an end foster carers, the child’s social worker and your supervising social worker and other significant people need to work together to help the child understand why they are moving and to support them with the change. It may be appropriate to arrange meeting to support the placement or to consider ending the placement in a planned way.

**Placement endings when there has been an allegation**

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

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

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

Where a decision is taken to suspend you it is important to understand it's suspension without prejudice whilst an investigation is undertaken.

**Parents asking for their children to be returned without previous discussion**

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

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

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

The placement plan must cover:

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

Insert PDF of placement plan

Delegated Authority

You need to know about what authority you have to make decisions about any child placed with you from the start of placement.

You should be given delegated authority to make day to day decisions regarding

- Health
- Education
- Leisure

A placement planning meeting should take place within 5 working days of the child coming to live with you. This meeting is convened by the child’s social worker. You will be able to discuss the day to day decisions you are likely to need to make for the child or young person.

The social worker will explain how the child’s legal status will affect your authority to make decisions. All those with parental responsibility need to be considered when decision making.

If the child is accommodated (Section 20), their parents hold parental responsibility for them.

If there is a Care Order (including an interim Order), or an Emergency Protection Order or the child is subject of police protection, you need to know this and have a copy of the legal documentation.

Insert PDF delegated authority form

Visits by the Child’s Social Worker

The child’s social worker has to visit the child regularly and ensure that the child’s welfare is still being safeguarded and promoted in the foster placement. Statutory guidance lists one of the main purposes of
the visit as to ‘identify any difficulties which the child or carer may be experiencing, to provide advice on appropriately responding to the child’s behaviour and identify where additional supports and services are needed’.

Visits should be made as often as is necessary for the child’s welfare and the support of the foster carers. The minimum frequency at which the child’s social worker must visit the child depends on the type of placement, as shown in the table below. The child’s social worker will have feedback from the supervising social worker and the foster carer to help them to determine when visits are necessary beyond the statutory minimum, but it is important to note that the social worker must visit the child whenever reasonably requested by either the child or the foster carer. This may be vital to sustain a placement at times of crisis, or to safeguard the child.

**Frequency of social worker visits to a fostered child**

<table>
<thead>
<tr>
<th>Type of foster placement</th>
<th>Minimum frequency of visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>All new placements</td>
<td>Within a week of placement</td>
</tr>
<tr>
<td>Foster carer has only temporary approval</td>
<td>Weekly until child’s first review, then four weekly</td>
</tr>
<tr>
<td>In placement for less than a year</td>
<td>Six weekly</td>
</tr>
<tr>
<td>In placement for more than a year and this has been formally agreed as a permanent placement to last until age 18</td>
<td>Three monthly (otherwise, remains six weekly)</td>
</tr>
<tr>
<td>All placements</td>
<td>Whenever reasonably requested by the child or foster carer</td>
</tr>
</tbody>
</table>

**Safer Caring**

When any child is placed information from the child’s risk assessment will be shared with you. You may be given specific advice about how to manage risks and you will need to follow this in all circumstances please follow the guidelines you have set for your home in your safe caring agreement.

A safe care agreement will be completed with you by your supervising social worker. This should be reviewed and if necessary updated wherever there is a change in circumstances or a new placement is made.

**Settling Into Placement**

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

In the first few weeks or months the child may be trying to make a good impression. Sometimes they feel so bad they are afraid that if they show how they really feel you might send them away. They may be so depressed they don't care anymore. Even children who seem contented may not be able to express their feelings.
As they relax they may need time to get their thoughts together. Try not to intrude at this time. This may be the hardest behaviour to manage because the child is not able to give you anything on which to develop your relationship or help them.

Some reactions to being in a foster placement:

- Childish behaviour
- Homesickness
- Confusion
- Insecurity
- Testing
- Withdrawn and uncommunicative behaviour
- Indiscriminate affectionate behaviour

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

**Your family**

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

Your home may be quite different from that which the child is used to, such as:

- The house may be heated in a different way
- There is different bedding
- Clothes may or may not be expected to be folded or put away on hangers
- Eating habits are different and there are different mealtime rules in the house
- Some people use a cup or a mug
- Talking with mouth full is/isn't accepted
- Interrupting when someone is speaking is allowed/not allowed
- Some children from single parent households may find it strange if there are two carers
- Do you have to ask or wait to be invited to help yourself to a biscuit?

**When the child arrives:**

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

Key points to think about:

• At all stages of the process. Do you have all the relevant information?
• Have you considered the child’s identity, cultural, educational, leisure and contact needs and how you’ll meet them?
• If you are a connected person’s foster carer have you had your role fully explained and do you understand the plans for the child?
• Do you know what authority you have to make decisions and what the placement plan is?
• Remember to update your safe care agreement with your supervising social worker
• Have you discussed payment and equipment with the fostering service?
• Beginnings and endings of placements should be positive
Section 15
Promoting Independence and Moves to Adulthood and Leaving Care (Standard 12)

Principles Underlying Preparation for Living Independently

Foster placements provide children and young people with a strong emotional base from which to move to adulthood. Young people need to be able to experience their foster carers as a “secure base” who encourage them to explore opportunities and become confident in the adult world. The support provided should be, broadly, what a good parent would give including practical, financial and emotional support. This document explains all the rights a young person has as a care leaver and you should give any young person you are supporting a copy.

Pathway plans

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

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

This requires foster carers to:

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

Employment and part time or pocket money jobs

Work is important and the young person will need your help and support to find a job. Experimenting with work is a way of finding out about yourself so encourage them to take up any advice from Connexions etc. There is legislation governing the employment of young people of compulsory school age.
The youngest age a child can work is 13 years old. The only exception is children involved in television, theatre, modelling or similar activities. This includes Saturday jobs and work before or after school including paper rounds. Whilst the young person is still at school any money that they earn belongs to them and does not affect the maintenance allowance paid to foster carers. Children and young people need to learn how to handle money and budget whether this is pocket money or earned.

Children cannot work:

- Children cannot work without an employer holding a permit issued to them by the local council
- In any industrial setting (for example, a factory or industrial site) or in any occupations prohibited by local laws or other legislation (for example, pubs, betting shops)
- During school hours
- Before 7am or after 7pm
- For more than one hour before school
- For more than four hours without taking a break of at least one hour
- In any work that may be harmful to their health, well-being or education
- Without having a two week break from any work during the school holidays in each calendar year

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

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

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

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

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

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

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

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

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

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

For more information on Child Employment see;
Staying put

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

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

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

The funding provided will be based on the need for accommodation and support rather than care and the young person will be required to make an appropriate contribution and all welfare benefits will also need to be fully claimed.

The arrangement will be time limited, with a clear plan to move towards other independent, care or support arrangements.

Support for education and training

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

http://leavingcare.org/about_care_and_leaving_care/overview/care_leavers_entitlements

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

- Has the young person got a pathway plan and what is my role?
- Is the young person clear about their rights?
- How am I helping them to developing skills for independence like looking after themselves, cooking, budgeting etc.?
- If the young person is to remain in my care post 18 years have I read the Staying Put information?
- For young people with a disability have I been given information about the options available?
Section 16
Support and Training for Foster Carers (Standard 20)

Learning and development of foster carers
(Standard 20)

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

Roles and responsibilities of foster carers regarding training and development

Foster carers have a number of responsibilities in relation to their training and development:

- To complete Children’s Workforce Development Council induction standards workbook within 12 months of approval for mainstream foster carers and within 18 months of approval for connected person carers
- To complete all the courses the fostering service designates as mandatory within the timescales agreed with their supervising social worker
- To complete at least 2 relevant training course during each year of fostering
- To work in partnership with their supervising social worker to contribute to the completion, progression and monitoring of their personal development plan
- To attend the training courses that they have been offered a place on. If unable to attend carers are expected to notify the fostering service or the training co-ordinator.
- To contribute to and evaluate all training sessions attended

Role and responsibilities of the supervising social workers regarding training and development

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

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

Insert PDF of application for a training course form

Foster carers are offered the following training

- Pre-approval training for mainstream carers
- CWDC workbook support (this must be completed within the first 12 months of fostering for all mainstream carers and with the first 18 months of fostering for connected persons carers)
- Mandatory training
- Additional training courses to develop fostering skills.
- Formal Qualification such as QCF when available
- Continued Professional Development

Pre-approval training

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

CWDC workbook

During your assessment and then during their first 12 months as a mainstream foster carer or 18 months as a connected persons foster carer the expectation of your role will be explored with you and you will be assisted by your supervising social worker to complete a workbook and evidence it.

Insert PDFs of workbooks

Mandatory training

The following courses are considered mandatory by the fostering service:
- First Aid
- Delegated Authority
- Transracial Placements
- Diversity
- Life Story Work
- Attachment Separation & Loss
- Safeguarding
- Contact
- Allegations & Safe caring

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

Annual training programme

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

**Online learning**

It is recognised that some foster carers do not live in the Birmingham area and cannot travel to training. Additionally some foster carers have work commitments that make it difficult for them to attend.

Your supervising social worker will discuss online learning options with you.

**Formal qualification**

The Fostering Service support and encourages foster carers to achieve formal qualification in the field of caring for children. Working in partnership with a local college’s access to QCF programmes have been offered.

Your supervising social worker will make you aware of forthcoming dates and criteria for undertaking.

**Personal development plans**

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

**Support groups**

Each support team offers a variety of support groups in local venues. These are advertised quarterly in the BFCA newsletter.

Although these are not formal training events they are an opportunity for personal development as key issues and updates on fostering are discussed at these groups.

Your supervising social worker will ensure you are aware of your most local group and encourage you to attend.

**BFCA development Forum**

The BFCA committee meet regularly with the fostering service management team. This is an opportunity to discuss the wider needs of foster carers and consider whether the training programme continues to meet foster carers perceived needs.
Equal Opportunity and Anti Discriminatory Practice

The Fostering Service values the diverse population of staff, foster carers and service users and are committed to demonstrating the value placed on equality in all aspects of practice. All forms of discrimination on the grounds of race, gender, sexual orientation, disability, age or religion and recognises the barriers that this can create are opposed. Foster carer training acknowledges this and emphasises the importance of the ethnic, religious, cultural and linguistic backgrounds of children in care, with training supporting attendees to understand the importance, promote and celebrate the heritage of the child or young person in care. Training provided aims to embrace the experiences of a diverse group of foster carers in an environment in which all may challenge discrimination of any kind in a positive way, giving all participants the opportunity to reflect on prejudice in a safe learning environment.
Section 16
Useful Resources for Foster Carers