

Foster Carer Handbook



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Version control

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Introduction

This foster carer handbook is designed to be a reference guide for both new and existing foster carers. The purpose of the handbook is to provide information and guidance to all our foster carers on fostering issues, it will also provide additional sources of information provide practical help, identify standards of care that are expected from you and in return what you can expect from us.

Many thanks go to all those who have contributed to the content of the book. If you have any feedback that you would like to give us please contact Rosemarie Cronin (TSD Co-ordinator), email: rosemarie.cronin@essex.gov.uk or telephone 07788 301610

The Foster Carer Charter

The Government launched the Foster Carers' Charter in March 2011. The Charter has been jointly produced by Government, fostering organisations, charities and children. It is part of the Government's wider programme of reform to improve the entire care system – including reducing barriers and delays to adoption and improving the quality of children's homes. The overall aim is to make sure that all children in care have greater stability, less upheaval and a better chance of a stable family life.

You can find out more information regarding the Foster Carer Charter from the Fostering Network website. The charter states:

Children come first

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

Children must be given every support to develop their own identities and aspirations, fulfil their potential, and take advantage of all opportunities to promote their talents and skills. Above all, they should be listened to.

Local authorities and fostering services must

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

Listen to, involve foster carers and their foster children in decision-making and planning, and provide foster carers and their foster children with full information about each other. In making placements be clear about the continuing care or support there will be (including for the child into adulthood), be sensitive to the needs of the foster carer and the child in making and ending placements and have contingency plans should the placement not work. Treat foster carers with openness, fairness and respect as a core member of the team around the child and support them in making reasonable and appropriate decisions on behalf of their foster child.

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

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

Foster carers must

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

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

Essex County Council have signed this charter and are committed to working alongside foster carers to ensure that the children and young people that we look after are provided with the best quality care and greater stability.

Our vision (Essex Fostering Services)

The vision and aims of Essex Fostering Services is set out in the statement of Purpose ([see under Documentation](#)). It is important to know what we are all striving to do so we have repeated them here!

Our vision

Our vision is to provide a safe, stable and caring environment which exceeds required standards in meeting the needs of all looked after children and young people in care, enabling them to realise their potential and to enhance their life opportunities.

Aims

To provide:

- high standards of care in a family environment for all children and young people placed within the service
- children and young people with stable placements that allow them to fulfil their potential whilst giving respect to and promoting their racial, cultural, religious and linguistic backgrounds
- the opportunity where carers and young person are in agreement and it is agreed to be in the young person's best interest for the young person to "stay put" in their foster home until their 21st birthday
- consideration for the gender, sexuality, disability and heritage of children and young people when considering making placements
- a recruitment strategy for foster carers which encompasses and promotes a diversity of backgrounds thus allowing the service to appropriately match placements for children and young people
- 24 hour support for all foster carers, children, and young people
- a partnership approach in providing services to carers, children and young people and their families that will include local authorities, health and social care trusts and other agencies
- a service consisting of managers, practitioners and support staff who are appropriately qualified, safeguard checked, registered with their professional regulatory councils, and supported in all areas of professional development
- a commitment to develop and provide ongoing training, learning and development opportunities to all foster carers and their own children
- support and care for children and young people.

Young people's views

In compiling this handbook we worked with some of the young people from the involvement team and asked them about their experience in foster care. There was a mixture of experiences and some of them have been included in the You Tube clip they have created. The link is below:

<https://www.youtube.com/watch?v=W6ZDvzhQz6I>

The young people have also given us their views on things to do and not do and these are listed in the table below.

When working with young people please remember the following:

Please do	Please don't
Respect that young people aren't always perfect	Make promises you can't keep
Understand that even suggesting social workers can make young people feel anxious	Assume that people can't change, everyone can make changes, recognise the small changes
Gradually build up the relationship	Make decisions without young people there
Listen to young people's views	Share things you're told by young people with your friends and neighbours.
Be honest	Judge me on my past
Promote having positive family time	Think I am the same as all other young people
Support young people and help them to support each other	

The legal context

Children Act 1989

All child care law relating to children being accommodated by the Local Authority comes under the Children Act 1989. The main principals of the Children Act are that:

The best place for children to be looked after is within their own homes.

The welfare of the child is the paramount consideration.

Parents should continue to be involved with their children and any legal proceedings that may concern them, and that legal proceedings should be unnecessary in most instances.

The welfare of children should be promoted by partnership between the family and the Local Authority.

Children should not be removed from their family, or contact terminated, unless it is absolutely necessary to do so

The child's needs arising from race, culture, religion and language must be taken into account.

There are a number of terms that are used which come from the Children Act 1989 and are useful to know.

Parental responsibility: This summarises the duties, rights, powers and responsibilities of a parent in respect of their child.

People other than parents can acquire shared parental responsibility. The Local Authority acquires parental responsibility if a Care Order or Emergency Protection Order is made. However, in the case of a Care Order the extent to which parental responsibility can be exercised by a parent may be limited by the Local Authority. If a Child Arrangements Order is made, parental responsibility can be awarded to the person looking after the child. Parents can delegate responsibility to someone else without losing it themselves. This is something that should be discussed at Placement Planning Meetings when a child or young person is first placed with you and may need to be updated at [subsequent statutory reviews](#).

Children Being 'Looked-after' by the Local Authority: Accommodation may be provided **on a voluntary basis and this comes under Section 20 of the Children Act 1989**. When a child or young person is accommodated under Section 20 the person with parental responsibility (PR) may remove the child at any time, except when someone else who has PR under a Residence Order/Child Arrangements Order agrees with the accommodation. If this happens, the foster carer should inform the child's social worker and fostering social worker as soon as possible. If there is a particular risk to the child or young person if they were removed the police may also need to be involved to protect the child or young person. Young people aged 16 and over may choose to be, or remain, accommodated against the wishes of someone with parental responsibility. This would be assessed by a Social Worker.

The Act states that, if reasonably practicable, a child should be placed with a person whom he or she knows, should be placed as near to his or her home as possible and siblings should stay together. If a child has a disability, the accommodation should be suitably equipped. These are all things that would need to be considered when considering where a child or young person should be placed.

Children may be looked-after under a Court Order. This may be an Emergency Protection Order, Remand, or an Interim or Full Care Order. A parent may not remove a child if he or she is subject to a legal order.

Children and young people can be placed with foster carers under any of these orders. It is important as foster carers that you know which legal arrangement the child or young person is looked after as it will affect who has parental responsibility of the child or young person. If court proceedings are in process the legal status may change while the child or young person is placed with you. If, as a foster carer, you are not sure of the legal status of the child or young person you should ask the social worker for this information.

Welfare of the child: This is the most important principle of the Children Act and one that is regarded as paramount by a court in considering any question of the child's upbringing. When the court is making a decision it must use the following checklist as it decides what to do:

- the wishes and feelings of the child, as far as the court can find these out
- the physical, emotional, and educational needs of the child
- the likely effects on the child of any changes in his or her circumstances
- the age, sex, background and any other characteristics of the child that the Court considers to be relevant
- any harm which the child has suffered, or is at risk of suffering
- how capable each parent or other relevant person is of meeting the child's needs
- the range of power available to the Court under the Children Act

Duty to investigate (Section 47). This is the part of the Children Act which gives the local authority the duty to investigate if there are concerns regarding any child or young person who is suffering, or likely to suffer, significant harm. This also includes children and young people in foster care. If there is any information which causes the local authority to be concerned about a child or young person then the local authority has to make any enquiries which they believe is necessary to enable them to decide whether there needs to be any action taken in order to safeguard the child or young person's welfare.

Overview of the Fostering Legislation

The legal framework for fostering services was revised in April 2011. There are three parts to this.

1. **The Fostering Services (England) Regulations 2011:** These regulations are legislation in the same way as acts of parliament and must be complied with by everyone concerned.
2. **Children Act 1989 Guidance and Regulations Volume 4: Fostering Services (2011):** These are issued by the government and explain what local authorities must do, as well as complying with the acts of parliament and regulations, when they are delivering services or buying them from other organisations.
3. **Fostering Services: National Minimum Standards (2011):** These describe the minimum standards that the government requires of organisations delivering services. These are used by inspectors to judge the quality of the service and whether or not these comply with the regulations. Each standard also has a related outcome which is to be achieved by the fostering service.

There are other regulations and statutory guidance which also impact on the fostering service and upon you as a foster carer. This includes areas such as Leaving Care, Care Planning, Placement and Case Review, Short breaks, Family and Friends Care, Promotion the Educational Achievement of Looked After Children, Promoting the Health and Well-being of Looked After Children, Guidance on Children who Run Away or go Missing from Home or Care and Working Together to Safeguard Children.

These regulations and guidance are incorporated within the practice and policies of Essex Social Care. If you would like further information on any of these they can be found on the Department for Education Website www.gov.uk/dfes.

It is not possible to provide all the legal information in this handbook. The Fostering Network has published a book for foster carers which you may find helpful and is available from the Fostering Network website. Don't forget Essex pay for all their foster carers to be members of the Fostering Network so you can buy books at the reduced membership rate. The book is called "All you need to know: Fostering Regulations, Guidance & NMS 2011 (England)". It may be useful to know the headings of the National Minimum Standards (NMS) for Fostering as these will be referred to throughout this book and within the policies of the fostering service.

There are 31 standards and they come into two headings:

Child Focussed Standards

1. The child's wishes and feelings and the views of those significant to them
2. Promoting a positive identity, potential and valuing diversity through individualised care
3. Promoting positive behaviour and relationships
4. Safeguarding Children
5. Children Missing from Care
6. Promoting good health and well-being
7. Leisure activities

8. Promoting educational attainment
9. Promoting and supporting contact
10. Providing a suitable environment for the foster child
11. Preparation for placement
12. Promoting independence and moves to adulthood and leaving care

Standards of the Fostering Service

13. Recruiting and assessing foster carers who can meet the needs of looked after children
14. Fostering panels and the fostering service's decision-maker
15. Matching the child with a placement that meets their assessed needs
16. Statement of purpose and children's guide
17. Fitness to provide or manage the administration of the fostering service
18. Financial viability and changes affecting business continuity
19. Suitability to work with children
20. Learning and development of foster carers
21. Supervision and support of foster carers
22. Handling allegations and suspicions of harm
23. Learning, development and qualifications of staff
24. Staff support and supervision
25. Managing effectively and efficiently and monitoring the service
26. Records
27. Fitness of premises for use as a fostering service
28. Payment to carers
29. Notification of Significant Events
30. Family and friends as foster carers
31. Placement Plan and Review

All of the above standards have their own outcome and sub-standards under them which gives further guidance as to how the standard should be met.

Care Planning, Placement and Case Review (2010)

The Care Planning, Placement and Case Review guidance and regulations came into force in April 2011. This guidance covers all aspects of care planning for children and young people and covers the following areas:

- Care Planning
- Placement
- Case Review
- Ceasing to look after a child
- Short Breaks
- Case Records
- Application of the 2010 regulation to children who are in contact with youth justice services.

The principle of the guidance is to:

- Increase scrutiny and oversight of the care plan for children and young people
- Increase participation of children, young people and their families in these processes
- Secure greater stability for looked after children
- Have a clear process of assessment, care planning, intervention and review to improve the experiences and the outcomes of looked after children.
- The legislation and guidance reflects the importance of careful planning which is child focussed and based on thorough assessment of the child or young person's needs. It reinforces that ending of placements should be determined by the child's needs and not the needs of the local authority.
- This document can also be found on the Department of Education website www.gov.uk/dfes

Temporary approval foster carers

The Care Planning Regulations also provides the legal framework for temporary approval of a connected person as a foster carer. A connected person to the child or young person is someone who is a relative, friend or has another connection with them. In these situations the connected persons can be approved as a foster carer. Connected persons are also sometimes called Family and Friends Carers or Kinship Carers.

The Local Authority has the power to grant temporary approval to a connected person in order for an immediate placement to be made. However, the local authority must be satisfied that the placement is the most appropriate way to safeguard and promote a particular child's welfare and that the placement cannot wait until a full foster carer assessment is completed. Once temporary approval has been granted the foster carer assessment has to be completed within 16 weeks. This can be extended for a further 8 weeks in exceptional circumstances but the fostering panel would need to give a view on this and the Independent Reviewing Officer of the child or young person would need to be informed.

Some of you reading this book may have temporary approval as a foster carer. If so you are a foster carer in every respect other than the temporary nature of the approval. You are entitled to the same support, training and allowances as other foster carers. You should have more frequent visits from the child or young person's social worker ([see visits](#)) and you will also see your assessing social worker from the recruitment team on a regular basis to enable them to undertake the full fostering assessment. You should also receive a Temporary Notice of Approval.

Updated legislation

In July 2013 additional guidance came into effect and amendments were made to the Fostering Guidance as well as the Care Planning, Placement and Case Review.

In the Assessment and Approval of Foster Carers: Amendments to the Children Act 1989 Guidance and Regulations (2013), there were significant changes regarding the assessing of foster carers and also changes regarding exemptions to foster beyond the usual fostering limit (if you foster more than 3 young people who are not all siblings).

In the Delegation of Authority: Amendments to the Children Act 1989 Guidance and Regulations, more clarification regarding Delegated Authority was also published.

These documents are available from the Department for Education which is now accessible from www.gov.uk/df website if you wish to look at them further.

In April 2014, The Children and Family Act became law. This legislation covers many different areas including Family Justice, Children and Young People with Special Educational Needs or Disabilities, Welfare of Children (including Staying Put, for young people wishing to remain with their foster carers post 18 years).

Why children and young people need to be looked after

Children and young people may need to be looked after for many different reasons and each individual child or young person will have their own care plan to take into account their own personal needs and support as well as future planning. As foster carers you may be looking after a child with a plan to return home, moving towards independence, adoption, special guardianship, or long-term foster care.

As foster carers you will hear references that a child or young person has come into the care of the local authority as they have suffered from physical, emotional or sexual abuse or from neglect. Here are some definitions of the different types of abuse and possible indicators. It does not mean that all children in a certain category will have the relevant indicators and equally so some children and young people who have been abused may present differently. As a local authority we do not always know what the child or young person has experienced in the past so it is important that you are aware of possible indicators and you alert the social worker of the child or young person if you see evidence of them. It is important to record these in your [foster carer logs](#), however insignificant they may appear it can help to piece together the whole picture.

Physical abuse:

Occurs when parents or adults deliberately inflict injuries on a child, or do not protect the child from injury.

Possible indicators of physical abuse are:

- Unexplained injuries – bruises, scars, bites or burns, particularly if they are recurrent injuries of varying ages and types or in unusual places
- Child shows fear about returning home
- Withdrawal from physical contact
- Bruising on very young babies

Neglect:

Occurs when a parent or carer fails to meet a child's essential needs for food, clothing, shelter or medical care, or when children are left without proper supervision that leaves them unsafe or unprotected.

Possible indicators of neglect are:

- Consistently unkempt, dirty appearance
- Medical needs of child unmet
- Delay in the child's development without other clear cause
- Lack of responsiveness with peers or adults in everyday social situations
- Behaviour such as head banging or rocking
- Repeated failure by parents/carers to prevent injury
- Consistently inappropriately clothed for the weather
- Hazardous living conditions
- Failure to attend any sort of appointments
- Non-organic failure to thrive

Sexual abuse:

Occurs when an adult or older child involves a child in sexual activity to which the child does not or cannot consent, because of his or her age or understanding.

Possible indicators of sexual abuse are:

- Withdrawn, fearful or aggressive behaviour to other children or adults
- Poor concentration at school or learning problems which do not match intellectual ability
- Behaviour with sexual overtones inappropriate to age
- Complaints of genital itching or pain
- Unexplained abdominal pain
- Distrust of a familiar adult or anxiety about being left with a particular person, relative, babysitter or lodger
- Unexplained gifts or money
- Apparent secrecy
- Wetting day or night when previously dry and clean
- Severe sleep disturbances or nightmares
- Chronic illness, especially throat infections
- Venereal disease or other sexually transmitted diseases
- Marked reluctance to take part in physical activity or to change clothes for PE etc.
- Phobias or panic attacks
- Self-mutilation or attempted suicide
- Running away from home

Sexual exploitation:

Sexual exploitation is a form of sexual abuse that affects children and young people every year in the UK. It can happen to any young person whatever their background, gender and age. Many victims of Child Sexual Exploitation have been groomed by an abusing adult who may befriend them and make them feel special in some way e.g. gifts. Victims may be targeted both in person and online.

Possible indicators of sexual exploitation are:

- Going missing for periods of time or regularly returning home late
- Regularly missing school or not taking part in education
- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Having older boyfriends and girlfriends
- Suffering from sexually transmitted infections
- Mood swings or changes in emotional wellbeing
- Drug and alcohol misuse
- Displaying inappropriate sexualised behaviour

Emotional abuse:

Occurs when parents or carers fail to show their children sufficient love or attention or when they threaten, taunt or belittle them, causing them to become nervous, withdrawn, aggressive, or disturbed in their behaviour.

Possible indicators of emotional abuse are:

- Very low self-esteem
- Lack of any sense of fun
- Excessively clingy or attention seeking behaviour
- Over reactions to mistakes or over anxious to please
- Substantial failure to reach potential in learning
- Self-harming
- Compulsive rituals
- Unusual patterns of response to others showing emotion

Roles and responsibilities

The role of the Foster Carer

Foster carers have many responsibilities. The legislative framework aims to ensure that foster carers and fostering providers are clear about their roles and that foster carers get the recognition and support that they require to undertake this complex task.

As a foster carer you are expected to:

- Protect children and young people in your care from coming to harm and help them to look after themselves
- Teach children and young people to recognise inappropriate behaviour from adults and make sure that they know how to get help if they feel unsafe
- Build relationships with the children and young people in your care and help them to relate to and trust others
- Help children and young people to keep links with their family and friends and actively promote contact in line with the care plan
- Help children to understand and feel positive about their religion, origin and culture
- Follow an agreed care plan and keep written records of the progress of all children and young people in your care
- Work alongside other professionals who are involved with the child or young person
- Promote the education and development of a child or young person placed with you
- Actively promote a healthy lifestyle for any child or young person placed with you and ensure that their regular health appointments are kept up to date
- Be an advocate for the child or young person, listening to them and their views and help them to be able to articulate their views appropriately
- Attend statutory reviews for any child or young person placed
- To keep up to date with practice and legislation relevant to the role of a foster carer
- Maintain a learning and development portfolio
- To have regular supervision with the supervising social worker
- You may also be asked to be an 'Appropriate Adult' if a child or young person you are looking after is called to the police station (see below)

The role of the Appropriate Adult

An Appropriate Adult is responsible for safeguarding the rights and welfare of a child or 'mentally vulnerable' adult who is detained by police or is interviewed under caution voluntarily. The role was created alongside the Police and Criminal Evidence Act (PACE) 1984.

The role of the Appropriate Adult is to assist the detainee to ensure that they understand what is happening at the police station during an interview and investigative stages. In particular the Appropriate Adult should:

- Support, advise and assist the detainee

- Ensure that the police act fairly and respect the rights of the detainee
- Help communication between the detainee, the police and others
- The Appropriate Adult is not present to provide the detainee with legal advice.

More information about this role and a Guide for parents and carers in their role as an Appropriate Adult is available on the National Appropriate Adult Network website www.appropriateadult.org.uk.

The role of the Supervising Social Worker (SSW)

The supervising social worker is responsible for supervising and supporting the foster carer, this could include:

- Making regular [supervision visits](#). This should be a minimum of six times a year but more frequently if appropriate or required
- Supporting all those in the fostering household when required. This could mean telephone/email support as well as face to face contact
- To undertake a minimum of one unannounced visit a year
- Provide the foster carer with emotional and practical support
- Supporting the sons and daughters of foster carers if applicable
- Liaise with other professionals
- Chair placement planning meetings
- Supporting the foster carer at other meetings e.g. statutory review
- Maintain a foster carer file which includes all relevant documents
- Complete reports and recommendations for the foster carer's annual review of approval
- Work with each foster carer regarding their personal professional development and monitor how this is maintained.

The role of the Placement Social Worker

Placement social workers are based within the fostering teams and there is at least one in each quadrant.

- Liaise with social workers and supervising social workers regarding placement requests and placement options available
- Discuss potential placements with foster carers and provide them with as much information as possible to enable them to make a decision about whether the placement is suitable
- Liaise with foster carers regarding planning for placements that are made or informing them if the placement is not required
- Contact foster carers on the day a placement is made to ensure that the placement has gone ahead as planned and that the foster carer has the appropriate paperwork.
- Work together with other placement social workers within the county and the ART (Access to Resources) team in searching for placements if required

- Start and end foster carer payments on electronic system and put on 28 day payments and adoption retainers
- Keep updated lists of foster carers vacancies.

The role of the Outreach Worker

The fostering teams also have outreach workers attached to them. Their roles may vary a little between teams but they can be involved with any of the following:

- Supporting supervising social workers
- Carry out direct work with sons and daughters of foster carers
- Co-facilitate Foster Carers Support Groups and Sons & Daughters of Foster Carers
- Co-ordinate various fostering events/activities throughout the year
- Assist with the Therapeutic Fostering Scheme Children's Group
- Direct work with children in care
- Direct work with foster carers
- Assist with the Fostering Changes training.

The role of the child or young person's Social Worker

The child's or young person's social worker is responsible for the individual care plan for the particular child or young person. They will need to work closely with the child or young person placed with you as well as with you as the foster carer.

They should:

- Ensure that the foster carer has all the information you need to care for the child or young person, including the care plan. This is an on-going process as new information may become known during the placement
- Provide advice, guidance and assistance to help the foster carer to meet the child or young person's needs in accordance with the care plan
- Visit the child or young person on a regular basis ([see frequency of visits](#))
- Be part of the placement planning meeting and ensure that agreement is reached regarding the areas of responsibility. This includes any delegated authority which may be given to the foster carer
- Working with the family of the child or young person in line with the care plan
- Preparation of paperwork and attendance at the child or young person's statutory review
- Liaise with other professionals who may be involved with the child or young person. This may include arranging or undertaking therapy or direct work with the child or young person
- Clarify frequency of arrangements for contact with the child or young person's family and/or significant others.

The role of the Household Reviewing Officer (HHRO)

- Chair all annual household reviews (reviews of approval) in line with the fostering legislation
- Consider all feedback that is received for the household review
- Chair any early household reviews that are required due to significant changes
- The household reviewing officer prepares a report from the review which will include recommendations regarding the future approval
- Household reviewing officers have a quality assurance role and will follow up to see if actions from reviews are completed

The role of the Independent Reviewing Officer (IRO)

The IRO is responsible for reviewing the care plan for each child or young person who is looked after. No significant change to the care plan can be made unless it has been considered first at a review, unless this is not reasonably practicable. The IRO will chair the statutory review for the child or young person. They need to be informed of any significant changes which may occur between reviews. Such changes, as stated in the Care Planning Regulations (2010), include:

- A proposed change of care plan, for example, arising at short notice in the course of proceedings following directions from the court
- Where agreed decisions from the review are not carried out within the specified timescale
- Major change to the contact arrangements
- Changes of allocated social worker
- Any safeguarding concerns involving the child, which may lead to enquiries being made under section 47 of the 1989 Act (child protection enquiries) and outcomes of child protection conferences, or other meetings that are not attended by the IRO
- Complaints from or on behalf of the child, parent or carer
- Unexpected changes in the child's placement provision which may significantly impact on placement stability or safeguarding arrangements
- Significant changes in birth family circumstances, for example, births, marriages or deaths which may have a particular impact on the child
- If the child is charged with any offence leading to referral to youth offending services, pending criminal proceedings and any convictions or sentences as a result of such proceedings
- If the child is excluded from school
- If the child has run away or is missing from an approved placement
- Significant health, medical events, diagnoses, illnesses, hospitalisations, or serious accidents
- Panel decisions in relation to permanency

As foster carers you should be given the name of the IRO for the child or young person you are looking after. Although the social worker should inform the IRO of such changes as

the foster carer you are also able to contact the IRO direct if you have any concerns or you consider that actions are not being undertaken when they should be. The IRO can request that an early review should be convened if the changes are significant.

The role of the Personal Advisor (for young people leaving care)

When young people leave care the local authority does not have to provide them with a social worker but do have to provide the young person with a personal advisor. The role of the personal advisor (as stated in the Care Planning Regulations 2010) is to:

- Provide the young person with advice and support (this will include direct practical help to prepare them for the time when they move or cease to be looked after and also emotional support)
- Participate in reviews of the pathway plan which for an eligible child will include the care plan
- Liaise with the responsible authority about the provision of services (this function may be carried out by the personal advisor working as a member of a social work or a specialist leaving care team; it will also involve liaising and negotiating with the full range of services that make up the local authority's services, for example, education and housing services)
- Co-ordinate the provision of services, ensuring that these are responsive to the young person's needs and that s/he is able to access and make constructive use of them
- Remain informed about the young person's progress and keep in touch with him/her – visiting at no less than the statutory intervals
- Maintain a record of their involvement with the young person, monitoring the effectiveness of services in preparing the young person for a time when s/he will move to greater independence or when s/he ceases to be looked after

The role of the Mental Health Co-ordinator

- Provide support and advise to children in care where there is no EWMHS involvement on a short term basis
- Training and support to foster carers
- Provide direction and support in navigating through the mental health services to identify the appropriate provision

The role of the Guardian

- A Guardian will be appointed by the court for a particular child or young person. If a Guardian is appointed they are likely to wish to meet with you as the foster carer as well as the child or young person they have been appointed for.
- Guardians are employed by CAFCASS – Children and Family Court Advisory and Support Service
- Guardians are qualified social workers completely independent from Children's Social Care
- Guardians are appointed by the court when the local authority is seeking a legal order in respect of a child

- The Guardian appoints a solicitor for the child who specialises in working with children and families
- The Guardian advises the court about what work needs to be completed and information gained before the court makes its decisions
- The Guardian writes a report for the court saying what he/she considers would be best for the child. The report must tell the court about the wishes and feelings of the child
- The Guardian has to ensure the interests and needs of the child are always put first
- The Guardian will spend time getting to know the child and members of the family. He or she will visit the child, talk to foster carers and any other people who can help inform what is the best plan
- The Guardian may recommend to the court that other professionals are asked to help, such as a psychologist or a paediatrician

The role of the Virtual School Head

The Virtual School Head (VSH) is the lead responsible officer for ensuring that arrangements are in place to improve the educational experiences and outcomes of the authority's looked after children, wherever they are placed. The VSH ensures that the educational attainment and progress of children looked after by the local authority are monitored and evaluated as if those children attended a single school. This includes, amongst many other responsibilities:

- Ensuring that an effective Personal Education Plan (PEP) system is in place which focuses on achieving good outcomes for individual children
- Ensuring that all stakeholders understand their roles and responsibilities in creating high quality PEPs and in promoting good educational outcomes more generally
- Ensuring that children are admitted to suitable schools in a timely way and that systems are in place to support regular attendance
- In Essex, the VSH leads the Virtual School team. See separate sections on PEPs and Education and Leisure for more information.

The role of the health services

The NHS has the major role in ensuring timely and effective healthcare to Looked After Children and Young People. The NHS has a duty to comply with requests from the local authority to help them provide support and services to children in need.

Designated Doctors and Nurses – are the key health professionals who provide strategic advice and guidance to health organisations and local authorities as commissioners of services to improve the health of Looked After Children.

GP's – are the primary health care professional. All Looked After Children must have full registration with a GP near to where they are placed.

Specialist Nursing teams for Looked After Children – have the key role in co-ordinating the statutory health assessments for Looked After Children. They work closely with paediatricians, health visitors, school nurses and other health professionals, plus social workers and foster carers, and the children and young people themselves, to promote their health and wellbeing.

The role of the fostering panel

Every fostering service has to have a fostering panel. In Essex we have four panels, one in each quadrant, each panel meets eight times a year. You are likely to have attended one of these when you first became a foster carer. As well as considering new applications; the fostering panel also considers first annual household reviews of newly-approved foster carers. This is a legal requirement and you will be invited to panel when this happens. Subsequent reviews may also be presented to panel if there have been any significant changes which could affect approval or if a change of approval is being requested. If there have been serious concerns regarding foster carers or a section 47 (Children Act 89) investigation (when there is a concern of significant harm) a return to panel is also required. If your case is being discussed at panel you will always be invited to the panel meeting.

Types of fostering

Long-term fostering

This is a foster placement made with foster carers who are prepared to make a commitment to a child or young person until they reach adulthood.

Many of the children and young people who are cared for in foster care are unable to return to their birth parents. Each fostering team has a nominated long-term worker who works in this area and help to match carers and children who require a long term placement. If you are caring for a child for whom the care plan is long-term foster care and you feel you could make this commitment you should discuss this with the child or young person's social worker and also your supervising social worker. Alternatively you may be caring for a child or young person for whom a long-term placement has to be found. The social worker for long-term fostering will work with you and the child or young person's social worker to identify a placement and make plans to move the child on in a planned and child centred way to long-term foster carers.

The process

There is a clear process to be undertaken when considering a long-term placement. This provides time to ensure that the long term needs of the child or young person are well matched with what the foster carer is able to offer. If through this process it appears to be a good match then arrangements will be made to consider linking the child or young person with the foster carer(s). The linking application is presented to the Agency Decision Maker. If the matching/long term linking is agreed then the foster carer will be notified and the child/children will receive a certificate to confirm that their placement is linked long-term. There may be some occasions when it is considered that the child or young person should remain long-term with a particular foster carer but it is not considered to be in the best interests of the child or young person to formally link them to the foster family. This decision would be made through the review process for the child or young person.

Short-break carers

These are carers who look after children with disabilities for short breaks on a regular basis. This provides an opportunity for disabled children to experience new relationships, environments and activities while their families have some 'time to themselves'.

Short term carers

Some carers look after children short term. These are carers who will take children and young people and look after them until it is clear what their longer term plans are. This could involve bridging children to adoption or a permanent foster family, for the child to return to their birth family or a move towards independent accommodation. It is difficult to define how long short term is as it will depend on individual circumstances and the care plan. It can be for a few weeks or go on for over a year.

Family and friends carers

Family and friends carers are sometimes called kinship carers or 'connected persons'. These are carers who look after a child or young person that they know and have an already established relationship with.

Parent and child placements

These are foster carers who look after a young person or adult as well as their child. This can be with a view to assessing the parenting skills of the parent or supporting the young person and teaching them parenting skills.

Early permanence placements

Early Permanence is when a child is placed with foster carers who are also approved as adopters. If the court agrees that the child should be adopted and the adoption agency approves the 'match' between the child and the carers as adopters, then placement becomes an adoption placement.

PACE beds

Since June 2016, Essex County Council in partnership with Southend-on-Sea, Thurrock County Council and Essex Police, launched a new scheme to support young people under the age of 18 who have been charged with an offence and need to be held overnight before attending a Youth Court.

Essex County Council's fostering and supported lodgings carers have been identified, trained and had their approval amended to be able to care for these young people and a process to ensure that the young person attends Court has been put in place.

At this time there will be one bed available to the police and a process has been agreed as to how the young person will be transferred to the carer on duty.

Therapeutic foster carers

The Therapeutic Fostering Scheme (TFS) was established in September 2015. This is a countywide scheme underpinned by both a theory based, trauma-informed model of care and the 'Secure Base model' developed by Schofield and Beek from the University of East Anglia which has its origins in attachment theory and is a relationship based model. (Beek, Schofield et al. 2005 and Beek 2009).

This scheme provides a high-end quality provision within the existing fostering service for our more complex and challenging children and young people.

Therapeutic foster carers will receive weekly professional therapeutic consultations and weekly supervision with their supervising social worker. In addition they will be expected to attend regular bespoke training, the Fostering Changes 12+ course and monthly 'team around the child' meetings, which will include education, health, social care and all professionals involved in the well-being of the child.

In recognition of the complex behaviours and needs of the children and young people that will be placed the carers will receive an enhanced level of support which includes a dedicated 24/7 telephone line manned by TFS social workers, access to ad hoc clinical surgeries, a specialist foster carer support group and personal mentor and intensive supervising social worker support.

Documentation

There are a number of forms and documents that you will need as you embark on your fostering career. You will need to have copies of these and understand when you will need to use them. Your supervising social worker should be able to give you them and explain them to you.

Foster Care Agreement:

You should receive this when you are first approved as a foster carer. Schedule 5 of the Fostering Regulations (2011) states what needs to be included within the Foster Care Agreement. It is a document which outlines what is expected of you and what you can expect from Essex County Council. It will also include your approval details on it. Your supervising social worker should go through this with you to ensure that you understand it fully. You should then sign a copy which will be placed on your foster carer file and you should have a copy to keep for yourself.

Supervision Agreement:

This should be completed with your supervising social worker and will include information about the frequency of your supervision and the areas of discussion that need to be covered.

Notice of Approval:

When you are approved you should also receive a Notice of Approval which will include all the information about your approval as a foster carer.

Statement of Purpose:

All fostering services are required to have a Statement of Purpose (National Minimum Standards 16.1). This must be made available to foster carers which may be in printed format or information of how to access it online. You can access it on the Essex County Council [website](#).

Policies and Guidance:

There are a number of policies that are relevant for the fostering service and to you as foster carers. The key relevant ones are on the Essex County Council [website](#) and include policies regarding Safeguarding Children, Children Missing from a Foster Home without Permission guidance, Supporting Foster Carers Guidance, Promoting Good Health and Well Being, Safer Use of Computers, Internet and Social Media, Induction for Foster Carers, Staying Put and so on. Talk to your SSW about the policies to show you have an understanding of what is expected of you as carers and also of us as a fostering service.

Children's Guide:

The fostering service has to ensure that, subject to age and understanding, each child receives a Children's Guide when they are placed with foster carers. This gives the child or young person more information about the fostering service and information regarding their rights and important phone numbers. Every foster carer should also have a copy of the Children's Guide as stated in the Fostering Regulations (Regulation 3 (4)). The foster carer should go through the guide with the child or young person. The Children's Guides for both younger and older children are on the foster carer section of the Essex County Council [website](#)

Training, Support and Development Standards Workbook:

This is a workbook which should be completed as part of the induction process for all foster carers. There are three different workbooks and you should have the one most relevant to you (Foster Carer, Short Break Carer or Family and Friends Carer). You should have been given this during your assessment as you will have met some of the expected outcomes during this process. The timescales to complete these for foster carers and short break carers is 12 months from approval and for family and friends carers it is 18 months. There will be some further information on this later in this handbook.

Foster carer logs:

These are reports you complete to include any relevant information regarding any child or young person placed with you. Your supervising social worker will explain to you what should be recorded. The supervising social worker should also see these when they visit for supervision. These records must also be returned to social care as they are kept on the child or young persons record ([see also Record Keeping](#)).

Finance forms:

Foster carers can claim certain expenses and you will need some of these forms to complete for when you start fostering. You will need to submit your claims promptly for payment.

Medication forms:

Foster carers are expected to record any medication given to a child or young person and so you should have these ready for when you have your first placement. These are often called MAR (Medication Administration Record) sheets.

PDP (Personal Development Plan) and training application:

It is expected that your PDP is completed within 6 weeks of you being approved and then annually. This is an opportunity to look at your learning needs and plan how these are to be met. The first one will include the Stage 2 induction modules that all foster carers are expected to complete within 12 months (or 18 months for short break carers) of being approved.

Training programme:

There is a comprehensive list of training that is available for foster carers. This includes face to face training, e-learning and distance learning opportunities. This information is detailed on the Learn website and you can also apply for training through this website. Access to the website is available via the EFCA website www.essexfca.org/training or the foster carer section of the Essex County Council website under Training and Support: <http://www.essexadoptionandfostering.co.uk/fostering/are-you-a-foster-carer/training-and-support/>

Ofsted inspection report:

Ofsted inspects local authority services for children in need of help and protection, children looked after and care leavers.

Inspections look at the experiences and progress of:

- children who need help and protection, including early help
- children looked after, including: adoption, fostering, the use of residential care, children who return home, and achieving permanent homes and families for children and young people
- young people leaving care or preparing to leave care

The inspection reports are always published on the Ofsted website and we encourage you to have a look at this www.ofsted.gov.uk

Preparing for a placement

When preparing for any placement, whether it is the first or the hundredth there are important things that need to be considered. Wherever possible placements should be planned ahead and this should allow for the appropriate preparation for the placement to take place. However, there are times when there is an emergency and placements need to be made more quickly but care should always be taken that even in these situations you are prepared and get as much information as possible.

Matching children and young people

Matching the right child or young person to the right foster carer is always an important task. If a foster carer has been approved to take a specific child the matching would have been considered as part of the approval/assessment process. For foster carers who do not care for named children they will have a preferred and agreed approval category. This should have been discussed with you when you were being assessed or as part of the annual household review and should be the age and gender that would best fit into your home and family.

When considering a new placement you will need to consider more than just the age and gender group and will also need to take into account the needs of others who are living within the home. Sometimes a lot of information is known about the child or young person other times less is known but before making a final decision it is important to obtain as much information as possible to ensure that the potential placement will work well for the child and young person and work well for you as a foster family. If there is likely to be any children or young people sharing a bedroom a risk assessment must be completed prior to agreement of placement, this must include information about any children or young people who may be sharing and not just the child or young person currently being placed.

As part of your assessment you may have started to think about questions that you may want to ask when considering a child or young person. It is helpful to have a list of these handy so you are prepared for when you receive placement requests.

Standard 15 of the Fostering NMS (2011) is all about matching the child with a placement that meets their assessed need. It is recognised that sometimes a match may be agreed but there are still areas where the child or young person's needs are not fully met within the fostering household. These areas need to be identified and a plan put in place as to how these needs may be met. This should be done or clarified at the [Placement Planning Meeting](#). It is stated in Fostering Regulation 17 (3) and within Standard 15 that foster carers should be provided with all the relevant information for that child or young person. If there are gaps in the information provided the fostering service (probably your supervising social worker or the duty worker) should follow up with the child care teams to get this information.

Bedroom sharing

The National Minimum Standards for Foster Care (2011) state: "In the foster home each child over the age of three should have their own bedroom. If this is not possible, the sharing of a bedroom is agreed by each child's responsible authority and each child has their own area within the bedroom. Before seeking agreement for the sharing of a bedroom, the fostering service provider takes into account any potential for bullying any history of abuse or abusive behaviour, the wishes and of the children concerned and all other pertinent facts. The decision making process and outcome of the assessment are recorded in writing where bedroom sharing is agreed."

In Essex, where possible the fostering service will aim for all looked after children over the age of three to have their own bedroom. If children are sharing a bedroom a risk assessment is required.

For children sharing a bedroom with their foster carer the Essex policy is that foster carers can have children up to the age of two in their bedroom. After the child's second birthday it is expected that they should have their own bedroom unless there are exceptional circumstances or needs. If this is the case the SSW should undertake an assessment of the risks and issues and ensure this is recorded on the foster carer file.

Further information about bedroom sharing is available in the Bedroom [Sharing Policy](#) for Foster Carers.

Useful questions when considering a new placement

It is really useful when considering a new placement, to have a list of questions available to ask the local authority about the child or young person you are being asked to take. Information you need will be dependent upon the age and gender of the child being placed and your questions need to reflect this. Below is a list which tries to reflect many of the questions foster carers may need to consider asking before accepting a child or would need to know as soon as the information is available. This list may also include questions you would want to ask at the placement planning meeting.

Child's profile

1. Physical description of the child
2. How is the child's personality described?
3. What is their racial background; white, mixed race etc
4. What is the child or young person's favourite activities? Are they currently involved with any clubs or activities?
5. Are there any specific likes and dislikes expressed by the child?
6. How does the child present? For example, introverted, extroverted, shy, verbal, aggressive, withdrawn, scared
7. Does child like animals? Are they safe with animals?
8. Any there any known phobias?
9. Does child have a history of absconding?
10. Is the child using social networks? Do they have a mobile phone?
11. Are there any sexualised behaviours? What are these?
12. Are there any police interventions, convictions or on-going court proceedings?
13. Any information regarding the child or young person's behaviour and how they respond to other children and young people.

Family make-up

1. What is the family makeup? For example is it a one or two parent family
2. Are there any siblings (including half and step siblings)?
3. What is child's position in family? i.e. first-born

4. Who are the significant others in the child's family?
5. What does the child see as the most important relationship for them in their family?
6. Who are the child's close friends?
7. Are there any friendships to be avoided / promoted?
8. For babies; what was the pregnancy like? Any issues during pregnancy, i.e. substance abuse; drug and alcohol issues
9. How does the baby/child manage separation from family or main carer?

Health

1. Is the child/young person registered with a GP? Name, address, contact details
2. Is the child/young person registered with a dentist? Name, address, contact details
3. Are there any known allergies?
4. Is child on medication? If so what medication, how is this administered?
5. Does the child/young person have any health issues for example, hearing difficulties, wears glasses, wears braces etc
6. What immunisations has the child or young person had and are there any outstanding?
7. Are there any medical conditions? Any there any appointments pending or treatments needed?
8. When was the last health assessment?
9. What is the name, contact details for health visitor or school nurse? Does baby or child have their health monitoring book available?
10. Are there any mental health issues? Contact details for health professionals caring for the child or young person.
11. Are there any issues regarding diet; formula feed for babies, milk intolerances etc?
12. Are there any physical disabilities? Any special needs or learning difficulties?
13. Are there any hygiene issues? Can child/young person wash, bathe without assistance or do they require assistance?

Education

1. Name, address and contact details of school? Name of the Designated Teacher for looked after children if known
2. How does the child/young person get to school? What expectations are there for foster carers to transport them to school? Is school transport involved? If so what are the contact details and the arrangements?
3. What is the school routine, timetable, uniforms etc? Are there any current exclusions or do they attend any after school clubs etc?
4. Does child/young person have a learning mentor? If so, name and contact details?
5. Does the child/young person have a statement of educational need?
6. Does the child or young person have school lunches or packed lunches for school?

Routines

1. What routines does child/young person normally have going to bed and getting up?
2. What are the child or young person's usual bedtimes and getting up times?
3. Are there any special routines for bedtime, for example, drinks, toys, stories?
4. Has the child/young person been used to sharing a bedroom at home?
5. Are there any issues re: bedwetting, soiling?
6. Is a nightlight required or not?
7. Does child/young person sleep walk?
8. Does child/young person have any nightmares / night terrors? If so what soothes them?
9. Can the child/young person dress themselves? What help is required?
10. Can the child/young person manage going to the toilet themselves? What help is required to support them?
11. Is child or young person menstruating? Are they able to manage this? Are any interventions needed?

Foster carer profile card

Children and young people tell us that when they move into a new foster placement it can be very scary as they often don't know a lot or anything about the family that they going to be staying with. This can be the same if they are going to stay for a very short time or a longer period of time. Some carers will have completed a welcome book to introduce their family to the children and young people that come to live with them. However, what we would like to do is ensure that all children and young people could see where they are going to live and learn a little bit about the family before they arrive on the doorstep. The Children in Care Council designed foster carer profile cards, one for at younger children and one aimed at older young people. The aim is that foster carers complete these and give them back to their supervising social worker who can scan them and keep an electronic copy on the file. When placements are being made these can be accessed and sent to the social worker or other nominated person who can show this to the child or young person before they leave to go to the foster home.

The benefits of creating this are:

- The child/young person has something tangible which describes their new placement and environment.
- It begins the process of creating memories for the child. Something they can take with them. It can contribute to future life story work when/if they leave your home.
- The foster carer profile card can be forwarded by email to a social worker who can give it to and talk to the child/young person prior to the placement beginning. This helps quell some of the fears the child/young person may have about their move.
- The child/young person is able to engage with information and form questions about the placement which can be used as part of your introductions when the child comes into your home or used by the social worker to help initiate discussions about the move.
- The child/young person begins to think about the move with less apprehension.

There are two profile cards that children and young people have designed and consider would be helpful for a new child or young person moving into a placement. These profile cards also need to be updated when changes occur within your household. For example, we would not want any child or young person coming to the household expecting to find a pet who is no longer with you. When a child or young person first moves in to the foster home there is always a lot of information to take in at a time when they may well be anxious. It is therefore useful to have a paper copy for the child or young person that they can refer to if they forget information, like names.

Some of you may wish to go further than this and develop an additional welcome book for the children and young people that they can keep. This is all good practice and is helpful to children and young people and we do not want to take away some of the creative books that some foster carers use. However, this is a way of ensuring that all foster carers have a profile card as a minimum which can be shared with the children and young people who are planning to come and live with them. Please make sure your profile card is completed and up to date.

Preparing your home

Here are a few suggestions of things you might consider when preparing your home for a new placement. The first experience a child has in their new environment can make a difference to how well they settle into your home, especially during the first week. Sometimes the little special things you do to welcome the child can set the placement up in a positive way. The age and gender of the child will impact on what and how you do this.

- Check the bedroom. Ensure the bed linen smells fresh and has been changed following your previous placement. Check your mattress for any smells and wear and tear. Turn the mattress or re-order if necessary
- Wash and check baby equipment, cot, high chair, buggy/push chair etc
- Check soft furnishing such as curtains, blinds and cushions in the child or young person's room. Dust, wash or replace anything that requires replacing
- Check ceiling for cobwebs and remove
- Check walls and wash down dirty marks or drawings if necessary
- Wash and sterilise all baby bottles
- Obtain a supply of baby lotion, wipes, cotton buds etc
- You might want to place a soft toy, magazine / children's story book, some pens/pencils, notebook/colouring in book, flowers, welcome card, set of soft towels or linen on the bed. A nice welcome gesture may be a toilet bag containing appropriate things, for example, toothbrush, deodorant, shampoo, conditioner, soap, soft moist wipes. A small box of tissues in their room may also be useful.

Placement Planning Meetings

These should take place prior to a child or young person being placed and should usually include the foster carer, supervising social worker, child or young person, parents of the child or young person and the social worker of the child or young person. These often take place in the foster carers home but can be arranged in local offices if this is more appropriate. If the meeting cannot be arranged prior to the placement then by law it should happen within 5 working days of the placement being made (This is a legal requirement under the Care Planning Regulations 2010 – Regulation 9)

The Guidance for Care Planning, Placement and Case Review (2010), paragraphs 3.130 to 3.132 states:

“An effective placement plan will ensure that the carer receives essential information about the child, including his/her health, educational and emotional and behavioural needs, how these may affect the child day to day and appropriate strategies for responding to them. In particular, it is important to identify any behaviours which have been of concern to a child’s previous carer and which have contributed to the breakdown of a previous placement.

The purpose is not to label children but to ensure, first, that the child is going to an appropriate carer able to meet those particular needs and, secondly, that the child is not put in a situation in which s/he can be harmed or cause harm to others. Only by identifying difficulties as well as strengths is it possible to ensure that the child and his/her carer receive appropriate help and treatment, if necessary, for the child.

Clarity and specificity in the placement plan will ensure that the carer understands the child’s likes, dislikes and routines, and reduce the potential for disagreements which may arise in situations where decision-making on behalf of children may be the responsibility of different people at different levels in the organisation such as the foster carer, the social worker, or managers. Lack of clarity about who does what can lead to role confusion and placement breakdown.”

As part of the Placement Planning Meeting all of the above should be clarified and any delegated authority that is given to the foster carer should be made very clear and this should be agreed by all the relevant parties and recorded in the child or young person’s records. Any areas where the placement may not meet the child or young person’s explicit needs should be discussed and plans put into place as to how these needs can be met.

Family Safe Care Plan: All foster carers need to have a Family Safer Care Plan and this should have been completed one as part of the fostering assessment. This should be updated when any new child or young person is placed within the foster home as there may be changes which need to occur depending on the needs of the new placement. The Placement Planning Meeting is a good time to do this.

Delegated Authority

Foster carers often find that they need the authority to make certain day-to-day decisions, such as whether the child they are caring for is allowed to stay overnight with a particular friend, or whether she or he can go on a school trip. Since 1st April 2011 the law has required local authorities to ensure that the placement plan, which sets out the arrangements for the child to live with and be cared for by the foster carers, specifies any arrangements for the delegation of authority from the parents to the local authority. This should include any arrangements for further delegation from the local authority to the foster carer. The placement plan should help the foster carer understand what decisions they can make. This is further reinforced in the Delegation of Authority: Amendments to the Children Act 1989 Guidance and Regulations. This was published in July 2013. The key points from this guidance state:

- Authority for day-to-day decision making about a looked after child should be delegated to the child's carer(s), unless there is a valid reason not to do this
- A looked after child's placement plan should record who has the authority to take particular decisions about the child. It should also record the reasons where any day-to-day decision is not delegated to the child's carer
- Decisions about delegation of authority should take into account of the looked after child's views. Consideration should be given as to whether a looked after child is of sufficient age and understanding to take some decisions themselves
- Each local authority should have a published policy setting out their approach to the delegation of authority to foster carers and residential workers caring for children the local authority is responsible for.

It is important that foster carers do know what they are able to agree to. Delegated authority can also change depending on the legal status of the child or young person, or the nature of the placement or due to the age and understanding of the child or young person. This is something that should continue to be reviewed as part of the statutory review that all children and young people have. If there are areas that need to change between reviews then the foster carer should talk to the social worker of the child or young person as well as the supervising social worker. Those who have parental responsibility for the child and young person should also be consulted and agreement reached if possible. Foster carers should have any delegated authority given to them in writing. In Essex we use the Fostering Network Delegated Authority Decision Support Tool to record delegated authority.

In Essex we have also developed a medical consent card for foster carers. This is a small card that can be kept in the wallet/purse which foster carers can keep with them and show to medical professionals as appropriate. It should also be used in conjunction with the delegated authority decision support tool and with the 'red book'. As foster carers you should receive an individual card for each child or young person that you look after. If you do not have one of these speak to the social worker of the child or young person or your supervising social worker.

If, as a foster carer, you are not sure if you have the authority to make a decision then it is always best to check it with your supervising social worker or the child or young person's social worker and ensure that the discussion is recorded.

Being placed and settling in

As already stated, the Placement Planning Meeting and the update of the Family Safe Care Plan should happen prior to placement but in emergency situations these should be completed within 5 working days of the child or young person being placed.

First week of a new placement

The first week of a new placement is often very busy; the list below is ideas only of some things which you may want to consider preparing for. Some of this may you may already have completed prior to the child or young person being placed.

- Welcome the child; introduce them to your family. Give lots of verbal praise and small rewards
- Involve the child or young person in age-appropriate everyday activities, i.e. helping get dinner ready with you
- Ensure you have all the specified paperwork and phone numbers for the social workers, school, health visitor, school nurse, parents if appropriate, GP, dentist and names and phone contacts for child's close friends (if possible)
- Talk to them in an age appropriate way about your fire plan
- Show the child around your house and immediate locality of your town or village
- Talk with them about you and your family. Ask what they like to eat or dislike
- Introduce house rules
- If you use a welcome book, talk through some of the things in it. Let them show it to you if it has been completed; encourage them to ask questions and give them answers
- Remind child regularly where things are kept and how to get things they need
- Check child's clothes, underwear, school uniform. Identify what needs to be purchased for the child
- Make an inventory of the child or young person's belongings
- Buy specific toiletries including nit shampoo as needed
- Introduce yourself to the school and leave contact numbers and address. Find out who designated teacher is at the school
- Make sure you know what the contact arrangements are for the child and ensure you know what is expected of you if you are involved in the arrangements
- Set up GP, Dental and Optician appointments
- Check if child is on medication, record on appropriate forms
- Show child the way to and from school
- Discuss pocket money, how much and when it is given out to the child or young person. Talk about if there are ways of receiving additional pocket money, for example, if they help with certain chores
- Start to involve them in personalising their own room, i.e. choice of colours, bedding, posters
- Start establishing routines with the child
- Ensure all paperwork, hospital follow ups are in place

Appointments to be made

Initial health assessments for children and young people: This should take place within the first 4 weeks of a child or young person being placed with you (by the time of the first review). This should be discussed at the Placement Planning Meeting and the social worker is responsible for arranging the paperwork for this. The Specialist Nursing team for Looked After Children will contact you once they have received the paperwork from the social worker to make the appointment. You may also need to register the young person with the local GP if they are not already registered there. If you have any difficulties with this you should contact the Designated Nurse for Children Looked After.

Review health assessment for children and young people: Children aged 0 – 5 years should have a review of their health needs at intervals of not more than 6 months. Children and young people aged 5 – 18 years should have a review of their health needs at intervals of not more than 12 months.

Health assessments are a statutory requirement and birth parents may not refuse to consent to their child having a health assessment. Competent young people may be unwilling to participate in their health assessment. In such cases the relevant forms still have to be sent to the Specialist Nursing team who will ask for the appropriate health professional to make contact to encourage participation and to provide health advice and support.

Dental checks: Looked after children and young people should have regular dental checks at least once a year but may be more frequent if the dentist advises this. Children under 2 years are unlikely to be seen in their own right but should accompany carers to their own check-ups. From the age of 2 years a child should be taken to the dentist regularly. If it is necessary to change the dentist due to distance foster carers should register the child or young person with a local dentist. If there are any difficulties with this foster carer should contact the Patient Advice and Liaison Service of NHS England on 0300 311 2233 (Mon-Fri, 8am -6pm) or email: England.contactus@nhs.net.

Optician: Advice from the NHS is that all babies should have their eyes checked at birth and then at about 6 weeks of age by their GP or Health Visitor. Young children with suspected vision problems will be referred to an orthoptist. Once a child's vision has been checked and is shown to be normal they should continue to have regular eye checks around every two years because problems can occur at any age. Children do not need to be able to read in order to have their eyes tested.

Visits

There will be a number of people who will need to come and visit you in your home. Some of these will become regular visitors others you may find are occasional or only need to visit once.

Social worker visits

There is a legal requirement regarding the frequency that social workers should visit the child or young person and this is set out in the Care Planning Guidance (2010). During visits the social worker should see the child or young person on their own, for at least part of the visit, unless the child refuses or the social worker considers that it is inappropriate. The guidance states that visits have a number of purposes including to:

- support the development of a good relationship between the child and the social worker which will enable the child to share his/her experiences, both positive and negative, within the placement
- provide an opportunity to talk to the child and to offer reassurance if s/he feels isolated and vulnerable while away from family and friends
- evaluate and monitor the achievement of actions and outcomes identified in the care and placement plan and to contribute to the review of the plan
- 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
- monitor contact arrangements, to identify how the child is responding to them and to identify any additional supports carers may need to support positive contact arrangements

Frequency of visits for children and young people in foster care (not with temporary approved foster carers) are within one week of the start of any new placement (whether or not it is the child's first placement). After this time the child must be visited at intervals of not more than every six weeks for the first year of the placement. In subsequent years the minimum 6 weekly visiting should continue unless the placement has been formally agreed as permanent which is intended to last until the child is 18 years of age. In these circumstances the legal requirement allows for the intervals between visits in the second and subsequent years to not longer than every 3 months. However, the Essex policy regarding visits is that visits should continue to be at a maximum of 6-weekly. These time scales are minimum time scales and more frequent visiting can take place or be requested.

Frequency of visits to children and young people placed with foster carers with temporary approval. The social worker should visit at least weekly until the time of the first review. After this visits should take place at not more than four weekly intervals until the carer is approved.

Supervising social worker visits and supervision

There is not a legal requirement regarding supervising social worker visits but the Essex Policy (and what is stated in the foster carer agreement) is a minimum of 6 times a year. It does state in the National Minimum Standards for Fostering (Standard 21.8) that meetings should have "...a clear purpose and provide the opportunity to supervise the foster carer's work, ensure that the foster carer is meeting the child needs, taking into account the child's wishes and feelings, and offer support and a framework to assess the carer's performance and develop their competencies and skills". Short Break Carers may have fewer visits depending on how often they have children or young people placed with them.

Supervision should cover the following areas:

- Providing foster carers with information, advice and guidance
- Reviewing practical and emotional support needs for the carers and other family members
- Checking standards of care
- Responding to comments, concerns and allegations

- Ensuring the foster care is aware of and complying with policies and procedures
- Noting significant events and changes to the household
- Managing risk, health and safety and ensuring safer care
- Reviewing with carers visits by the social workers of any children or young people placed
- Reviewing implementation of care plans for each child or young person placed
- Monitoring the impact of fostering on the household
- Responding to foster carers' feedback and concerns
- Identifying and supporting learning and developmental needs foster carer(s)
- Reviewing current and future use of the resource
- Checking payment and equipment needs
- Reviewing foster carer logs
- Reviewing the foster carers relationship with the children and young people placed

When you first start to foster or if you have a change of supervising social worker you should complete a [Supervision Agreement](#) with the supervising social worker. This will also cover the frequency of visits. It would be expected that when foster carers are at the start of their career that the frequency of visiting may be more frequent. There may also be times when placements may be particularly challenging when more frequent visiting should take place. The foster carer can always telephone their supervising social worker between visits and more frequent visiting can be requested.

The National Minimum Standards for Fostering 21.8 state that there has to be minimum of one visit a year which is unannounced.

Ideally if there are two carers in the household both should be available for supervision visits from the supervising social worker. However, it is recognised that this can be difficult if one partner is working. However, the Essex Policy is that the second carer should be present for at least two visits a year as well as the annual household review.

Other visits

There are likely to be others who may wish to visit you. This can include outreach workers from the fostering team, support workers from the child or young person's social work team, Health Visitors and Guardian's. If you are unsure who someone is that is visiting always check their ID cards and/or check out with your supervising social worker or the fostering team.

Meetings

Annual household review of approval

This is the review for the foster carers and their family and should take place a minimum of every 12 months or in some circumstances an early review will need to be arranged. An early review would be arranged if a foster carer has been subject to an investigation under Section 47 of the Children Act 1989 and it has been concluded or if there has been a major change of circumstances within the fostering household. An early review can also be requested from the foster carer or the supervising social worker of the fostering team.

The review is an opportunity to consider how fostering is going for all those concerned and to check if there have been any relevant changes since the previous review (or since approval for the first review). It is expected that where there are two carers in the household that both carers attend and participate in the household review. The foster carer's learning and development is also reviewed as well as support that the foster carer has had and whether any additional support is required. In order to get the views of all those who have been involved with the fostering household there are a number of consultation forms that are sent out to relevant people e.g. social workers of children, parents of children and young people, other agencies (health and education) as well as all members of the fostering household. The supervising social worker also completes their report and, where possible, we use the child or young person's statutory review reports to ascertain their views about the placement.

It is important to note if there are any concerns raised regarding the foster carer household these are addressed at the time of the concern and not wait until the next annual review.

The reviews are chaired by a reviewing officer for fostering who is independent of the fostering team and it is a good opportunity to reflect on the previous year and think about any changes that need to be made. The approval will be considered at every review. All first reviews have to be presented to the fostering panel and this is a requirement under the Fostering Regulations (2011) Standard 28 (5). Other reviews may also be presented to the fostering panel if significant changes have occurred, or if a Section 47 investigation has taken place or if a change of approval is recommended. Foster carers are invited to the fostering panel when the household review is being presented.

Placement planning meetings

This is a meeting that should be held prior to a child or young person being placed or within 5 working days of the placement starting. Any initial arrangements for delegated authority should also be clarified at this meeting.

Statutory reviews for children and young people

All children and young people who are looked after have a care plan which is reviewed by an Independent Reviewing Officer. Foster carers are expected to attend these meetings and also write a report for it. The purpose of the review is to monitor the progress of achieving outcomes set out in the care plan and to make decisions to amend if necessary. There cannot be any significant changes to the care plan unless it has been considered at a review unless this is not practicable, and then the IRO should be consulted. The Independent Reviewing Officer's (IRO) role is to ensure that the people responsible for implementing decisions do so and if they don't the IRO should bring it to the attention of the line manager. Reviews are a legal requirement and must not go out of the timescales stated but can be more frequent if the circumstances of the case require it. Time scales are as follows:

1st Review – within 20 working days of the child becoming looked after

2nd Review – within 3 months of the first review

3rd and subsequent reviews take place every 6 months.

Further information can be found in Volume 2 of the Care Planning, Placement and Case Review (2010) and the Independent Reviewing Officers Handbook both of which can be found on the Department of Education website www.education.gov.uk

Personal Education Plans (PEP) meetings

- Every child in care from the end of the first full term after age 3 up to, but not including, age 18 must have a Personal Education Plan. This is part of the care plan that is reviewed through the statutory process by the Independent Reviewing Officer. Essex has a two-part approach to PEPs:
- PEP1 is completed termly by school staff and includes detail of how well the child is doing, short and long term objectives, what support is in place and, where appropriate, how the pupil premium grant is being used to ensure the child's attainment is maximized.
- PEP2 is the responsibility of the child's social worker. It is a record of the Personal Education Plan meeting which should be attended by the child (as appropriate to age and capacity), the carer, the social worker and the Designated Teacher for Looked-After and Previously Looked-After Children. The Designated Teacher can delegate attendance and actions to other members of the schools staff but remains responsible for the school's input to the plan. There will be circumstances where it is also appropriate for birth parents and/or other representatives to attend. The Personal Education Plan meeting should be held wherever possible before the child comes into care or has to change school but in an emergency the meeting must be held within 10 days of coming into care. The plan must be scrutinized by the Independent Reviewing Officer as part of every statutory review of the care plan. PEP2 meetings are best held termly but, as a minimum, must not be more than six months apart. The information in PEP1 should be examined in PEP2 review meetings.
- There are some differences for children in Early Years settings and for those in years 12 and 13. Much more detailed information on PEPs and wider information on supporting education can be found on the Essex Virtual School [website](#).
- Personal Education Plans should be ambitious and explicitly reflect the child's views.

Other meetings

There are a range of other meetings that you may be expected to go to as a foster carer, this can include multi-agency meetings, meetings with the social workers and meetings with other agencies, for example, Emotional wellbeing and mental health services (EWMHS) or school meetings. If, as a foster carer you are asked to attend a meeting and you are unsure of what it is or your role within it talk to your supervising social worker or the child or young person's social worker before you go so you can be prepared.

Caring for the child

Maintaining a healthy and safe environment

Health and safety in the home, cars and holidays

A health and safety check is undertaken once a year and this includes home and car safety. It is also important that consideration is given to health and safety whenever going on holiday and the child or young person is in a different environment.

There is a guidance document for the health and safety checklist which can be found on the Foster Carer section of the Essex County Council [website](#).

All foster carers should also have a fire safety plan and should talk to any child or young person (age appropriately) regarding the plan and what they should do.

In [Appendix 1](#) of this document you will find some useful information about poisonous plants including pictures of what they look like.

Smoking and e-cigarettes

Electronic cigarettes

The use of e-cigarettes has become more wide spread and can provide a route for smokers to help them reduce or give up smoking. While the situation continues to be monitored the latest Public Health England report states that “the hazards associated with use of products (e-cigarettes) currently on the market is likely to be extremely low, and certainly much lower than smoking”. (Source; BAAF statement February 2015).

At this time Essex will not preclude foster carers or adopters due to their usage of e-cigarettes. However, there should be discussion about their use and consideration given to the risk of providing a model to the children or young people which may encourage smoking.

Update on new law on smoking in cars and other vehicles with someone under 18

It is now illegal to smoke in a car (or other vehicle) with anyone under 18. The law changed on 1 October 2015, to protect children and young people from the dangers of secondhand smoke.

Both the driver and the smoker could be fined £50. The law applies to every driver in England and Wales, including those aged 17 and those with a provisional driving licence.

The law applies:

- to any private vehicle that is enclosed wholly or partly by a roof
- when people have the windows or sunroof open, or the air conditioning on
- when someone sits smoking in the open doorway of a vehicle

The law does not apply to:

- e-cigarettes (vaping)
- a driver who is 17 years old if they are on their own in the car
- a convertible car with the roof completely down

Every time a child breathes in secondhand smoke, they breathe in thousands of chemicals. This puts them at risk of serious conditions including meningitis, cancer, bronchitis and pneumonia. It can also make asthma worse.

For more information regarding the rules about tobacco and e-cigarettes click on the link below:

www.gov.uk/government/publications/new-rules-about-tobacco-e-cigarettes-and-smoking-1-october-2015/new-rules-about-tobacco-e-cigarettes-and-smoking-1-october-2015

Standard principles of infection control

It is not always possible to identify people who may spread infection to others, therefore precautions to prevent the spread of infection must be followed at all times. These routine procedures are called Standard Principle of Infection Control (or Universal Precautions). All blood and body fluids are potentially infectious and precautions are necessary to prevent exposure to them.

Hand washing

Hands are used for all sorts of activities during the day and easily become contaminated. Germs on hands can easily be transferred to the mouth or other objects such as toys or door/toilet handles and then passed onto others. Good hand hygiene by everyone is essential for reducing the spread or ingesting of germs.

When should you wash your hands?

- Before preparing, serving or eating food
- After using the toilet
- After changing a nappy
- After handling pets
- After any cleaning procedure, including spillages even if gloves were worn
- After handling soiled clothing or bedding
- After dealing with waste
- When hands look or feel dirty

How should you wash your hands?

Warm water should always be available for hand washing.

- Wet hands under running water
- Apply liquid soap

- Wash hands without adding more water for 10 - 15 seconds ensuring all areas of hands are covered – paying particular attention to fingertips, thumbs and between the fingers.
- Rinse hands under running water.
- Dry hands thoroughly.

It is important to note that alcohol hand gels are **not** cleansing agents and should not replace the need for hand washing. Alcohol hand gels do not have any lasting action and have limited effectiveness against bacteria. However, alcohol hand gels can be used to disinfect hands **after hand washing**, especially in outbreaks of diarrhoea and vomiting.

Linen (sheets and towels etc)

Soiled linen should be handled as little as possible to reduce the risk of spread and disposable gloves should be worn. Any soiled material (faeces/vomit) should be flushed down the toilet, carefully avoiding splashing. Items should be washed in a washing machine using a pre-wash cycle followed by a wash cycle using the hottest temperature the linen can tolerate. Soiled linen should never be washed with used linen.

Used linen should be washed at a minimum of 60 degrees; cool cycles are ineffective at killing bacteria.

Toys

Toys should be washable and be regularly cleaned in hot water and detergent and then dried. They should also be checked regularly; broken toys should be replaced. A daily wipe down of toys in hot water and detergent should also be carried out on communal toys, and visible contamination removed or when the child has a contagious infection such as diarrhoea and vomiting. Soft toys should be washed in a washing machine then allowed to dry either in a tumble dryer or air dried.

If the toys are communal (i.e. they do not go with the child on placement move) they should be thoroughly washed and dried before being given to another child, or replaced if appropriate.

Cots and beds

The mattress should be firm and flat, with no rips, tears, stains etc. It is also crucial that any mattress also has a waterproof covering, whether the PVC-like material which forms the permanent cover of some (usually foam) mattresses, or a removable, washable cover which can be bought for other mattresses. Any covers should be washed at a high temperature to destroy bacteria between babies.

Plastic waterproof coverings on cot and bed mattresses must be free from rips and tears and should be washed down with hot soapy water, dried and wiped over with a disinfectant and allowed to dry thoroughly.

Use good quality removable fabric mattress covers that are washable over 60 degrees. These should be replaced between babies or children if they have been in a long term placement or if the fabric is starting to deteriorate.

If a mattress becomes soiled with bodily fluids or the child has an infection such as impetigo or there are rips or tears in the waterproof covering the mattress should not be used for another child but replaced.

Cots and beds with hard frames should be wiped down regularly with hot soapy water and washed thoroughly with hot water and detergent between children.

Spillage of body fluids

Urine, vomit, faeces and blood

All spillages of body fluids (e.g. urine, vomit, faeces or blood) should be dealt with immediately. Wearing disposable non latex gloves absorb as much of the spillage as possible with absorbent paper towelling. This can be disposed of into a plastic waste sack (or flushed down the toilet if small amounts). If indoors, clean the area with a neutral detergent, e.g. washing up liquid and hot water rinse and dry and ventilate the area. Do not forget to thoroughly wash your hands after you have taken the gloves off.

Carpets or soft furnishings

Carpets and upholstery should be thoroughly cleaned with warm soapy water or a proprietary liquid carpet shampoo, rinsed and where possible, dried.

Cuts and bites

Minor cuts and abrasions only need washing in warm soapy water to remove debris. They should then be covered with a waterproof plaster until the scab has developed. Once the scab has developed they should be left open to the air to promote healing. More significant cuts or abrasions, or cuts that are infected require medical attention.

Human or animal bites that do not break the skin need only to be washed in soapy water. If the skin is broken the wound should be washed, dried and covered with a dressing and medical attention sought promptly. Human bites are more likely to become infected than bites from cats or dogs.

Essential tools

- Non-latex disposable gloves
- Neutral liquid detergent (i.e. washing up liquid)
- Liquid disinfectant (i.e. hypochlorite bleach)
- Paper towels
- Waterproof plasters

For further information & guidance go to: www.hpa.org.uk

Safer caring and risk assessments

The key emphasis within all the fostering legislation and the Children Act is that the welfare of the children is paramount and that they should feel and be safe. This is important for all family members, not just those children and young people who are looked after. Safer caring is about good practice and when you were being assessed as a foster carer you should have completed a safer caring family plan. This is a plan which you and your family agree as the 'rules' for your household. It will include day to day things and hopefully will keep your family safe and also provide a framework of acceptable behaviours that can be taught to the looked after child or young person and help them to also feel safe.

Your safer care family plan should consider many areas including ways that you show affection, bedrooms, the way you dress, car travel, taking photographs and video, media and digital technology and so on. All foster carers should have a copy of the Safer Caring book published by Fostering Network and hopefully you have read this. This was updated in 2012. It is worth looking at it again from time to time to remind you of the different issues relating to safer caring. Your safer care family plan should be considered every time you have a new placement where you may take into account particular needs of the person being placed with you. Ideally this should be completed at the [Placement Planning Meeting](#).

Sometimes it may be necessary to do risk assessments. This is a process to ensure that all risks have been considered and a decision is made based on full information. It is not meant to be a process to stop children and young people from doing things but just a way of making the right decision for the children and young people involved. In some situations risk assessments must always be undertaken, for example, children and young people sharing a bedroom. If it is expected that any child or young person who are likely to be sharing a bedroom, including on holidays when bedroom arrangements may need to be different from the foster carers home setting, risk assessments must be undertaken prior to the event (and if a holiday before booking).

Safe use of information and communication technology

Computers, the internet, gaming machines and mobile phones are highly attractive to young people. They are essential for keeping in touch with friends, for fun and for obtaining information. Communication technology now forms a normal part of young person's everyday life.

Foster carers have an important role to play in helping and encouraging young people to access the benefits of communication technology in the safest way. Foster carers do not require extensive knowledge and experience of communication technology to be able to help. Everyday parenting skills can be very useful, for example, sharing an active interest, supervision and developing the young persons' ability to keep safe. However, there are basic computer awareness courses available for adults and as foster carers you may wish to access these to enable you to feel more confident around the computer.

The world of technology is changing fast and for the most up to date information it is best to access reliable websites. However, there is also a chapter in the Safer Caring book – a new approach (published by Fostering Network) which is all about 'safer caring in a digital world' and covers a wide range of issues relating to digital media. In addition to this Fostering Network published a book in 2013. It is called "Fostering in a Digital World – a common sense Guide". It is a useful guide and covers all sorts of areas from understanding facebook and twitter to keeping safe on line, cyberbullying, sexting. It recognises all the positives of

the digital world and how this is very much a way of life for children and young people today who move from the real world to the virtual world as part of their daily routine! We also offer a Distance Learning Module based on this book which can be applied for in the same way as other training courses through LEARN. The link for Learn is available on the Essex Foster Carer Association website.

Another useful resource is CEOP (Child Exploitation Online Protection) and the Think you know website (see websites below). However it may also be useful to know that you can access some of the media material and resources which can be useful for carers and young people via www.youtube.co.uk

Fostering Network also have an information sheet regarding Social Networking and Facebook. You can access this from the member's areas of the Fostering Network Website on www.fostering.net

Children need to be taught from an early age how to use technology in a safe way and as foster carers it is important that you talk to the children and young people about staying safe and about the risks involved.

Foster carers should ensure that young people are aware of the **SMART** tips see www.childnet.com:

- **Safe** – Staying safe involves being careful and not giving out your name, address, mobile phone number, photograph, school name or password to people online.
- **Meeting** – Some people you have contacted in cyberspace can be dangerous. Only do so with your parent or carer's permission and when they can be present.
- **Accepting** – E-mails or opening files from people you don't really know or trust could get you into trouble - they may contain viruses or dangerous messages.
- **Remember** – Someone online may be lying and not who they say they are. Stick to public areas in chat rooms and if you feel uncomfortable simply get out.
- **Tell** – your parent or carer if someone or something makes you feel uncomfortable or worried.

Some very useful websites are:

www.getsafeonline.org

www.thinkuknow.co.uk

www.ceop.police.uk/safety-centre

www.childnet-int.org

www.dangerspot.co.uk/chat.htm

These websites include information for children and young people of different age groups as well as advice for parents and carers. On some you can also ask them to send you up to date information so you can try and stay ahead of the game! There is information on the websites regarding use of the internet, chat rooms, mobile phones, gaming and the television. They will give tips on staying safe and also provide advice as to parental controls that you may be able to set up.

Bullying

Bullying is any behaviour which is perceived by the targeted individual or any other person, as intending to hurt, intimidate, frighten, harm or exclude. It is usually persistent and an abuse of power, leaving the targeted individual feeling defenceless.

If as a carer you think that the child or young person you are looking after is being bullied or a bully to others you must report this to the social worker and your supervising social worker. The Essex Fostering Service have a policy regarding countering bullying which you should familiarise yourself with. This is available on the Essex County Council [website](#).

Bullying can be:

Emotional: being unfriendly, excluding, tormenting (e.g. hiding books, threatening gestures)

Physical: pushing, kicking, hitting, punching or any use of violence

Racist: racial taunts, graffiti, gestures

Sexual: unwanted physical contact or sexually abusive comments

Homophobic: because of, or focussing on the issue of sexuality

Verbal: name-calling, sarcasm, spreading rumours, teasing

Cyber: All areas of internet, such as email and internet chat room misuse, mobile threats by text messaging and calls, misuse of associated technology, i.e. camera and video facilities

(Source: Kidscape)

More examples of bullying are:

1. Being ignored or made to feel not good enough.
2. Removal of belongings – bags, clothing, personal items, money, sweets, food, homework etc.
3. Inappropriate teasing / Ridicule – people laughing at your hair or your clothes or the way you look.
4. Use of physical size to intimidate.
5. Gang pressure – chicken run, car crime, drugs, smoking, shop lifting.
6. Discrimination – race, culture, disability, gender, sexuality, age, appearance etc.
7. Subtle – a look, expression, usually intended to intimidate or frighten.
8. Taking advantage – “My sweets for your watch”.
9. Using technology to bully, e.g. facebook, the internet, mobile phones and text messages, etc.
10. Sexual abuse / prostitution / pimping.

Signs of bullying

A child or young person might not tell anybody that they are being bullied. Foster carers need to be aware of this and look out for signs that may indicate bullying although they may also indicate that the child or young person is unhappy for other reasons:

- They become withdrawn or their behaviour at home becomes more challenging
- They seem unhappy and not keen to go to school

- They are less confident and sometimes tearful
- They argue more with their siblings
- Reports from the teacher may indicate they are concentrating less in class
- They are not invited to any birthday parties or social gatherings
- They have stopped talking about school and their friends
- They keep losing things or come home with torn clothing and unexplained injuries

Why people bully

There may be many reasons why people bully and there are some groups of children or young people who may be at a higher risk of being bullied than others e.g. those with special educational needs and disabilities, young carers, black and minority ethnic groups, those who are or are thought to be lesbian, gay or bisexual and children who are looked after.

People bully for lots of different reasons. Some of these may be:

- They may be scared
- There are family problems
- They have seen others bully
- They are being bullied themselves
- They feel out of control
- They are being abused
- It is seen as a way of surviving
- They feel insecure and unimportant
- To gain acceptance
- Issues related to racism
- Not liking themselves very much / wanting others to feel as bad as they do
- To belong to a particular gang or group
- They are taking out their own anger on others
- They don't understand how bad the targeted individuals feel
- They have no friends and feel lonely
- They are selfish and always want to get their own way
- A cry for help / attention
- Not being listened to
- To fund a habit, addiction

Reporting bullying

1. If the bullying is taking place in school the carers and the child or young person's social worker must work closely with the school and where appropriate liaise with the anti-bullying strategic lead for Essex. Currently this is Julie Keating (03330 131160) or email Julie.keating@essex.gov.uk

2. If bullying takes place within the fostering household (e.g. another child who is in the same placement or a child of the foster carer), the carers should discuss this with the supervising social worker and with the social worker of any of the children or young people involved.
3. The foster carer must record any disclosure of being bullied or being a bully in their foster carers log and inform their supervising social worker and the child or young person's social worker immediately. Serious incidents also need to be recorded as an incident.
4. For minor incidents it may be appropriate for the child's social worker to speak with the child and then identify who is the most appropriate person to speak to the perpetrator with a view to preventing re-occurrence. Within the placement, this may well be the foster carer.
5. Where the situation appears more serious, consideration should be given to whether the child is suffering from or likely to suffer significant harm. In these cases the Local Safeguarding Children Board Safeguarding Procedures must be followed and if necessary a Strategy Meeting should be considered
6. For each incident of bullying an action plan must be implemented, which addresses the individual circumstances of the bullying, any additional support required for the target and any additional work for the perpetrator.
7. In cases of serious incidents the child's social worker, the supervising social worker and their team managers should decide if it is safe for the fostering placement to continue as it is and whether immediate changes are required to safeguard the welfare of the child and any other children who may be at risk.

Helping a child who is being bullied

Bullying has been compared to a form of brainwashing, with the victims ending up believing that somehow they deserve to be bullied. Victims feel vulnerable and powerless. Their self-esteem may have been considerably damaged, especially if the bullying has been going on for some time, and you need to build up their self-confidence with plenty of praise and affection. Here are some suggestions:

- keep telling the child that you care about them very much and that you are on their side
- reassure them that the bullying is not their fault
- explain that reacting to bullies by crying or becoming upset only encourages them. Victims should try not to react to the bullies' taunts. If bullies can't goad the victim into a response, they'll get bored.
- practise assertiveness techniques with the child; practise saying 'No' very firmly and walking away from a bully. It is hard for the bully to go on bullying if the victim doesn't get upset and just walks away
- help the child think up simple responses to the bully's most frequent taunts. Responses don't have to be brilliantly witty or funny but victims say that it helps to have a reply prepared
- explore ways to minimise opportunities for bullying: i.e. don't take valuable possessions to school, don't be the last person in the changing room, don't linger alone in corridors. Stay with a group even if they are not friends – there is safety in numbers
- if the bully threatens them to get money or possessions, tell them that they should give up whatever it is the bully wants. Keeping safe is more important than keeping possessions

- make time to sit down and talk to the child – encourage them to tell you how they feel; discuss their ideas and feelings
- praise them whenever they accomplish something or whenever they behave well
- make opportunities for them to do well; for example, let them help with tasks around the house – praise them when they carry them out
- give them responsibilities – this helps to make them feel valued and important
- help them make a ‘feel good’ poster: find a happy photograph of the child and stick it in the centre of a piece of paper. Around it write down some of the pleasant things which different people have said about them, together with reminders of the successes they’ve had. Put it somewhere they can see it every day
- sometimes victims become withdrawn – help them develop social skills: invite other children round (don’t invite more than one at a time at first otherwise they might ‘gang up’ on a meek, quiet child) and arrange outings
- encourage the child to join groups like Rainbows or Scouts where they can make new friends
- try not to let them sit around moping – they need diversions. Encourage them to develop a hobby or a sport
- encourage them to do something they are particularly good at - this will help their self-confidence

What to do if you care for a bully

If you think that the child you care is responsible for bullying:

- try and stay calm
- try not to become angry and defensive
- ask exactly what the child has been doing
- ask if they have behaved like this before
- talk to teachers, playground supervisors, other parents - the more you can find out about what has been going on, the easier it will be to work out why your child has been bullying and what can be done about it

How you can help a child or young person who is bullying

- see if he or she has any ideas about why they bully and what they think might help them stop
- reassure the child or young person that you still care about them – it’s their behaviour you don’t like but you will work with them to help change this
- find out if there is something in particular which is troubling him or her and try to sort it out
- work out a way for the child to make amends for the bullying
- set up some sort of reward for good behaviour
- set limits, stop any show of aggression immediately and help the child find other, non-aggressive ways of reacting

- if they bully when faced with certain situations, help them work out and practise alternative ways of behaving
- explain that getting away from a situation where they can feel that they are losing their temper, or things are getting out of hand, is not weakness. It is a sensible way of ensuring that the situation doesn't get worse
- teach the difference between assertive and aggressive behaviour
- praise when they do things well. Create opportunities for them to shine
- talk to the school staff. Explain that the child in your care is making an effort to change his or her behaviour. Ask what ideas they have to help. It might be helpful for you and the child to talk to an educational psychologist.
- talk to the staff about setting realistic goals for them - don't expect too much too soon – and about rewarding him or her when they achieve one of these set goals. Ask if the school can provide a room where the children could go if they feel they need time to 'cool off'
- other children may deliberately provoke a bully, especially if they think the bully is trying to reform. Explain to the child in your care that they may be taunted and provoked but that they should try not to respond aggressively. The child should walk quickly away if they think someone is trying to pick a fight
- carers and other adults can help by controlling their own aggression and by making it clear that violence is always unacceptable

Cyberbullying

Cyberbullying is when one person or a group of people try to threaten or embarrass someone else using a mobile phone or the internet. Cyberbullying is just as harmful as bullying in the real world. As foster carers you need to be aware of the issues around this particularly with the use of social networking sites where young people may put on personal information without considering the implications of this and then find it is used against them. Part of your role is also to help children and young people protect themselves and to ensure that they are not bullying others. It is easy for young people to get caught up with others in passing information on without thinking about what they are doing.

See also the [Safe use of information and communication technology](#) section above.

Children going missing

Sometimes children or young people go missing from the foster home and there may be a number of reasons why this may happen. Children who are looked after may be more vulnerable and put themselves more at risk than other young people.

As foster carers you should be prepared for this event and know what to do should you find yourself in this position. It is also important for foster carers to work with children and young people to try and prevent this from happening. As part of the Placement Planning Meeting it is important to get as much information as possible regarding friends and family networks that the child or young person has, if they do go missing at least these people are likely to be a good starting point. There is a protocol regarding children and young people who are missing from care which is available on the safeguarding children's board website www.escb.co.uk.

In line with the protocol Essex Fostering Service have a guidance document which is available on the Foster Carer [page](#). This document tells you procedures that you need to follow prior to a child or young person going missing and what to do if the child or young person does go missing. It is the responsibility of the carers to complete the risk assessment tool (appendix 4 in the Guidance document). This should be used to record and share any current/historical risk factors that will assist the police to make an assessment and respond accordingly. In completing this, the carer may wish to consult with other relevant professionals who know the child/young person (e.g. social worker, SSW). The police will use this information to assess the level of risk they consider the child or young person to be in.

Missing chats

If a child or young person has been missing on their return they should be offered a 'missing chat'. This is an important part of the process in ensuring that young people have the opportunity to speak to somebody other than their Social Worker about going missing. This will provide an opportunity to uncover additional information that can help protect the child from the risk of going missing again, from risks they may have been exposed to while missing, or from risk factors in their home (pull/push factors).

Child Sexual Exploitation (CSE)

Sexual exploitation is a form of sexual abuse that affects thousands of children and young people every year in the UK, when young people under 18 receive 'something' (food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) in exchange for performing, and/or others performing on them, sexual activities. It can happen to any young person from any background and affects boys and young men as well as girls and young women.

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

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

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

If you have concerns about a child you are caring for talk to the social worker or supervising social worker as a matter of urgency. Alternatively if you have concerns about any child in Essex call Social Care (Family Operations Hub) on 0345 603 7627 (out of hours 0845 606 1212). If the child is at immediate risk report child sexual exploitation to the police by dialling 101. If you or a young person you care about is in immediate danger, dial 999.

Promoting positive behaviour

Many children who are 'looked after' have experienced traumatic situations. Others may have disabilities or conditions which severely affect their opportunity to develop healthily. Such experiences will impact upon their ability to communicate and express their needs appropriately. It is likely that, at times challenging behaviours will be presented which reflect their sense of frustration; anger; confusion; anxiety; loss and hurt. As a consequence of this children and young people who are looked after will need a greater level of care and one-to-one attention. Behaviour that may be viewed as 'naughty' is often an expression of past hurt and abuse.

Essex fostering service encourages carers to work in a positive way to manage behaviour. Foster carers are not allowed to use any form of corporal punishment.

Prevention and de-escalation of challenging behaviour

Foster carers are expected to promote positive behaviour in children and young people through the care they provide and should be able to manage challenging behaviour through building positive relationships with the children that they look after. To enable them to do this it is crucial that foster carers are provided with all the relevant information about the child or young person. This should include any information about previous challenging behaviour and advice about how this should be managed in the future. It is the responsibility of the child or young person's social worker to provide this information but the fostering service should follow this up if it is not forthcoming.

Previous behaviour and behaviour management of the child or young person should be discussed prior to placement as part of the matching process and also at the Placement Planning Meeting. If there are specific behaviours that the foster carer is likely to have to manage then thinking about management techniques which could be helpful prior to the event should be considered.

Wherever possible, rewarding acceptable behaviour should be the preferred and usual method of reinforcing and encouraging acceptable conduct and behaviour.

Foster carers will be encouraged to seek help and advice where appropriate and this could be from their supervising social worker, the child or young person's social worker, Emotional wellbeing and mental health services (EWMHS) or others who may have managed the behaviour previously e.g. school. Foster carers are to be provided with in-depth information about the child and their family, such as Placement Plan / Placement Information Record, care plans, risk assessments etc that can help the carer in fully understanding the needs of children or young people placed and any current behaviours or potential future difficulties. Foster Carers will be supported in obtaining knowledge of external specialist services to assist in the management of particularly difficult or extreme behaviours for example, EWMHS, mental health co-ordinators and drug and alcohol services. These groups can only advise on non-physical interventions.

It is always better to catch behaviour before it escalates and foster carers may have their own ways which have worked. Below are some techniques that could be useful:

- With younger children, warm face flannel/moist perfumed tissue: gently wipe the face of the child in the flannel/tissue and acknowledge that they are becoming upset etc and that you have noticed that they are finding something hard but that you have also

noticed how hard they have tried to control their temper/behaviour etc and think they have done a good job

- Ignore the particular behaviour (if safe to do so) and address it in a positive way at another time
- Divert attention
- Involve your support network
- Be calm, reasonable and reassuring
- Transmit calm with body language by using normal and relaxed movements
- Transmit calm with your voice by using normal, reassuring tone
- Establish eye contact, but don't stare aggressively
- Try and consider any relevant information regarding the young person or any previous plans
- Try to involve the young person in solving the problem/situation
- Work on any positives, confirming any positive statement or behaviour
- Suggest alternative strategies and help the young person see there is a way out of the situation
- Offer a choice or a compromise. If doing this always make sure that the options can be given or further frustration is likely
- Ask the child or young person if they have a solution (this would depend on age and level of understanding)
- Reflect and recap on events
- Give personal space
- Provide empathy for the child or young person's position in an active way
- Use of humour – care should always be taken with this as it can be misinterpreted
- Speak in a quieter tone than the child or young person
- The foster carer should retain their own self-control. Sometimes it may be better to walk away from the situation (as long as it is safe to do so) rather than risk losing control which is likely to escalate the behaviour
- Do something unusual – but not frightening – this can help to diffuse the situation
- Red card: give a child/young person a red card or some such which they can put up to show you that they are getting to a trigger point. This will not only indicate to you that you may need to change tact but also helps the child to start to identify triggers points before they are actually triggered
- Look at what the child is doing rather than just what they are saying: the child may be provoking you with what they are saying but their behaviour may not be challenging - i.e. a child may consistently tell you they are not going to clean their room but in fact, they are actually attempting to do so
- It is important for foster carer to remember that the child or young person's comments are not to be taken personally – they are more likely to be a measure of the frustration and anger that the child or young person is feeling
- Re-frame what is happening by trying to make it positive: i.e. a child may be on the verge

of flying into a temper when they could not achieve a task, be positive about how far they did get and suggest they try again later

- Seeking to reward good behaviour – at times this may be difficult and carers should try hard to notice something positive, however small. It can also be a good means of de-escalating behaviour
- Adopt a non-confrontational approach
- Establishing a good relationship/rapport with children and young people which is based on mutual respect
- Establishing house rules which are consistent, explicit and applicable to all the children and young people within the household
- Acknowledging and appreciating the past life experiences that children and young people bring
- Working within a multi-agency context – be prepared to discuss with other relevant people the behaviour you are experiencing and work together to consider strategies
- Working in partnership with children, young people, carers, parents, professionals and voluntary agencies

Permitted methods of control and discipline

Listed below are some permitted methods of control and discipline.

- The curtailment of leisure activities, loss of privileges and use of increased supervision. Activities which are agreed as part of the care plan should not be curtailed
- The giving of additional chores to be undertaken as a consequence to their behaviour – these would need to be manageable and ones where it may be possible to complete in say 10 minutes - the aim of this is to reinforce the fact that their behaviour is unacceptable and not for the task to be seen as a punishment. If this is not complied with, then again the withdrawal of a privilege may result
- Use of reward systems. Have a clear set of expectations for the child and where necessary use reward systems that the child can participate in and track themselves, e.g. star charts
- Have a clear set of targets but be realistic and choose achievable targets so that they are attainable. By attaining them, the child will not only obtain their “reward” but this will go towards improving self-esteem
- Have a clear understanding about ‘Time Out’. Start with say 5 minutes and slowly add minutes but it should never exceed 9 minutes in total. Before considering ‘Time Out’ consideration should be given to the child or young person’s previous experience to ensure that this form of punishment does not create additional trauma e.g. if being sent to the bedroom is linked with a child’s experience of abuse
- If ‘Time Out’ does not create the desired effect, then loss of privileges would be another option but it should already have been made known to the child that this was likely to happen at this stage
- The appropriation of pocket money to repair damage or for the replacement of loss. Restitution may be in full, in part or merely token but the children and young people must not be deprived of more than two-thirds of their total spending money a week. It is advisable to discuss this with the supervising social worker and/or the child or young person’s social worker

- Where possible, pre-teach a child a skill - i.e. going to a supermarket without wanting to buy lots of sweets etc. Explain what you are going to the supermarket to buy, give the child the task of finding some of the items etc and if necessary, restrict your time at the supermarket, gradually increasing this as the child is better able to cope
- The confiscation, temporarily, or permanently, of any article or substance belonging to a child if that article, material or substance is considered to be potentially dangerous, for example, a knife or gas canister. Caution should be taken when considering this as it could also escalate behaviour and could trigger further negative behaviours

Prohibited methods of control

Foster carers must never use the following methods to control a child or young person that they are looking after:

- Corporal Punishment – Foster carers should not use any element of force as punishment including slapping, pinching, squeezing, shaking, throwing missiles, rough handling, punching or pushing in the heat of the moment and/or in response to violence from young people
- Punish or treat in any way that is humiliating, including requiring a child to wear distinctive or inappropriate clothing
- Refuse meals or deprive of food or drinks, deny access to amounts and range of foods and drinks normally available to children and young people being cared for (unless this is on medical advice). If a child or young person has missed a meal the foster carer would need to consider how to manage this but the principle is that no child or young person should be left hungry
- Use or withhold medication, medical or dental treatment
- Use accommodation to physically restrict the liberty of any child e.g. locking or otherwise blocking doors
- Restrict contact to and from family and friends. This will include, independent visitors, advocate, any officer appointed by CAFCASS, solicitor, social worker, independent person regarding complaints and any person representing Ofsted
- Intentionally deprive a child of sleep
- Impose fines, except for reparation and restitution (see acceptable forms of control and discipline)
- Conduct intimate physical searches. If it is suspected that a child has secreted drugs/ weapons on his/her person, then consideration should be given to notifying the police, following consultation with child/young person's social worker or the carers supervising social worker
- Withholding equipment needed by a disabled child
- Allow participation in the consideration of, or the administration of any form of punishment by a child or young person on any other child or young person. A foster carer's own children should only do this if they have been clearly authorised to do so and this should only be adult family members. If there has been any physical attack on a foster child either within the foster home or outside this should be reported immediately to the fostering service and the social worker of the child (see also countering bullying policy and procedures)

- Foster carers should not intentionally punish a group of children for the behaviour of an individual child or young person. This could be seen as or encourage bullying
- Any threat to use any of the above

Use of physical restraint

In general foster carers should **not use physical restraint** with any child or young person. If it is considered that the use of physical restraint may be required there is a process which needs to be adhered to and appropriate training given. If you have a child or young person placed with you where you consider it may be necessary to use physical restraint please talk to your supervising social worker and the social worker of the child or young person as a matter of urgency as a multi-disciplinary meeting will need to be arranged to discuss the use of it.

Working with families

As a foster carer you will be expected to work with the families of the children and young people you look after. It will be different for each child or young person so it is important that you are aware of the care plan and about contact arrangements with the families and friends of any child or young person you are caring for. Whatever has happened, the child's or young person's family is still their family. Even if there is no direct contact it is important that as a foster carer you promote a positive attitude towards the child's family while at the same time listening to and recognising the child or young person's own feelings about their family and background.

Reconnecting families

A D-Bit team has been set up to support the reunification of looked after children to their families. The aim is to provide support in cases where the allocated social worker has identified the potential for reunification following a careful assessment informing the care plan.

It is recognised that some young people may return home of their own accord and the team will make every effort to come alongside social work teams, foster carers and families to offer support in these circumstances.

The team is a secondary team, working in partnership with the allocated social worker and any existing support services in devising robust and structured plans for working alongside families and their networks.

Contact arrangements

There is a strong emphasis within the legislation about supporting children and young people with staying in touch with their family and other significant people in their lives. As a foster carer you have a very important role to play in this.

Contact between the child and their family will vary with each child and will depend on the long-term plans and legal situation for the child. Family contact may well vary over time. For example, if a return home is imminent, visits are likely to increase. There may be some situations where it is agreed that the child or young person should have no contact with his/her parents.

Contact will normally be discussed at a Placement Planning Meeting and also at the statutory reviews for the child or young person. You should be aware of all the important family members and the frequency, length of time, time of day and exactly which family members and/or friends can visit or telephone. If you receive contact at other times, or from other family / friends, then you should contact the social worker immediately.

Contact visits can take place in different places; this may be the foster carer's home, family centres, parent's homes etc. Generally arrangements for contact are made through the social worker and this will include arrangements for transport and supervision. You may be asked to help with transport or at times supervise a contact arrangement. If you are asked to supervise a contact make sure you are clear of your role and what to do if things do not go to plan, for example a parent arriving who is under the influence of alcohol. Sometimes the courts will also give instructions regarding contact arrangements and you should be informed of these.

As a foster carer you are expected to help support the child and young person with the contact arrangements. This includes preparation for the contact and also allowing the child or young person to talk about the contact on their return should they wish to. It may also be important that you record any changes in behaviour prior to or following contact arrangements.

Visits may leave a child upset and angry and behaviour may deteriorate for a day or so. You may feel similarly angry or upset, but whereas you can talk about your feelings, the child may not be able to and may remain confused. The child needs you to be strong, reassuring and positive. It will not help if you voice any negative opinions you may have of the parents to the child. This is more likely to upset them further. The child or young person may well have mixed emotions about family members and it is important that they are able to express them if they are able. It is not the foster carer's role to judge the parents but it is important to listen and observe the child or young person and record the relevant information.

Such situations will demand your tact and patience. The visit should be a good experience for the child, but it is sometimes difficult to make this fit with what is comfortable for the birth family and convenient for you. There may be a lot of frustrations, like cancelled dates at the last moment or lateness. You may also need to talk about your feelings about a situation and you can talk to your supervising social worker or the child's social worker about this.

Life story work

Every child or young person has their unique life story. Understanding that story is now recognised as a vital part of helping a child or young person feel okay about themselves and understand what has happened and why. When some parts of the life story is unspoken, or missing, all kinds of fantasies can go on in a child's mind. Not speaking about something suggests it is not fit to be spoken of, so the sense of it being 'bad' can be built up in the child's mind.

It is the responsibility of the child care social worker to make sure a child or young person has a life story book when this is appropriate. As foster carers you will often be asked to make contributions to the book, or to work with the child on making the book. For babies who have been cared for before they move on to be adopted, a life story book with photographs may be the only information they have about their birth and early months.

The book will give an account of the child's life, where s/he was born, plus details about each move. It will contain information about mum, dad, brothers and sisters and, where possible, other significant people in the child's life. A life story book is made with the child (provided he/she is old enough) and will incorporate photographs if possible, maps and pictures and involve the child as much as s/he allows involvement. Some children find that the work brings a lot of sadness and often the child shows their distress to the foster carer after the social worker has gone.

If working on the life story book upsets the child, you may feel that it should stop, but it is important to consider the value of knowing about your past. Think about how old photographs and people sharing memories can be important to you. The process of putting a life story book together can be very therapeutic and can be immensely valuable later in a child's life.

Promoting good health and development

For reliable and up to date health information and for finding health services local to you go to www.nhs.uk.

As a foster carer you should receive basic essential information prior to placement, identifying any health issues and the name of the child's current doctor, this should be further discussed at the Placement Planning Meeting. You should also be given information regarding which immunisations the child or young person may have and any medication they may be taking or require.

Unfortunately, it is not always possible to obtain full information; sometimes the information is not available or parents are too anxious and confused to provide it at this time. However, if this is the case, you should ask the child's social worker for further details as soon as possible as it is important for the child's medical care to have this information recorded.

Foster carers should also receive a copy of the child's Personal Child Health Record (often called the red book). This is a way of keeping track of the child's progress. If you do not get a copy of this discuss it with the health visitor as although the information is not duplicated it may be possible to get another copy and add information that is known and then as the foster carer you can continue to keep this up to date. It is important that the red book is presented at any health appointments for the child or young person and kept up to date by the health professional, you or the child themselves as they become older. As the child becomes older and more independent they should be encouraged to keep the red book themselves as it provides their health history and contributes to their life story.

Child development

As a foster carer you should ensure you know and understand normal child development as well as understanding the impact of interrupted development or when developmental milestones are missed. Some of this is covered on the Skills to Foster training course as well as in some of the other training modules available. [Appendix 2](#) provides a good summary of child development including adolescence. This is produced by Fostering Network who gave permission for us to include in the handbook. There is also more information available on websites.

Health care plan

All children and young people should have a health care plan which forms part of the care plan for that child. This should cover all aspects of the child's health and any assessments or treatment that may need to be carried out.

Frequency of health checks

More information about the frequency of health checks can be found under '[Appointments to be made](#)'.

Immunisations

Immunisations are an important part of promoting good health. Some children may not have had the recommended immunisations before coming into care, possibly because of neglect or parental choice. The immunisations that are to be given will be agreed at the placement planning meeting and will form part of the care plan for the child.

The current recommended schedule for immunisations in the UK can be found at: <http://www.nhs.uk/Conditions/vaccinations/Pages/vaccination-schedule-age-checklist.aspx>

It is recommended for foster carers to have HEP B immunisations. It is your responsibility as a foster carer if you wish to have this and you should seek advice from your GP. Some GP surgeries will not undertake these and in these situations the GP surgery should make a referral to another surgery for this to take place. In some situations a charge will be made and when this happens the foster carer is responsible for the payment.

Uncertain or incomplete immunisations

If there isn't a reliable vaccine history for a child or young person, it should be assumed that they are unimmunised and a full course of immunisations started in accordance with the Department of Health's vaccination of individuals with uncertain or incomplete immunisation status schedule.

www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status

Healthy eating

Many children who become looked after may have had inadequate nutrition and may have developed poor eating habits. Foster carers are in an excellent position to improve the health of a child. They can provide a variety of appropriate foods and drink, and can also act as good role models to the children and young people by ensuring that mealtimes are relaxed, enjoyable and nutritious.

Further information about healthy eating can be found at www.nhs.uk/LiveWell/Goodfood/Pages/Goodfoodhome.aspx

Giving of medication

It is very important, as foster carers, that you have the appropriate assessment and training regarding the giving of any medication to any children or young people you look after. Please see full Medication Policy for detailed information, you should be able to get this via your supervising social worker. **Foster carers by the nature of their job need to be**

at level 2 competency before they undertake any medical procedures with the children and young people they look after. Foster Carers must undertake the requirements of the Medication Policy in order to be covered under for insurance purposes by Essex County Council. Foster carers undertaking level 4 task need to be specifically added to the Local Authority's insurance. For more information on any of the following talk to your supervising social worker.

Level 1 – Induction Training

Induction training will cover understanding of the medication policy and guidelines and should be carried out as part of the induction process and prior to core competency training.

Level 2 – Core Task Competencies

All carers are expected to have undertaken the following:

- First Aid Training (both carers)
- Health Training (compulsory for main carers)
- Medication Workbook (both carers) – this should then be reviewed annually

Carers must have completed the medication workbook prior to undertaking the following tasks:

- Administration of eye or ear drops
- Administration of oral medication
- Administration of homely remedies
- Application of topical treatments such as, creams, ointments or patches
- Administration of inhalers
- Nail care (NB: if a child or young person has diabetes, their nails must be cut by a health professional).

Level 3 – Specialist Healthcare Task Competencies

In order for to undertaken any of the procedures below they have to be trained and assessed as competent by a registered healthcare professional. This training is available from the Specialist Healthcare Tasks Training Service. Referral to the team can be made by the Social Worker of the child or young person or the Supervising Social Worker of the Foster Carer. Training will be agreed at a Specialist Health Care Panel. Once a foster carer is signed off as competent for the task this needs to be updated on an annual basis while the child or young person is in placement.

Specialist healthcare tasks are defined as:

- administration of prescribed food and/or medication via naso-gastric tube, gastrostomy or jejunostomy;
- administration of nebulised medication (only in those circumstances where the child or young person is stabilised and the dosage is pre-measured);
- administration of rectal Diazepam (in emergency situations only) for seizures;

- administration of any pre-assembled injection devices such as, Epipen, Novapen, growth hormone;
- assistance with oxygen management;
- oral suctioning only;
- specialist exercises as instructed by a therapist (e.g. physiotherapy);
- administration of rectal Paraldehyde (in emergency situations only) for seizures;
- administration of buccal Midazolam (in emergency situations only) for seizures.

Level 4 – Specialist Healthcare Needs not listed above

Any medication, healthcare intervention, therapy, alternative or complimentary treatment not listed must be agreed as suitable by a Registered Medical Practitioner (RMP).

To meet the specialist healthcare needs of particular identified children (level 4), senior managers at Head of Service and Director level may authorise Carers to work beyond the guidelines only after consultation with the child, their parent/ Carer and the appropriate health professional.

Training and competence assessment must be in place and recorded prior to undertaking such a task. Sign off will be agreed at the Specialist Healthcare Tasks Panel. Once a foster carer is signed off as competent for the task this needs to be updated on an annual basis while the child or young person is in placement.

The Specialist Healthcare Tasks Service can be contacted at:

specialisthealthcare@essex.gov.uk

Education and leisure

Children of school age who are looked after must, unless there is a good reason, attend school regularly and should not be treated differently from other school-aged children. Absence from school should therefore be rare and arise mostly from genuine medical reasons. Holidays must be taken in school holiday periods. In exceptional circumstances the child’s social worker may seek permission from the quadrant Director of Local Delivery if a request is to go to a school to authorise a holiday during term time.

All schools will have a “**Designated Teacher** for looked-after children and previously looked-after children.” The role of the Designated Teacher is to have an understanding of the needs of children in care and, by leadership within the school, to promote their educational achievement. You should get to know who the Designated Teacher is for each of the children in your care. Each looked after child should have a **Personal Education Plan** (PEP – see separate section) that is an evolving record of what needs to happen for the children in care to make good progress and achievement their potential.

It is generally expected that foster carers will be able to take children and young people to school as a good parent would. However, if this is not possible it should be discussed prior to the placement being made to ensure that there are no misunderstandings and consideration is given as to how the child or young person will get to school.

Arrangements for school trips and parent’s evenings should be discussed at the Placement

Planning Meeting. It is generally expected that as a foster carer you will be able to sign for children and young people go on school trips. It is also expected that you attend parent's evenings and other school events e.g. assemblies and school plays. The parents may also wish to be involved with these so as a foster carer you need to be clear about your role and how these arrangements will be made if parents wish to also attend.

Foster carers should ensure that children and young people have suitable spaces and facilities to undertake homework and other activities to support education. This includes access to the internet through suitable IT equipment.

Much more advice on education, including details of training for foster carers, is available from the [Essex Virtual School team](#).

Overnight stays and holidays for looked after children

Children and young people who are looked after should not be treated differently to other children and young people of their age regarding overnight stays. This can be an important part of friendships that they have. The agreement for overnight stays should be discussed as the Placement Planning Meeting but unless there are exceptional circumstances it is expected that foster carers should be able to authorise these without having to check this out with the social worker. Foster carers should make the usual checks that a good parent would in making these decisions.

If a child or young person wishes to go on holiday with friends a similar process should be undertaken. The authority to agree this should be clarified as part of the delegated authority document at the placement planning meeting.

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 relevant restrictions contained for exceptional reasons in the child's care plan, including the placement plan
- Whether there are any court orders which restrict the child from making a particular overnight stay, visit or holiday
- Whether there are any factors in the child's past experiences or behaviour which would preclude the overnight stay, visit or holiday
- Whether there are any grounds for concern that the child may be at significant risk in the household concerned or from the activities proposed
- The age and level of understanding of the child concerned
- What is known about the reasons for the overnight stay, visit or holiday
- The length of the stay

If, as a foster carer, you are uncertain regarding whether you can agree overnight stays it is important that you discuss this with your supervising social worker.

Foster carers should record in their logs when a child or young person stays away from the foster home overnight.

Moving on

Placement endings

There will come a time when the child or young person you have cared for and supported will move on, either in a planned fashion, such as a rehabilitation home or a move to a permanent foster or adoptive placement.

There also may be occasions when you are experiencing difficulties in meeting the needs of a child or young person. If a placement is in difficulty it is imperative that you talk to your supervising social worker and the social worker of the child or young person as soon as possible. It may be possible to arrange a meeting to consider the areas of difficulty and what can be done in order to support the placement and you as foster carers to meet the child or young person's needs. The earlier you alert others to the challenges you are facing the better, as providing additional support in order to maintain the placement is much better for all concerned than an unplanned ending to the placement. It is also possible to request that the independent reviewing officer (IRO) brings forward the statutory review.

The Fostering Guidance (2011) 3.5 state: "Children and young people should not move to another placement, unless this is by agreement following a statutory review, it is clearly in the child or young person's best interests, the decision has taken into account the child or young person's wishes and feelings, and the move is properly planned. The exception is when remaining in the placement is clearly impractical, or significantly compromises the welfare of others in the household. In some cases placements can break down because people find they are not well matched and do not get on well – it is important not to assume that if a placement breaks down it means the child or foster carer is at fault. When a placement is ending, foster carers and the fostering service should work with the child's social worker and others to help the child to understand why they are moving, and should support the child through their transition to a new living situation whatever that may be."

If you as a foster carer do wish to end a placement, it is expected that you would give reasonable notice of this intention which should normally be for 28 days (as stated in the Foster Care Agreement). This is to give time to consider the appropriate plan for the child or young person and prepare him or her for this move.

Whenever a placement comes to an end whether planned or not you as the foster carer will always need to consider the following:

- How is the occasion going to be marked e.g. a special meal or treat for the child or young person, so that they are able to say goodbye to significant people associated with that placement
- The child or young person's possessions should be packed in a suitcase or holdall and **NEVER** in a bin bag
- Any photographs that were taken whilst the child was in placement should be made available to the child or young person
- As the current foster carer you should ensure that information about daily routines is shared with the new carers to assist in the transfer of care
- Any future appointments are written down so that the new carer has the dates
- As the current carer you may experience a change in the child or young person's

behaviour as the end draws near. They may have mixed emotions of excitement but also anxiety. It is important that you reassure the child or young person that you care about them.

The end of a placement can be emotional for all concerned. It is important that as foster carers you do all you can to make this positive for the young person. However, it is a time when you and others in the household may also need additional support. Do talk to your Supervising Social Worker and allow others in the household to talk also, this may help to manage the emotions that you could all be feeling.

Preparation for independence and staying put

Young people who are leaving care often do less well than their peers who have not experienced the care system and are over-represented in prisons and in the homeless population. Young people who are in the care system are a vulnerable group of young people who need additional help to ensure that they are prepared for leaving care and adulthood. As foster carers you will play a crucial role in this in helping young people to develop the skills that they need to become more independent.

Leaving care should not be seen as a single event but a process that marks a gradual transition to complete independence. The process involves much more than practical and financial support; it encompasses an appreciation of their individual, social, emotional, health and cultural needs.

It can be a very unsettling time for a young person and supporting the young person in preparing emotionally for this will be central to a successful move, and your full support of the plans will help ease the transition. The young person may need to know that they can keep in contact with you and seek your help and support if and when they may need it. Preparation for adult life should be part of your everyday informal interaction with the young person but becomes more formal around their 16th birthday when Local Authorities are required to undertake a Needs Assessment.

This Needs Assessment will cover 8 key areas:

- Practical and Life Skills
- Health
- Development and Identity,
- Finance and Budgeting,
- Education/training
- Employment,
- Family and Social Relationships.
- Housing and contingency planning

The Child Care Social Worker or Personal Advisor will work with them, you and any family members and other key individuals to build up a picture of the young person's needs. As a carer you will be crucial to this assessment process as you will know how they manage day to day life, their key skills and vulnerabilities.

The Needs Assessment will then be used to develop a **Pathway Plan** (similar to a Care Plan) which sets out how the identified needs will be met. Goals and targets will be set and individuals identified to assist the process and support the young person in moving towards independence.

For some young people the plan may be for them to remain living with you beyond their 18th birthday. Each situation will be considered separately and you will need to think about the implications of this for you as a family as the young person is no longer considered as looked after so the fostering allowances will cease.

The Children and Families Act 2014 introduced a new duty on Local Authorities in England regarding Staying Put. This will require Local Authorities in England to facilitate, monitor and support staying put arrangements for fostered young people until they reach the age of 21, where this is what they and their foster carers want, unless the local authority consider that the staying put arrangement is not consistent with the welfare of the young person.

See the Staying Put Policy for further information. This is available on the Essex County Council Website Foster Carer [page](#).

Care Leavers' Charter

The Charter for Care Leavers was written and developed by a group of care leavers and published by the Department for Education. The Charter is a statement of the values and principles that should underpin the actions and decisions of all professionals who have a remit to work with care leavers. The Charter gives us a set of principles that are designed to improve the experiences of care leavers throughout preparation, transition and on their journeys into adult life. If you are working with care leavers it is good to familiarise yourself with these principles and see how well we are all matching up to it.

The Charter for Care Leavers is designed to raise expectation, aspiration and understanding of what care leavers need and what the government and local authorities should do to be good Corporate Parents.

We promise:

- **To respect and honour your identity**

We will support you to discover and to be who you are and honour your unique identity. We will help you develop your own personal beliefs and values and accept your culture and heritage. We will celebrate your identity as an individual, as a member of identity groups and as a valued member of your community. We will value and support important relationships, and help you manage changing relationships or come to terms with loss, trauma or other significant life events. We will support you to express your identity positively to others.

- **To believe in you**

We will value your strengths, gifts and talents and encourage your aspirations. We will hold a belief in your potential and a vision for your future even if you have lost sight of these yourself. We will help you push aside limiting barriers and encourage and support you to pursue your goals in whatever ways we can. We will believe in you, celebrate you and affirm you.

- **To listen to you**

We will take time to listen to you, respect, and strive to understand your point of view.

We will place your needs, thoughts and feelings at the heart of all decisions about you, negotiate with you, and show how we have taken these into account. If we don't agree with you we will fully explain why. We will provide easy access to complaint and appeals processes and promote and encourage access to independent advocacy whenever you need it.

- **To inform you**

We will give you information that you need at every point in your journey, from care to adulthood, presented in a way that you want including information on legal entitlements and the service you can expect to receive from us at different stages in the journey. We will keep information up to date and accurate. We will ensure you know where to get current information once you are no longer in regular touch with leaving care services. We will make it clear to you what information about yourself and your time in care you are entitled to see. We will support you to access this when you want it, to manage any feelings that you might have about the information, and to put on record any disagreement with factual content.

- **To support you**

We will provide any support set out in current Regulations and Guidance and will not unreasonably withhold advice when you are no longer legally entitled to this service. As well as information, advice, practical and financial help we will provide emotional support. We will make sure you do not have to fight for support you are entitled to and we will fight for you if other agencies let you down. We will not punish you if you change your mind about what you want to do. We will continue to care about you even when we are no longer caring for you. We will make it our responsibility to understand your needs. If we can't meet those needs we will try and help you find a service that can. We will help you learn from your mistakes; we will not judge you and we will be here for you no matter how many times you come back for support.

- **To find you a home**

We will work alongside you to prepare you for your move into independent living only when you are ready. We will help you think about the choices available and to find accommodation that is right for you. We will do everything we can to ensure you are happy and feel safe when you move to independent living. We recognise that at different times you may need to take a step back and start over again. We will do our best to support you until you are settled in your independent life; we will not judge you for your mistakes or refuse to advise you because you did not listen to us before. We will work proactively with other agencies to help you sustain your home.

- **To be a lifelong champion**

We will do our best to help you break down barriers encountered dealing with other agencies. We will work together with the services you need, including housing, benefits, colleges and universities, employment providers and health services to help you establish yourself as an independent individual. We will treat you with courtesy and humanity whatever your age when you return to us for advice or support. We will help you to be the driver of your life and not the passenger. We will point you in a positive direction and journey alongside you at your pace. We will trust and respect you. We will not forget about you. We will remain your supporters in whatever way we can, even when our formal relationship with you has ended.

National Insurance Numbers

All young people should receive a National Insurance Number shortly before their 16th birthday. You may find that the young person you are caring for does not receive one. If so you should alert the social worker who will need to complete a form to enable this to happen.

For more information on National Insurance numbers look at the HM Revenue and Customs website: www.gov.uk/government/organisations/hm-revenue-customs

Support for foster carers and their families

Fostering Network

All Essex foster carers have membership to the Fostering Network paid for by the local authority. Fostering Network provides newsletters and regular information, consultation, information about national developments and training etc. The Fostering Network is the only national charity whose sole interest is working with foster children, foster carers and social workers. It was formed in 1974 by foster carers and social workers, to give all those involved in day-to-day fostering a greater say in what was happening in foster care.

When you start as a member of fostering network you will get a welcome pack from them. This will also include 6 leaflets from their signpost series. The leaflets are:

- Welcoming the Foster Child
- Benefits
- Insurance and Foster Care
- Allegations against Foster Carers
- Income Tax and National Insurance
- Record Keeping

These are all very useful leaflets, if you mislaid yours or want to ensure you have the most updated information they are also available under the members section of the website.

Fostering Network have a helpline for members on 020 7401 9582 from 10.00 am - 3.00 pm, Monday to Friday. The lines do get busy so be ready to leave your name and phone number and they will return your call.

You can also email them at info@fostering.net or write to them at 87 Blackfriars Road, London, SE1 8HA.

Fostering have a number of useful resources that foster carers can access as well as publications which can be brought at membership rates.

For more information regarding Fostering Network look at their website: www.fostering.net

Out of hours support

An out of hours telephone support service for foster carers is provided by the fostering service. This covers periods for when the office is not open usually so after 5.30pm until 9am during the week and over the weekends and bank holidays. This rota is covered by staff in the fostering service who usually cover a week at the time. The rota is provided to foster carers with all the appropriate telephone numbers on.

Support for carers who are subject to an allegation

Independent support for foster carers who are subject to an allegation is available from Fostering Network. Further information can be found on [page 103](#).

Emergency Duty Service (EDS)

Foster carers must contact the Emergency Duty Service to report matters such as a child who has gone missing, the death or serious illness of a child in their care, a child protection matter or any other serious incident in the foster home, for which they need support. The Emergency Duty Service deals with all emergency social care referrals and situations out of working hours and it covers the whole of Essex. It deals with emergencies in adult and children's social care. Emergencies include, for example, dealing with mental health admissions across the age range, responding to urgent referrals about older people at risk, involvement in threats to public safety, children identified as needing emergency care, young people absconding and assessing risks arising from domestic violence.

If an emergency arises out of office hours the Emergency Duty Service can be contacted on 0345 606 1212.

Support from other foster carers

It is recognised by the fostering service that not all foster carers find support groups to be the most helpful means of support. However, support groups are held in all of the four quadrant areas and foster carers are encouraged to attend these where possible.

There are often invited speakers to support groups so this provides carers with important information and structured support time as well as the more informal aspects of the groups.

Foster carers are also encouraged to buddy up with other foster carers. This can happen naturally through pre-existing relationships or relationships that grow from carers meeting at support groups or training courses. However, supervising social workers can also link new foster carers up with more experienced carers as an additional support which can be very helpful as foster carers start their fostering career and take on their first placement.

Support for sons and daughters of foster carers

Support Groups are also held for the sons and daughters of foster carers to enable them to have a chance to share their experiences with others and get support from other young people who are also fostering. Talk to your supervising social worker to find out more information about local events.

Essex Foster Care Association

The Essex Foster Care Association is an independent charitable trust run by local authority foster carers for local authority foster carers. Membership is offered to all local authority foster carers at approval.

The services provided by the EFCA consist of:

- Representation of foster carer views to the Local Authority
- Regular Open meetings
- Quarterly news letter
- Website containing relevant fostering information
- Sons and daughters support

- Quadrant based committees
- Fund raising activities, county wide events

Current Trustee details can be obtained from the EFCA website: www.essexfca.org

Contact with EFCA is via 0300 777 1234. All calls will be answered within 24-48 hours of receipt of call.

Quadrant committees can be contacted via email:

northeast@essexfca.org

south@essexfca.org

west@essexfca.org

mid@essexfca.org

Divisional Based Intervention Teams (D-BIT)

D-BIT is a service for children, young people and their birth, kin, adopter and / or foster carer families where the young person is aged between 8-17 years. They work with children and young people identified by Family Operations staff as on the edge of care, arising from breakdown of family relationships and those at risk of custody.

D-BIT delivers services by using a brief solution focused approach to working with families, providing a sequence of approximately 12 – 18 sessions which are tailored to their needs.

D-BIT works closely with the fostering service to provide a community based service for foster carers and the young people placed with them. They offer support where foster family members and young people are keen to strengthen their relationships with one another and find ways to overcome issues which are sometimes problematic. Staff listen to foster carers views and the views of the young people in their care and work with them to identify a plan for working together to build on the strengths they see in one another. Work most frequently takes place within the home, at times when it is right for everyone.

Confidentiality

In research undertaken with young people, one of the most significant things they have said is that they feel that everybody knows about them and that if they had any control in the matter, they would wish for less people to have information on them. It is therefore vital that you not only undertake your fostering in a confidential manner but that the young person clearly sees this and understands the way you keep their confidences.

As a foster carer, you will receive a lot of confidential information - in fact all information relating to the children placed is confidential. It is therefore, vital that this written information is stored safely in your home and carers have a range of choices in how they may do this. For instance, locked cabinets, or locked in the carer's own bedrooms can be considered safe. At the end of the placement, all information you hold on that particular child must be returned to your supervising social worker or the child's social worker.

Confidential information is often discussed in support groups. Information shared in this way is expected to remain confidential to that group. Part of the ground rules for support groups is that information discussed about children and their family is to be kept confidential. If there is something very sensitive or confidential that you wish to discuss at a support group, it is advisable that you speak with your supervising social worker in advance to check it out.

Helping the child or young person understand how to keep confidentiality

The way you share information with the rest of the family and how you can help the young person construct a 'cover story' will enable them and the rest of your family to respond to situations without compromising the young person. Your supervising social worker will be able to help you with this but it will be important to work with the young person and establish what they are going to be comfortable with.

You should be thinking in advance of how to prepare your own children and support network with information about the child so that a safe family culture is developed. Remember that the cover story should be based on reality but should be discrete enough to allow the young person not to feel exposed.

Helping the child to understand the difference between confidentiality and a secret

As part of your safer caring policy in the home, you will have established ways that the household keep themselves safe from abuse and the young person will have an understanding of aspects such as good touch/bad touch. Within this understanding, the foster home must ensure that there are some things that should not be kept "secret, particularly if the young person wants to talk about abuse they may have suffered.

It is important from the outset that a young person understands that you will keep the information they may tell you as confidential as possible but that there will be people you have to inform if you are to continue to keep the young person safe.

If a young person does disclose to you – and this can be at the most unexpected times, listen to them in a calm way and let them tell you things in their own way. You may need to re-assure them that they will be safe and that you believe what they have said. However,

responding to disclosures needs to be done very carefully in order not to jeopardise any potential criminal proceedings that may follow from the child's disclosure. For this reason, all foster carer's will receive training in how to manage and respond to disclosures.

Tell them who you would have to inform and ask them how they would like you to do this. They may be able, for instance, to tell their social worker themselves, or they may want you to do it. Either way, it is vital that the young person is kept as involved and informed as possible.

Record keeping

Case recording is an integral part of the social care service that agencies provide to children and families. This applies equally to fostering services and their carers. It is expected and a legal requirement that foster carers record information on the child or young person that is placed with them. These recordings are the property of Essex County Council. Your SSW will read them in supervision and will collect them from you on a regular basis. They should provide you with a receipt for the logs that have been collected. The logs will get uploaded on to the child's electronic record. You are not allowed to keep copies of these records under the Data Protection Act 1998. See also the [Fostering Service Records and Recording Policy](#).

Tips for effective recording

1. Before you start be clear about why you are recording
2. Record as soon as possible after an event or observation.
3. Use plain language and avoid jargon
4. Wherever possible stick to the facts
5. When you give an opinion separate it from the facts and explain why you have come to that particular opinion
6. Record in a way that you would be happy for the child or family to read what you have written
7. Don't forget to sign and date each record
8. Completing regular summaries on younger children and with young people can be a good way of monitoring the child or young person's progress
9. Records should be typed or hand-written in black ink for ease of copying
10. All factual information should be checked for accuracy e.g. spelling of names
11. If different from the date of the incident, the date the record is made should be stated
12. Corrections made to records previously made should be dated and signed

When recording details care should be taken regarding language that could be seen as offensive or abusive. It is also important not to use recording as a means of "letting off steam" about a situation or person. It may be necessary to record disagreements but is not acceptable to use records as a means to verbally punish or retaliate against others.

Incidents

All incidents should be recorded in foster carer logs and the supervising social worker informed. Serious incidents are recorded under category A and these include: death, serious illness or serious accidents of a child or young person placed with foster carers, outbreaks of infectious diseases, serious incidents when the police are called to the foster home, serious complaints about a foster carer, child protection enquiries and a child or young person missing from the foster home for more than 24 hours.

Category B incidents are the less serious but still significant incidents. Foster carers must inform their supervising social worker of any of the following; bullying against a foster child or a foster carer's child, damage to property or theft, a child or young person without school provision, child or young person missing from home for less than 24 hours, complaints,

violence against a foster carer, minor accident, injury or illness or minor incident involving the police.

If in any doubt at all about whether you should report an incident talk to your supervising social worker or the duty worker in the fostering team.

What should be included in foster carers logs

All foster carers are expected to complete foster carer logs. This is part of the Foster Care Agreement and it is also a legal requirement. Foster carer logs or any other report should not be saved onto your computer. If you do wish to use a computer to write a report it should be written and printed off and not saved. This is our responsibility under the Data Protection Act 1998. The records are the property of social care and must be returned to them at the end of the placement. Supervising Social Workers can provide carers with a template to use for foster carer recordings. The following areas should be included in foster carer logs:

- Improvements and achievements of the child
- Any changes or concerns in behaviour or mood – including details of actual behaviour observed, what was happening before it started and the responses following the behaviour
- Dates or times a child or young person is away from the foster home e.g. missing, contact, overnight stay with friends
- Specific incidents, events or changes in the circumstances of the foster family and/or the child's family
- Disagreements or complaints concerning any family members and how it was dealt with
- Accidents or injuries, including minor ones
- Dates of meetings, attendance and decisions
- Medical appointments and treatment e.g. dentist, optician, doctor
- Any illnesses the child or young person may have
- Any hospital admissions
- Contact with the school, social worker and the child's family
- Contact visits, child's responses or moods before and after
- Requests for help or assistance
- Times when alternative carers have been looking after the child e.g. babysitters, if any significant events happen during this time they should be recorded and it should be clear on the records who has been the author of the records
- Details of any damage or theft by the foster child
- Any involvement with the police and the reasons and outcomes of this.

Equalities and diversity issues should be reflected in any recording. This can include references to pieces of work where specific consideration has been given to a service user's needs because of their gender, ethnicity, linguistic ability, sexual orientation disability, mental, health status, caring responsibilities etc. Foster carers can be explicit about these issues and how these have been taken into consideration in practice.

Foster carers are uniquely placed to make observations about the child's day to day behaviour. When considering recording it will be useful to keep the following in mind:

- How well does the child form relationships with you, your family, their peer group and other adults?
- Do they find it easier to make relationships with children younger or older than them?
- How do they react to attention/physical affection?
- Do they understand why they are being looked after?
- Can they talk easily about their past experiences?
- How do they behave before and after seeing their family?
- How do they respond to the rules of the house?
- Do they have any particular behaviour problems?
- Do they have any special needs that are not being met? (e.g. health needs or needs related to disability)
- How do they feel about themselves?
- What do they want in the future?
- How are they getting on at school?

Some of these areas may be particularly useful at the start of the placement when all family members are getting to know each other and the looked after child is adjusting to a different life style. When children are first looked after there may also be lots of information that the social worker is not aware of and some specific needs of the child or young person may only come to light when being looked after by foster carers.

If foster carers have any concerns regarding whether something should be recorded they should talk to their supervising social worker or the social worker of the child or young person.

Recording contact details

The foster carer should pay particular attention to ensuring that the outcome of contact arrangements and their perceived impact on the child are recorded. Sometimes carers are only involved with preparing the child or young person for contact and supporting them on their return. On other occasions foster carers may be involved with actual contact arrangement and may be responsible for supervising the contact.

While the contact for each child or young person may be different, the following issues should be considered when recording information about it:

- The date, place and time of the contact.
- Was this contact planned and agreed in advance?
- The type of contact (e.g. face to face or telephone)
- Who was present at the contact?
- Did everyone who was due to turn up do so and were they on time?

- Was the contact supervised and if so by whom?
- How long did contact last?
- Was this the scheduled length of time for this contact?
- The child's behaviour before, during and after the contact.
- Was the child comfortable with those involved in the contact?
- Was the child anxious or reluctant to engage with anyone?
- The behaviour of others present during contact.
- How did those attending contact respond to the child?
- Were agreed tasks for this contact completed?
- How did the contact end?
- Was it clear to the child if and when they would have further contact?
- Was the child given anything during the contact such as presents or money?
- Did anyone put the child under undue pressure during the contact?

If the foster carer is supervising the contact it is advisable to also check with the social worker if there are specific areas that should be considered and recorded.

Data Protection Act 1998

The fostering service is required to keep and maintain records about you in line with the Fostering Regulations (2011). The Data Protection Act 1998 sets out the right for everybody to access information held about them. These rights are known as subject access rights and are obtained in sections 7, 8 and 9 of the Act. If you wish to see your records you should make a request to your supervising social worker.

As stated above the Data Protection Act also covers all information that is stored for any child or young person who is looked after. This means that information should not be saved to a foster carer's personal computer. If computers are used the work can immediately be printed out and included in the records but not saved. Emails sent from a personal computer should not include any identifying information about any child or young person.

Complaints and compliments

Children and young people, their parents, foster carers and other people involved with them are able to make effective representations, including complaints, about any aspect of the fostering service, whether it is provided directly by an authority or by a contracted authority or agency.

The council aims to provide a high standard of service to the children we look after, foster carers and applicants. The council welcomes your views and comments about the services provided. Obtaining such views will help us to know what we are doing well and what we need to improve.

Helping children and young people to complain

All children and young people have the right to complain as set out in the Children Act 1989. They should all be given information on their rights and how to complain. They should also be made aware of the standards and range of care they can expect from their placement. This information is contained in the Children's Guide which all children and young people will be given at the beginning of any placement they may have with us.

All young people who wish to make a complaint should be encouraged and supported. You will find that if a young person has confided in you or a member of your family then you should act as an advocate for them. There are delicate balances to strike here as it is important that the process of making a complaint is seen to be a positive and empowering one for the young person.

You may need to spend some time talking to a young person to allow them to feel confident that they have thought about the situation and want to do something about it because they feel something is not right. You should also include them in the process as much as possible. This could include the young person writing down their complaint and working out what they would like to see as a resolution to it. The process in Essex for children to make a comment, compliment or complaint is called 'Have Your Say'. There are special forms that children and young people can use. As a foster carer you should keep a form in case it is needed but if you don't have them they are available from local offices or from the Essex County Council website. Children and young people can also contact the Have Your Say team by telephoning 03330 139815 or 03330 139817 or by email to haveyoursay@essex.gov.uk

Involvement service

The Involvement service work with young people with a focus on their personal, social, emotional and relational development. The team work with young people either on an individual basis or as part of a group to develop understanding and skills and build resilience.

This work promotes children's rights and involvement in decision making. The Involvement service listens to the views and experiences of children and young people and works with services to make sure they understand and consider these when making decisions.

The team helps make sure the local authority provides a range of positive opportunities for children and young people to get involved in the shaping of the services they need, to achieve good health and wellbeing, build resilience and develop skills. This work helps to ensure services are designed and delivered in the right way at the right time and to the people who really need them.

The work of the team includes:

The Children in Care Council (CiCC)

The CiCC is made up of several groups for children and young people run by the Involvement Team and Social Care Services. The CiCC provides ways for children and young people in care to give their views on care services.

Through the CiCC, children and young people can get involved in different projects and activities which offer:

- Skill development which supports young people to be a part of decisions that affect them.
- The opportunity to contribute to and inform service design, commissioning, delivery, governance and evaluation.
- Time to work in partnership with professionals to co-design service responses.
- Positive activities to enable opportunities to create aspirations and build resilience.

Targeted work

The targeted work with the involvement service primarily focuses on staying safe, and supports young people to understand their situation and identify and develop skills to enable a more positive informed approach to their personal decision making, this includes:

- Mentoring young people
- Offering support, guidance and advocacy.
- Peer support to young people to build understanding, skills and resilience.
- Providing independent Advocacy
- Provides positive activities to enable opportunity to create aspirations and build resilience.
- Taking the lead for children Missing from home and care and offers Missing Chats.

- Training delivery to professionals to enhance their understanding of the impact of intervention on children and families.

Insight and evaluation

The team work with children, young people, families and service areas to gain valuable insight into the process, impact and sustainability of interventions using a variety of different approaches. This work enables the service to:

- Monitor the aggregated outcomes of young people and families receiving services from Family Operations
- Routinely report on these findings to decision makers
- Use this information to celebrating and challenging where appropriate

For further information about the CiCC please contact

itsmylife@essex.gov.uk

Or find us at

<http://cicc.essex.gov.uk>

It's My Life CiCC,
66-67 Duke Street,
Chelmsford,
Essex,
CM1 1JP

Essex Independent Advocacy service

The Essex Independent Advocacy Service for children and young people is provided by Barnardo's to the following eligible children and young people receiving social care services to support them when making or intending to make a complaint or representation:

- aged up to 18 years according to their understanding and ability to use advocacy.
- aged up to 19 years, if they have a disability
- care leavers aged 18 to 21 and up to 25 years when they are actively engaged in higher education

Advocacy is also provided to children in care placed within and outside of Essex, care leavers, young people attending a child protection conference and children with disabilities receiving short breaks, who request support to make their views, wishes and feelings known, raise issues about the quality of care and support provided or to ask questions about decisions being made that affect them.

- Children in care placed within and outside the Essex administrative boundary
- This includes children who have been missing from care and children returning home from care (up to a 3 month period)
- Care leavers
- Children and young people attending their Child Protection Conference (as agreed and set out in their Child Protection Participation Agreement)
- Children receiving residential short breaks care in ECC children's homes

Contacting the service

Freephone: 0800 652 4546

Email: essexadvocacyservice@barnardos.org.uk

The Advocacy operates a year round service that is accessible between the hours of 9.00 am and 5.30 pm Monday to Friday, with out of office hours provision for receiving and recording telephone messages and flexible arrangements for direct contact and meetings with children and young people which may include evenings and weekends.

Whistleblowing

Essex strives to provide the highest quality of service. The protection of service users from abuse of any kind is therefore, a responsibility shared by all staff and carers. Essex recognises that users of all our services may make representation about the care practices of individual staff and/or care systems on a regular basis. There will be challenges to practices and decisions which we make and service users will not always be confident that their representations will be responded to positively, or that the care they receive will not be diminished as a consequence of making a complaint. Staff should take every opportunity to reassure users that their concerns are our concerns and that every effort will be made to resolve them.

Definition of a “Whistleblower”

A person who reveals information based on knowledge which is calculated to call attention to negligence, abuses or danger that affects individuals.

What is whistleblowing at work?

Staff and carers have the right and individual responsibility to raise any matters of concerns regarding poor practice at work. Staff and carers are responsible for the welfare and safety for those they care for on the agency and local authority’s behalf and this comes above and before feelings of loyalty towards colleagues or family members. It is a means whereby staff and carers have an immediate opportunity to express their concerns regarding poor practice at work at the highest level should they wish to do so.

Foster carers are encouraged to take action if they have reasonable suspicion of serious poor practice or have been informed about serious poor practice. Foster carers should be reassured that they will be supported if they ‘whistleblow’. The fostering service whistle blowing policy is in line with Essex’s corporate whistle blowing policy. Support will be provided by the fostering service and is designed to ensure that the identity of the whistle blower remains confidential.

“Whistleblowing” on poor practice

Carers are recommended to “whistleblow” to their supervising social worker, who in turn must bring the matter to the attention of the appropriate line manager.

If the concern focuses on the supervising social worker, the carer(s) should contact the fostering team manager or the service manager responsible for fostering in your area.

Finance and allowances

Fee paid schemes

Essex Fostering Services have a 3 tiered fee paid scheme.

Standard level. This will be the minimum level that all approved foster carers will be on.

Intermediate level. This is open to carers who are able to meet the criteria for the standard level and in addition to this have:

- Experience of parenting or working with children or young people
- Ability to provide a bedroom for the sole use of each fostered child or young person over 3 years old apart from in exceptional circumstances e.g. sibling groups where a risk assessment has been carried out
- An understanding of the basic principles of how children form attachments and how these affect their development
- Ability to take sibling groups, children with challenging behaviour, or adolescents, or parent and child placements or children with disabilities and emergency placements
- Ability and willingness to foster children from a wide range of circumstances and backgrounds

Advanced level. This is open to carers who are able to meet the criteria for both the Standard and Intermediate Levels and in addition meet the following criteria:

- One carer in the household available to look after the child at all times
- Both carers to have completed the TSD induction standards, or if direct entry, a commitment to complete these within 4 months of being approved
- Hold a relevant NVQ/Diploma or equivalent qualification in direct work with children as evidenced by the advanced fee grid; or have completed successfully the Fostering Changes course with evidence of learning; or for those applicants who have considerable fostering experience, have completed satisfactorily the advanced fee grid to evidence this experience is equivalent to these qualifications
- For direct entry applicants this can include other relevant professional qualifications or experience in working with children and young people
- Ability and willingness to lead support groups, facilitate training, act as consultant/mentor to other carers and facilitate recruitment events
- Be on a rota and willing to take emergency placements when holding a vacancy
- Ability and willingness to take children with the most challenging behaviour, or adolescents, or parent and child placements or children with disabilities and emergency placements

Short Break Fee Paid Carers. These additional requirements apply if the level of fee paid to the Foster carer(s) is Fee Paid Short Breaks

- One carer in the household available to look after the child at all times and be available

for a number of short break arrangements for at least 5 days a week for 48 weeks of the year.

- Both carers to have completed the TSD induction standards for short breaks, or if direct entry, a commitment to complete these within 4 months of being approved
- Have relevant experience of direct work with children with disabilities; or for those applicants who have considerable fostering experience, have completed
- Satisfactorily the advanced fee grid to evidence experience that demonstrates transferable skills
- Ability and willingness to take children with disabilities on the autistic spectrum with the most challenging behaviour, or children with very complex needs due to their disability
- To be aware of and willing to attend training in the implementation of the strategies to deal with challenging behaviours, including prevention and de-escalation strategies and behaviour management plans. This to include where appropriate specialist health care tasks training

Therapeutic Foster Carer Scheme. These additional requirements apply if the level of the fee paid to the Foster Carer (s) is Therapeutic:

- Ability and willingness to take children with the most complex needs, including those children currently in residential placements identified as suitable to move into a fostering placement.
- An ability to engage in reflective practice which enables a carer to understand how the child's past experiences continue to disturb their present behaviours and to consider what kind of interventions might be effective.
- An ability to observe, comment and report upon what you as a carer are learning through observation about how a child manages relationships and challenging situations.
- Be able to implement appropriate strategies in managing presenting behaviour and "disturbed attachment behaviour" without the child or young person feeling rejected.
- A proven ability to assess and understand children's needs and to be involved in the process of creating imaginative care packages.
- Be able to offer consultation and support to other carers and newly approved therapeutic carers through a formally agreed model of mentoring / buddying, visiting or group work.
- A commitment and understanding of what it means to work therapeutically with children and young people in promoting their healing process.
- On occasions provide supervision and / or assessment of those contact visits where it is not deemed safe or desirable for them to occur without a third party. This may be for a child placed with the carer or one placed somewhere else.
- Must attend a weekly foster carers therapeutic support group with the team's clinical psychologist.
- An understanding of the issues in relation to children whom have been excluded or are disengaged from main stream education and a commitment and ability to support children successfully to reintegrate into education.
- An ability to provide well documented and detailed (where appropriate) daily logs. A

proven ability to provide literate and well-written reports for a range of purposes and audiences including for use in court.

- Be able and willing, in conjunction with the Department, to take a key role in training other carers and to assist at training events.
- Occasional supervised outreach work with children and young people in and outside of their own homes.
- Must participate in a minimum level of further development training for Therapeutic carers as specified by the supervising social worker.
- At the discretion of the Therapeutic Fostering Team Manager, such other activities and duties as may be consistent with the role and that can reasonably be expected to be undertaken by a Therapeutic Foster Carer.
- Therapeutic foster carers are representatives and ambassadors for the Children in Care Service and as such they are expected, at all times, to conduct themselves in a manner that is commensurate with the values and principles of the service.

If you consider that you meet the criteria to apply for a higher level, talk to your supervising social worker regarding your application.

The foster carer's fee will commence when a foster carer has taken their first placement of a child or young person.

Foster carer breaks

Fee paid foster carers are able to take up to 28 days break from fostering each year. This period cannot be carried over from one year to the next i.e. April to March. However, it can be taken in one go for periods up to 4 weeks. The fee will continue to be paid during this time. Breaks from fostering should be taken in consultation with the fostering team and taking into account the specific needs of any children or young people who may be placed.

Periods of illness

Periods of illness of the fee paid foster carer must be notified to the supervising social worker immediately. It is expected that, except in extreme circumstances, the fee paid carer's household will continue to provide care for any child currently placed. If as a result of the fee paid carer's illness, placements must cease, the fee will continue for a period of 28 days only from the cessation of the placement.

Other formal breaks from fostering may be agreed in exceptional circumstances but must be agreed by the service manager responsible for fostering in the area where the foster carer lives.

Cessation of fee

If foster carers are available for placements but do not have any children or young people placed with them the fee will cease after 28 days and commence again when a child or young person is placed.

Fostering allowances and fees

From the 1 April 2018 the following fostering allowances apply.

Age of child or young person	Weekly allowance
0 – 4 years	£151.83
5 – 10 years	£173.04
11 – 15 years	£215.32
16+ years	£229.04

Fees:

Level	Weekly fee
Standard	£28
Intermediate	£125
Advanced	£250 with an additional £125 for more than one child in placement
Therapeutic Fostering Scheme	£350 per child

Pace scheme:

Title	Fee
Weekly rate for being on call	£250
Additional nightly allowance if young person is placed	£28.85

Legacy schemes – No longer available to apply for:

Scheme	Weekly fee
Level 1	£125
Level 2	£250
Formula Funded	£250 plus £125 for second and third placement

It is the responsibility of the child or young person's social worker to record when placements have ended. There may be occasions when due to delay or how the payments are made that you are overpaid. Any overpayments in the allowances or fee's will be adjusted in the following week's payments.

As a foster carer you are not entitled to claim child benefit for children who are looked after. As a foster carer you are entitled to receive a fostering allowance for each of the children or young person you look after. This is calculated by the age of the child or young person and is expected to cover the full costs of caring for the child or young person. This includes:

Playgroup/nursery fees

Normally we would expect you to be financially responsible for any fees incurred for a place at playgroup or nursery that you had arranged for a child placed with you.

School costs

The weekly payment covers the cost of a school dinner or packed lunch, school fund contributions, replacement of uniforms, school photographs, day trips, school sports costs and transport to school (unless child is being transported a long distance to school).

Leisure activities

Carers will need to budget for membership of clubs, such as Brownies, Guides, Scouts, drama and youth clubs and the basic equipment or uniform required. Carers should also plan for expenditure on other activities such as music, dance, swimming, and horse riding or cycling. However, if it looks as if there may be a major expenditure, such as buying a musical instrument and lessons, this should be discussed with the child's social worker and your supervising social worker.

Transport

As part of normal family life, carers are expected to make the usual transport arrangements for children to and from school, medical treatment, therapy sessions, leisure activities, seeing friends, contact and so on. The role that foster carers play in transporting children and young people is an important one and it is expected that carers will wherever possible undertake the transporting of children and young people. Where this is not possible the foster carer should discuss this with the social worker and supervising social worker prior to agreeing the placement or as soon as possible if changes occur when the child or young person is placed.

Clothing

Carers must ensure that children's clothing is well kept, appropriate for the weather and activity and replaced as required.

The weekly payment includes an amount for clothing needs. Carers should keep accounts for all expenditure on clothing for the child.

Pocket money

It is expected that all children who are looked after do receive a regular amount of pocket money. However, there are other issues that need to be considered regarding the amount given. Fostering Network suggest that issues relating to pocket money and personal allowances should be discussed with the foster carer and young person at the start of the placement and addressed within the placement plan. Issues to be considered are:

- There needs to be some measure of equality between children within the foster household. Clearly it would be unfair if foster children received either more or less than the foster carer's own children where their ages are similar. Therefore, discussions with carers need to take into account the pocket money paid to other children in the household.

- The rate of pocket money paid to young people should be realistic. Fostering Network suggest that the amount should not exceed the element for personal needs within any benefit payment a young person could expect if they were unemployed. This is important because it is the responsibility of both social workers and foster carers to help ensure a smooth transition to independent living after foster care. It would be unhelpful to this process if a young person's pocket money enabled her/him to enter in to a lifestyle which was not possible if s/he later had to live independently on limited income such as education grants or welfare benefits.

Savings

All foster carers are expected to save regularly for the child or young person they are looking after. This should be a **minimum of £5 a week** and should be in an account opened in the child or young person's name. We would also encourage Junior ISA's to be used for long term savings for a child or young person (see below) This money is expected to be used for children and young people when they are post 18 years of age.

Junior ISAs

A Junior Individual Savings account is a long-term, tax-free savings account for children. A child can have a Junior ISA if they are under 18 years, live in the UK and were not entitled to a Child Trust Fund. A looked after child qualified for a Child Trust Fund if they were born between 1st September 2002 and 2nd January 2011 and they were looked after by a local council before 3rd April 2011. The money in the account belongs to the child, but they cannot take the money out until they are 18, making it ideal for building long term assets rather than day-to-day savings. Only parents or a guardian with parental responsibility can open a Junior ISA account on behalf of a child. However, the Government has introduced a scheme whereby 'eligible' looked after children will have a Junior ISA account opened with a one-off initial payment of £200 paid into it. Additional payments can they be paid into it by foster carers.

Junior ISA's should be opened automatically for eligible children and information will be sent to you as a foster carer about the account and how additional monies can be put into it. However, if you have any questions regarding the Junior ISA and any child you are looking after you can contact the team dealing with this at BusinessSupport.FamilyOps@essex.gov.uk If a child or young person who is placed with you has a Junior ISA please can you ensure that the information relating to the ISA is passed onto the new carer.

CWD/Short Break Allowances

Rate	Fee
Day rate (from 7am until 7pm)	£7.50 per hour
Overnight rate	£52

Fee Paid Short Break Allowances

Rate	Rate
£485 per week (for 5 days)	£300 per week (for 3 days)

If the child/young person stays overnight the overnight allowance is paid in addition to any hourly rate that is agreed for hours when the child/young person is placed during the day.

Supported lodgings allowances

Title	Fee
Weekly payment to Supported Lodgings Provider	£250

Claims for hourly rate

The hourly rate can be claimed on a ECC 846 for the following activities:

1. meeting with Guardian and solicitor
2. attendance in Court
3. attendance at all formal Social Care planning and review meetings wherever held e.g. statutory reviews, child care planning meetings, placement planning meetings and partnership meetings and when presenting or assisting at recruitment events.
4. hospital appointments for the child.
5. where the foster carer is asked to **supervise contact** on behalf of Social Care, whether this is at a Contact Centre or in the foster home where appropriate, the hourly rate should be paid. Also, if the foster carer has to wait at the contact centre, the hourly rate will also be paid for waiting time. This should be agreed in advance of the arrangement taking place.
6. participation in consultation exercises as part of local authority working groups
7. where you are requested to be a co-leader in providing training
8. visits to Children and Families Consultation Service Clinic or EWMHS appointments
9. where a foster carer is transporting children to school and the journey is over half an hour.
10. Attendance at training ONLY when there is no fee being paid.

There are no circumstances other than those stated above in which the hourly fee is payable and no other costs (other than associated travel costs) are to be claimed on form ECC846.

Retainer allowances

There are two rates of retainer allowances in Essex. The lower rate is payable in respect to regular planned respite care placements from the child or young person’s home that take place at least every month. A retainer fee is not payable if the frequency is less than once a month.

The higher rate is payable for carer to carer placements (holiday or respite). This should be for care episodes or holiday relief which occur as part of either the child’s assessment and care plan or as agreed as foster carer leave when the child or young person is to remain with the main carer. The higher rate of retainer allowance will be payable to the main foster carer from the **fifth** day to the last day of the holiday or care episode period. Full fostering

allowances will be paid to the main carer for the first four days inclusive and reinstated the **day after** the child returns to the main carer. This is because for weekend holiday or respite episodes of 4 days or less, payment to the main carer will be unaffected.

The higher rate of retainer allowance (**NOT full fostering allowance**) will be paid to a foster carer where it has been agreed that a bed is kept open as a safety net following reunification with their family. This will be for a period of up to a maximum of 6 weeks. The child's team manager is responsible for making the decision of when to cease the retainer allowance and notify the Children's Payments Team accordingly.

Age	Weekly	Daily
Higher Rate 0 – 12 years	£42.21	£6.03
Higher Rate 13 years plus	£51.87	£7.41
Lower Rate 0 – 4 years	£13.23	£1.89
Lower Rate 5 – 10 years	£16.45	£2.35
Lower Rate 11 – 15 years	£20.72	£2.96
Lower Rate 16+	£21.77	£3.11

Out of pocket and travelling expenses

Foster Carers can claim some additional mileage in some circumstances (see below). This would need to be agreed prior to the journey being undertaken to ensure payment. Mileage claims should be submitted monthly on an ECC 823 form and these are sent to the child care social work team to authorise the payment.

Foster carers can also claim an hourly rate for certain activities e.g. attendance at court, attendance at children looked after reviews, supervision of contact. This is claimed for on an ECC 846 form. The full list of activities which the hourly rate can be claimed for is on the back of this form, you can also claim for mileage (if applicable) for the activities that the hourly rate is paid for and these can also be claimed on the same form. This should be completed monthly and given to your supervising social worker to process.

Please note that mileage for school and contact should always be completed on the ECC 823 form even if an hourly rate is being claimed on the ECC 846.

VAT receipts for petrol should accompany any mileage claim.

Claim	Rates
Mileage allowances	45p per mile
Lease Car	15p per mile
Hourly rate	£4 an hour
Daily rate for Child Minding	£6 an hour

Additional allowances

Birthday/Christmas allowance. An additional one weeks allowance is paid to carers for the child or young person's birthday and Christmas. This recognises and acknowledges the additional costs of looking after a child or young person during these times. Social workers for children and young people who do not celebrate Christmas should contact the payments team in writing to request appropriate individual arrangements.

Holiday Allowance. Since February 2016 there has been a change in what can be claimed for as part of the holiday allowance. This additional allowance is now payable for up to two weeks a year as an additional contribution towards the costs of taking children and young people on holiday or daily activities/trips. This can be claimed via your supervising social worker. Any additional holidays/activities/trips should be funded through the weekly allowance. This change means that the additional allowance can be paid where the carer is away for any number of days up to 2 weeks where previously it had to be over 5 days. It also means it can be paid to support day's out/activities.

Additional expenses

Essex has implemented allowances to the level recommended annually by the Fostering Network and therefore, no additional payments are normally available. However, the following may be considered but would need to be discussed with the child or young person's social worker and agreement given from the delegated budget holder in line with the Corporate Scheme of Delegation:

(a) Home to school mileage

The transport of home to school (or day care services/nursery school agreed at review) journeys in excess of 5 miles. This has been defined and the following example should assist you in calculating your mileage claim. If a foster carer is taking a child to a school which is 8 miles away from the foster home, the return trip in the morning would be 16 miles and the same trip would be incurred in the afternoon when picking up the child from school. The foster carer would have travelled 32 miles in connection with this child's journey, but 20 miles will be deemed to have been met by the fostering allowance, making a claim of an amount of 12 miles per day at 45p (or 15p per mile if lease car) per mile which would be £5.40 per day or £27.00 for the Monday to Friday school week. Where there are children from different fieldwork teams within the same foster home and the foster carer is in a position to undertake a school journey which may combine two different schools, the supervising social worker from the fostering team will assist in any mediation as to which fieldwork team should incur which parts of the mileage taken up. Taxis must not be used unless there are exceptional circumstances.

Please ensure that you indicate on your monthly claim forms that the 5 miles has been deducted from your calculations. In addition, where children require bus or train passes for school, foster carers are expected to contribute from the fostering allowance at a rate of 5 miles per day x 45p = £2.25 x 5 days = £11.25 per week.

(b) School holidays abroad

One holiday abroad with school for every young person during their secondary education – this holiday can be taken at any point between year seven to eleven and will be paid in addition to the young person's two week's additional holiday allowance in that particular year. All other school holidays abroad will not normally be funded but in exceptional cases, the Director of Local Delivery may approve a contribution or payment.

(c) School field trips

Contributions to day trips should be paid from the foster carer allowance (see above). Schools have additional funding to meet the needs of disadvantaged children. Designated teachers for children in care can request pupil premium plus funding through the PEP from the Virtual School under certain circumstances. See Pupil Premium Grant on the Virtual School website [here](#)

(d) Unsupervised contact

Where the foster carer is involved in arrangements for unsupervised contact any additional expenses should be agreed in advance with the child's social worker. Any travelling expenses incurred by relatives for contact will be reimbursed at 15p per mile and should normally be claimed by the parent from the social work team.

(e) Passports

If a child or young person is going on holiday abroad, it has been agreed that the full cost of either an adult passport, for young people age 16 years + or the cost of a first child passport for children age 15 years and under, will be reimbursed. The cost of a replacement for either, which is the same cost, will be considered on a case by case basis. All requests to be authorised by delegated budget holder.

(f) Exceptional needs

Where an individual child has unusual or exceptional needs and where these are not covered by the Disabled Living Allowance. The above can only be agreed by Managers in accordance with the Corporate Scheme of Delegation.

(g) Exceptional Additional Expenses (funded by Child Care Teams)

ALL appropriate claimable expenses must be agreed via the child's social worker before any expenditure is incurred. The social worker must obtain the necessary delegated budget holder approval in accordance with the Corporate Scheme of Delegation.

Finance helpline

There is a special financial helpline based within the Children's Payments Team at County Hall, Chelmsford specifically for foster carers, for advice and assistance with regard to your fostering allowances and any payment queries you may have.

The helpline telephone number is 0800 801531 and staff from the Children's Payments Team at County Hall will be available to speak to foster carers during the following times:

Monday – Thursday

9am – 5.30pm

Friday

9am – 4.30pm

Guidance on the responsible use of disability benefits of foster children

It is suggested and recommended that a separate bank account be used for the payments and use of foster children's disability benefits. In cases where foster carers experience difficulties accessing banking facilities for their foster child's' benefits, they should contact their supervising social worker for assistance.

It is not recommended that trust funds be set up using the disability benefits of fostered children. This is because these benefits can be more effectively used to address the child's

current needs and continually improve the day to day life of the child. It is also important to remember that some benefits have rules about capital and savings, and large amounts saved could affect the amount of benefit to which a child may be entitled at some later stage.

The use of these disability benefits is an issue that is often unclear and confusing. Essex County Council, in consultation with foster carer representatives, has compiled the following list of items/services, which aims to assist foster carers in the use of their foster child's disability benefits so that they can be sure it is used for the benefit of the child.

Suggested use of foster children's disability benefits:

- alternative therapy (within Fostering Regulations requirements)
- clothing – medical
- activities
- specialist foods and feeding equipment
- dogs for the disabled
- gardening and specialist gardening furniture and equipment
- hairdresser
- heating – exceptional
- holiday
- laundry medical – incontinence
- maintenance and provision of additional specialist equipment or furniture
- medical expenses
- private personal care
- private cleaner
- subscriptions to disability related groups
- specialist toys and play equipment
- travel costs
- window cleaner
- other exceptional expenses.

This list is not intended to be exhaustive nor prescriptive, but to provide foster carers with a guide as to the responsible use of their foster child's disability benefits. It also aims to provide foster carers with some flexibility in how they may meet the additional needs and disability related costs of each child, which may not be covered by other sources of funding or fostering allowances and payments.

Foster carers who need advice and assistance regarding the general use of their foster child's benefits should discuss the matter with their supervising social worker and childcare social worker.

Foster carers who are considering spending/committing large amounts of money in relation

to their foster child must discuss the matter first with their supervising social worker and childcare social worker.

Benefits, Tax and National Insurance

When you were initially approved you should have received some ‘Signposts in fostering’ leaflets from the Fostering Network. Two of the ones you should have received are:

1. Income Tax and National Insurance
2. Benefits

These information sheets are updated annually. If you don’t have a copy of the most recent one you can access them from the Fostering Network members site www.fostering.net

HM Revenue and Customs have webinars to help foster carers with information regarding how to use qualifying care relief, keeping records and what to put on your tax return. www.gov.uk/government/news/webinars-emails-and-videos-if-youre-self-employed

Gifts, bequests and benefits

Foster carer are expected to report to the child care social worker and their supervising social worker if any gifts, bequests or benefits have been received on behalf of the child. Such monies will not be deducted from the fostering allowance.

Foster carers and staff should not accept personal gifts or bequests from service users or outside suppliers. However, acceptance of insignificant items of token value e.g. pens, diaries etc, is permissible. If in any doubt about gifts received talk to your supervising social worker.

Vehicle and home insurance

All foster carers are advised to inform their home and car insurance company that they are fostering. For further advice on insurance there is a signpost leaflet that fostering network produce which you should have received with your welcome pack from Fostering Network. However, if you need another copy you can access it from the members section of the website under signposts.

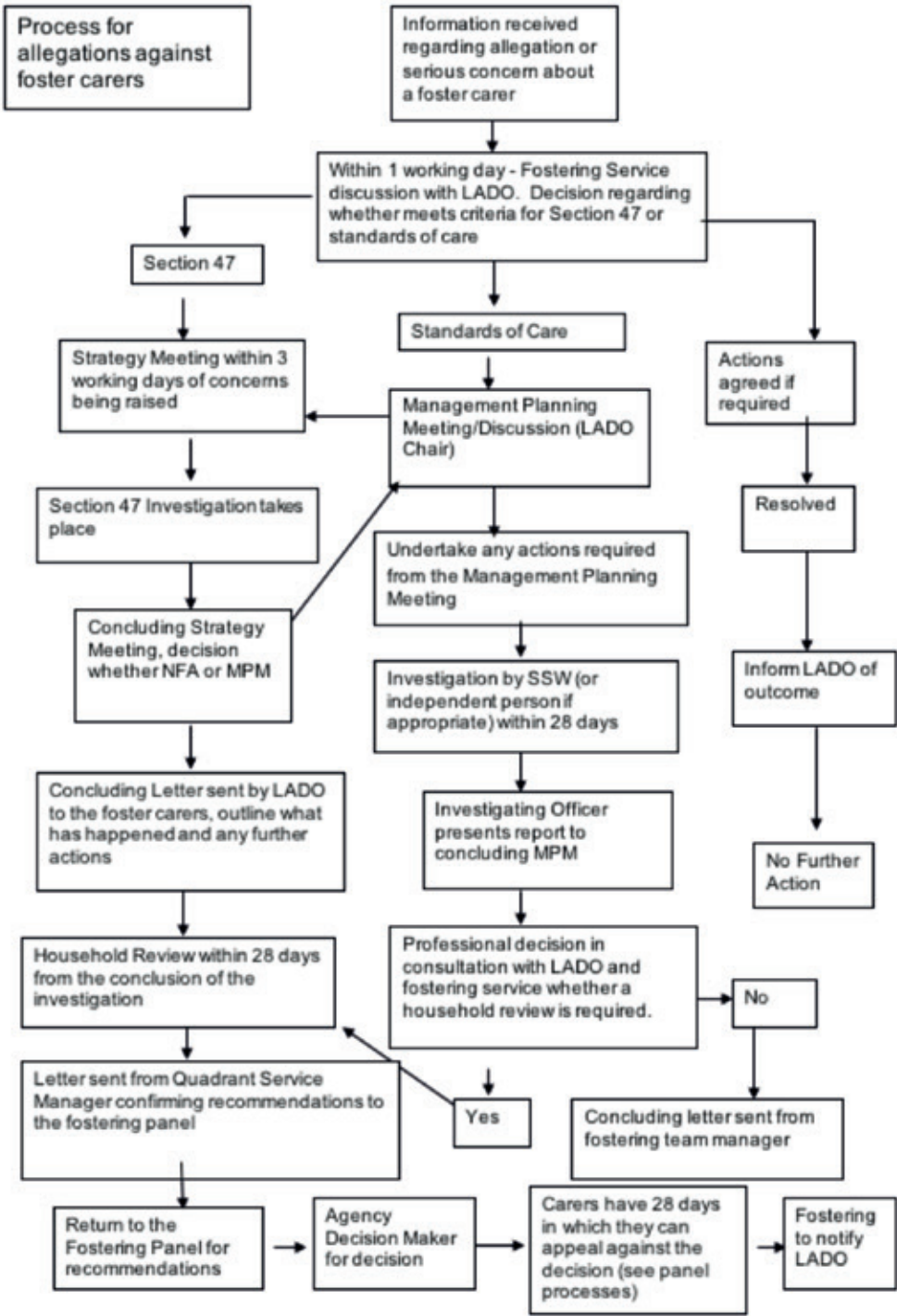
Equipment

The Fostering Service gives some help with providing equipment for foster carers. The following items are available and would need to be agreed by the team manager from the quadrant team; Bed, Buggy, Car booster seat, Car seat, Cot, Mattress, CWD specialist equipment, Pram, Specialist equipment, Sterilizer –initial set up, Twin Buggy, Head support, Wardrobe, Chest of drawers, Bunk beds (if sibs), Head support for baby car seat, Lockable Box and Stair Gate.

Allegations against foster carers

It is recognised that children and young people will make allegations against foster carers and in all cases these must be investigated appropriately and in line with the SET (Southend, Essex and Thurrock) Procedures. These can be found on the Essex Safeguarding Children’s Board website: www.escb.co.uk

The Guidance for Managing Allegations against Foster Carers where there are Child Protection and Safeguarding concerns should be available on the EFCA website which is currently being updated. If you are unable to obtain from the website and you would like a copy of it please ask your Supervising Social Worker. The following flowchart from the guidance document is inserted below for your immediate information regarding processes.



Use of suspension

Working Together to Safeguard Children (March 2010) states that suspension should be considered in any case where:

- there is cause to suspect a child is at risk of significant harm;
- the allegation warrants investigation by Police; or
- the allegation is of such a serious nature it might be grounds for recommending termination of approval

It will be considered in any situation where the authority does not wish to place any further children with you while it undertakes its enquiries.

If you are suspended it is ‘without prejudice’ but you will not be able to continue fostering while the situation is fully investigated.

Support is available to you and you should be kept fully informed of the process and what is happening. Sometimes we are unable to give you much information about the allegation due to the independent nature of the investigation which we would not want to prejudice. We will give you more information as soon as we are able. It is not possible to be able to say how long this may last but Essex County Council will try and deal with things in as short a time as possible but will need to gather all the relevant information in order that a fair assessment is made. You should also not attend foster carer training or support groups during this time.

Suspension should not be seen as an automatic response to an allegation or imposed as a ‘knee jerk reaction’; in some cases it will not be immediately obvious that suspension is appropriate. The need for suspension may only become clear after information has been shared and/or there has been discussion with other agencies at a strategy meeting. Alternatively a Management Planning Meeting can be convened where there is a need for further enquiries in order to ascertain more information about standards of care being provided.

If the information about the foster carer’s conduct does not require a strategy meeting, a management planning meeting may be arranged to evaluate the level of concern and to determine the foster carer’s suitability to continue working with children in this capacity. This would be a “standard of care enquiry”.

Standards of Care Investigations

A standards of care investigation will be undertaken when there are child protection concerns but the ‘significant harm’ threshold is not met. This would be when concerns are expressed in relation to the conduct, attitude or practices of the foster carer; it could include accumulating, worsening ‘one off’, or continuing low level concerns about day-to-day care.

Section 47 Investigations (Children Act 1989)

If there is a cause to suspect that a child is suffering or is likely to suffer significant harm, a Section 47 investigation will be initiated.

“Harm” is the “ill treatment or the impairment of the health or development of the child” and it is determined “significant” by “comparing a child’s health and development with

what might be reasonably expected of a similar child”.

If ‘significant harm’ is suspected the local authority must make, or cause to be made, such enquires as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child’s welfare.

Role of the Fostering Team Manager

- Be available to you if you have any questions
- Liaise with the LADO
- Attend strategy meetings
- Liaise with other professionals involved with the investigation
- Provide any relevant information during the process of the enquiry

Role of the SSW

- Keep you informed of the process and any decisions that are made
- Provide any relevant information during the process of the enquiry
- Attend strategy meetings
- Ensuring you are aware of where you can access independent support
- Will undertake any paperwork required during the process, including household reviews and fostering panel

Role of LADO (Local Authority Designated Officer)

The Essex LADO is specifically involved in cases where there is a concern or allegation that someone working or volunteering with children:

- has or may have harmed a child
- may have committed a criminal offence related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children

They give advice and guidance on how concerns or allegations should be investigated against adults working with children. This should not be confused with allegations made by children against other children, which is not the remit of the LADO.

They do not investigate but must ensure that an appropriate investigation is carried out, whether that is by the police, children’s social care or the employer or a combination of these.

Foster carer’s fees

If a foster carer is suspended the continuation of their first fee will continue until the conclusion of the investigation. Any allowances for children will cease when a child or young person leaves the placement.

Independent support for foster carers

If you are subject to an allegation, independent support is provided by Fostering Network. Referrals for support are made on a case by case basis, with your agreement as the foster carer, by your supervising social worker. An Independent Support worker is then allocated to your case and they will make direct contact with you. They will support you through telephone calls, emails and home visits. They will offer emotional support and also important practical support, helping you to understand the process and procedures regarding allegations, attending any review you may have to go to, including the fostering panel, and helping with any documentation you may have to write.

If you are a foster carer facing an allegation and would like independent support, contact your supervising social worker to request the support and an Independent Support worker will be in touch within a day or two to provide their expertise and guidance until the allegation or complaint against you is resolved.

Fostering Network also provides independent legal advice for a carer who is subject to an investigation and has an advice line you can contact. Their telephone number is 0800 0407675.

Foster carers' further development

Personal development plan

All individual foster carers should have a personal development plan. This is an opportunity to consider what areas of development you wish to work on during the next 12 months. These should be completed with your supervising social worker within 6 weeks of you being approved.

Training programme

Essex County Council has a comprehensive training programme that foster carers can access. This includes on line training, distance learning and face to face training courses. The Essex Social Care Academy (ESCA) brochure and training schedule are available on the Essex Foster Carer Association (EFCA) Website. There is also a link on there to access the LEARN system where all training from the ESCA programme can be applied for. The link to the training part of the EFCA website is: www.essexfca.org/training

TSD (Training, Support and Development Standards Workbook (CWDC)

The CWDC (Children's Workforce Development Council) ceased at the end of March 2012 and the responsibility for the TSD standards moved to the Department for Education.

All foster carers in the household need to complete the Training, Support and Development (TSD) Standards for their appropriate category. There are three books, one for Foster Care, one for Short Breaks Care and one for Family and Friends Care.

All new foster carers and short break carers have 12 months to complete these from when they are approved as foster carers. All family and friends carers have 18 months to complete these from the time of when they were approved as foster carers. If these timescales are not possible an extension must be agreed in writing either from the TSD Co-ordinator or the quadrant service manager for fostering.

If you do not have a copy of the relevant workbook they can be downloaded or printed off from the link below. There are also other useful pieces of information available about the standards that you can access from the following links:

Foster carer workbook

www.gov.uk/government/publications/training-support-and-development-standards-for-foster-care-evidence-workbook

Family and friends foster carer workbook

www.gov.uk/government/publications/training-support-and-development-standards-for-family-and-friends-foster-carers

Short break carers workbook

www.gov.uk/government/publications/induction-guide-for-the-short-break-workforce

Additional guidance for completion of portfolios in Essex is included in [Appendix 3](#) of this handbook.

Your supervising social worker will help you to complete these and will need to sign to say that you have evidenced all of the outcomes. Workshops are also available to attend. The TSD co-ordinator in Essex is Rosemarie Cronin who can be contacted by email at rosemarie.cronin@essex.gov.uk

Learning and development record

All foster carers are expected to maintain their own learning and development record. This is a record of all learning and can include formal taught courses, learning from support groups, television documentaries, reading, meetings with other professionals etc. You can use your own format for this or use the template in Appendix 4 of this handbook. All you need to do is keep it up to date and just record some key learning from the activity that you have done. Your Supervising Social Worker will also need to update the training record on your foster carer file.

Other opportunities for carers

There are other opportunities for you to develop as a foster carer. For example you can help out with training events, information evenings, support groups, become involved with the Essex Foster Care Association. You may be asked to do additional training for some activities but if you are interested do talk to your supervising social worker.

Useful acronyms

Acronym	Meaning
ART	Access to Resources
A & I	Assessment and Intervention
CAFCASS	Children and Family Court Advisory and Support Service
CEOP	Child Exploitation and Online Protection
CLA/LAC	Children Looked After / Looked After Children
CP	Child Protection
CWD	Children With Disabilities
CPD	Continual Professional Development
CiN	Children in Need
CiC	Children in Care
DfE	Department for Education
ESCB	Essex Safeguarding Children's Board
EDS	Emergency Duty Service
EWMHS	Emotional Wellbeing and Mental Health Service
FS & P	Family Support and Protection
L/AC	Leaving and After Care
LADO	Local Authority Designated Officer
HHR	Household Review
ICO	Interim Care Order
IRO	Independent Reviewing Officer
NMS	National Minimum Standards
Ofsted	Office for Standards in Education, Children's Services and Skills
PCT	Primary Care Trusts
PDP	Personal Development Plan
PEP	Personal Education Plan

Acronym	Meaning
SW	Social Worker
SSW	Supervising Social Worker
SCF	Schools, Children and Families
SGO	Special Guardianship Order

Useful websites

Organisation	Web address
A National Voice	www.anationalvoice.org
Al-Anon	www.al-anonuk.org.uk
Action on Hearing Loss (formally RNID)	www.actiononhearingloss.org.uk
Alcohol Concern	www.alcoholconcern.org.uk
Become (formally Who Cares? Trust)	www.becomecharity.org.uk
Be My Parent	www.bemyparent.org.uk
British Dyslexia Association	www.bdadyslexia.org.uk
Cafcass	www.cafcass.gov.uk
Child Accident Prevention Trust	www.capt.org.uk
Childline	www.childline.org.uk
Children's Law Centre	www.childrenslawcentre.org
Children's Legal Centre	www.childrenslegalcentre.com
Children's Rights Alliance for England	www.crae.org.uk
Children's Safety Education Foundation	www.csef.net
Citizen's Advice Bureau	www.adviceguide.org.uk
Coram BAAF	www.corambaaf.org.uk
Cruse Bereavement Care	www.cruse.org.uk
Catch 22	www.catch-22.org.uk
Department for Education	www.gov.uk/dfe
Department of Health	www.gov.uk/government/organisations/department-of-health
Disability Alliance	www.disabilityalliance.org
EACH (Education Action Challenging Homophobia)	www.eachaction.org.uk
Essex County Council	www.essex.gov.uk

Organisation	Web address
Essex County Council - Information for existing foster carers	www.essexadoptionandfostering.co.uk/fostering/are-you-a-foster-carer
Essex Foster Care Association	www.essexfca.org
Essex Safeguarding Children's Board	www.escb.co.uk
Essex Virtual School	schools.essex.gov.uk/pupils/Essex_Virtual_School/Pages/default.aspx
Equality and Human rights Commission	www.equalityhumanrights.com
Fostering Network	www.fostering.net
Family Rights Group	www.frg.org.uk
Fostertalk	www.fostertalk.org
FRANK	www.talktofrank.com
Lullaby Trust	www.lullabytrust.org.uk
Grandparents' Plus	www.grandparentsplus.org.uk
HM Revenue & Customs	www.hmrc.gov.uk
Independent Review Mechanism (Adoption and Fostering)	www.independentreviewmechanism.org.uk
Kids who foster	www.kidswhofoster.co.uk
Kidscape	www.kidscape.org.uk
MENCAP	www.mencap.org.uk
MIND	www.mind.org.uk
National Appropriate Adult Network	www.appropriateadult.org.uk
National Children's Bureau	www.ncb.org.uk
National Literacy Trust	www.literacytrust.org.uk
National Autistic Society	www.autism.org.uk
National Centre for Eating Disorders	www.eating-disorders.org.uk
NHS Choices	www.nhs.uk
NSPCC	www.nspcc.org.uk

Appendix 1 – Poisonous plants glossary

Aconitum (Monkswood)



Contains several poisonous compounds, including enough cardiac poison that it was used on spears and arrows for hunting and battle in ancient times.

Arum (Arum Lily, Lords & Ladies)



The Zantedeschia species are very poisonous, capable of killing livestock and children. “All parts of the plant are toxic, and produce irritation and swelling of the mouth and throat, acute vomiting and diarrhoea.”

Atropa Belladonna (Belladonna, Deadly Nightshade)



Flowers



Berries



Leaves

Belladonna is one of the most toxic plants found in the Western hemisphere. Children have been poisoned by eating as few as three berries. Ingestion of a leaf of the Belladonna can be fatal to an adult. The root of the plant is generally the most toxic part, though this can vary from one specimen to another. Belladonna leaves, if handled carelessly, can cause pus filled blisters. The berries pose the greatest danger to children because they look attractive and have a somewhat sweet taste. Symptoms of belladonna poisoning include dilated pupils, tachycardia, hallucinations, blurred vision, loss of balance, a feeling of flight, staggering, a sense of suffocation, paleness followed by a red rash, flushing, husky voice, extremely dry throat, constipation, urinary retention, and confusion.

Appendix 1 – Poisonous plants glossary

Brugmansia, Datura (Datura, Angels Trumpets)



Datura

Most parts of the Datura plant contain atropine, scopolamine, and hyoscyamine which is known for causing delirious states and poisonings in uninformed users.



Brugmansia

As with Datura, all parts of Brugmansia are highly toxic.

Colchium (Autumn Crocus)



The plant has been mistaken by foragers for ramsons, which it vaguely resembles, but is a deadly poison due to the presence of colchicine, a useful drug with a narrow therapeutic index. The symptoms of colchicine poisoning resemble those of arsenic and there is no antidote.

Convallaria (Lily of the Valley)



All parts of the Lily of the Valley are highly poisonous, if the plant is touched or handled, hands should be washed before doing anything else.

Appendix 1 – Poisonous plants glossary

Daphne



Noted for their scented flowers and poisonous berries. The flowers lack petals and have four (rarely five) petaloid sepals, ranging from greenish-yellow to white and bright pink.

Dieffenbachia (Leopard Lily, Dumb Cane) (Houseplant)



The cells of the Dieffenbachia plant contain needle-shaped calcium oxalate crystals called raphides. If a leaf is chewed, these crystals cause a burning sensation in the mouth and throat; swelling can occur along with a temporary inability to speak, and eventually death. Chewing results in death due to swelling of the throat that blocks the airway.

Digitalis (Foxglove)



The entire plant is poisonous (including the roots and seeds), although the leaves of the upper stem are particularly potent, with just a nibble being enough to potentially cause death. Early symptoms of ingestion include nausea, vomiting, anorexia, diarrhea, abdominal pain, wild hallucinations, delirium, and severe headache.

Euphorbia (Spurge)



The plants are annual or perennial herbs, woody shrubs or trees with a caustic, poisonous milky sap (latex). Latex coming in contact with the skin should be washed off immediately and thoroughly. It has been noticed in confined areas, that vapours from the latex spread and can cause severe irritation to the eyes and air passages several metres away. Small children and domestic pets should never come into contact with the plant.

Appendix 1 – Poisonous plants glossary

Gloriosa Superba (Glory Lily)



Conservatory/indoor plant
Ranging in colour from a greenish-yellow through yellow, orange, red and sometimes even a deep pinkish-red. All parts of the plant contain colchicine and related alkaloids and are therefore dangerously toxic if ingested, especially the tubers; contact with the stems and leaves can cause skin irritation.

Hedera (Ivy)



Can induce an allergic reaction (contact dermatitis).

Helleborus (Hellebore, Lenten Roses)



Black and white hellebore is toxic, causing tinnitus, vertigo, stupor, thirst, a feeling of suffocation, swelling of the tongue and throat, emesis, slowing of the pulse, and finally collapse and death from cardiac arrest.

Appendix 1 – Poisonous plants glossary

Laburnum (Laburnum, Golden Rain)



Laburnum tree in full flower



Common Laburnum flower

All parts of the plant are poisonous and can be lethal if consumed in excess. Symptoms of Laburnum poisoning may include intense sleepiness, vomiting, convulsive movements, coma, slight frothing at the mouth and unequally dilated pupils. In some cases, diarrhea is very severe and at times the convulsions are markedly tetanic.

Lantana



Lantana berries are edible when ripe though like many fruit are mildly poisonous if eaten while still green. It is strongly suspected that all Lantana leaves are toxic if eaten.

Appendix 1 – Poisonous plants glossary

Nerium (Oleander)



Oleander shrub



Nerium Oleander flower

One of the most poisonous plants and contains numerous toxic compounds, many of which can be deadly to people, especially young children. Can cause nausea and vomiting, excess salivation, abdominal pain, diarrhea, irregular heart rate, poor or irregular circulation, drowsiness, tremors or shaking of the muscles, seizures, collapse, and even coma that can lead to death. Oleander sap can cause skin irritations, severe eye inflammation and irritation, and allergy reactions characterized by dermatitis.

Primula Obconica (The Poisonous Primula)



The flowers can be a variety of colours. The poison of the Primrose occurs in its glandular hairs, which break easily and discharge an irritating fluid which is absorbed into the skin causing itching and swelling.

Prunus Laurocerasus (Cherry Laurel)



Unlike the rest of the plant, which is poisonous, the cherries are edible although the seeds contained within the berries are poisonous.

Appendix 1 – Poisonous plants glossary

Ricinus Communis (Castor Oil Plant)



Ricinus Communis Plant



Ricinus Communis Seed

The toxicity of raw castor beans is well-known, and reports of actual poisoning are relatively rare. Children could conceivably die from as few as three beans; adults may require eight or more.

Ruta (Rue)



When applied to the skin with sun exposure, the oil and leaves can cause blistering. Rue oil can cause severe stomach pain, vomiting and convulsions and may be fatal.

Taxus (Yew)



All species of yew contain highly poisonous alkaloids known as taxanes, with some variation in the exact formula of the alkaloid between the species. All parts of the tree except the arils contain the alkaloid. The arils are edible and sweet, but the seed is dangerously poisonous; unlike birds, the human stomach can break down the seed coat and release the taxanes into the body. This can have fatal results if yew 'berries' are eaten without removing the seeds first.

Organisation	Web address
National Asthma Campaign	www.asthma.org.uk
Ofsted	www.ofsted.gov.uk
Rape Crisis	www.rapecrisis.org.uk
Royal National Institute for the Blind	www.rnib.org.uk
The Children's Society	www.childrenssociety.org.uk
The Challenging Behaviour Foundation	www.thecbf.org.uk
The Children's Commissioner for England	www.childrenscommissioner.gov.uk
Voice	www.coramvoice.org.uk
YoungMinds	www.youngminds.org.uk

Appendix 2 – Stages of child development

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Age	General development allows for...	Normal development involves...	Interrupted development may result in...	Resulting behaviour may include...	What can carers do?
Birth 1 year	Building a sense of Building a sense of security and trust.	<ul style="list-style-type: none"> • rapid physical growth • beginnings of language development • gaining of muscular control • basic needs (for example, food, warmth affection) met – trust begins to develop • the formation of strong attachment to key people in his/her life, distrust of strangers. 	<ul style="list-style-type: none"> • failure to thrive both physically and emotionally • poor language development • insecurity • mistrust • inability to identify own needs and to get them met. 	<ul style="list-style-type: none"> • passivity • unresponsiveness • poor muscle control • little movement or speech. 	<ul style="list-style-type: none"> • treat as very young baby • give a great deal of stimulation, attention and physical contact – hold in arms, play sing, talk.
Toddler 1 – 3 years	Building a sense of independence.	<ul style="list-style-type: none"> • standing, walking, picking up small objects – ‘into everything’ • need to use primary caretaker as base from which to explore the world • need to try to gain some control over their world: anger and frustration can result when attempts fail. 	<ul style="list-style-type: none"> • poor physical development and coordination • lack of trust in caretaking adult may result either in child becoming very fearful of exploring – or too independent of adults • inability to control anger and frustration. 	<ul style="list-style-type: none"> • regression to baby behaviour, for example rocking, sucking, baby language • very clingy and dependent, following adults around all the time • stubborn, resistant to control, trying to ‘parent’ themselves • severe and persistent temper tantrums. 	<ul style="list-style-type: none"> • accept baby behaviour • try and re-establish realistic balance between being ‘safe in lap’ and ‘getting down and exploring’ • find ways of dealing with tantrums so that it is unnecessary for child to seek attention in this way.

Age	General development allows for...	Normal development involves...	Interrupted development may result in...	Resulting behaviour may include...	What can carers do?
3-6 years	Finding put about yourself and the world around you.	<ul style="list-style-type: none"> • rapid language development • curiosity and eagerness for information – constant questioning • enjoyment of physical activity – getting increasingly more daring • use of imaginative and dramatic play as way of finding out about the world • beginnings of sharing with others • enjoyment of company of other children and adults • increasing self reliance: is toilet trained, can dress her/him self. 	<ul style="list-style-type: none"> • delayed language development • lack of curiosity • poor physical coordination – fear of physical activity • excessive fears about what happened to them – ‘was it all my fault?’ • feelings of being out of control: anger, aggression, inability to share • lack of control over own bodily functions. 	<ul style="list-style-type: none"> • withdrawn or ‘frozen’ behaviour • nightmare terrors • feeling of being a ‘bad’ boy or girl – guilt and self-blame about what has happened • extreme clinginess • hurtling around the room – restless energy • aggression towards other children, animals, objects. 	<ul style="list-style-type: none"> • give a lot of individual attention – help child to do things alongside carer • help children to get rid of some of the guilt and blame – ‘it wasn’t their fault’ • lessen some of the bedtime fears by careful routines • find things child can do well and praise achievements.
6-10 years	Gaining understanding and control of life outside the family.	<ul style="list-style-type: none"> • development of reasoning skills – moving from ‘magical’ to ‘concrete’ thinking • new physical skills – learning to work hard and play hard • able to discern a sense of order in the workings of the world – a sense of time and space • development of a conscience – sorting out of right and wrong. 	<ul style="list-style-type: none"> • being overwhelmed by sense of grief and loss ‘why did this happen to me?’ – it is not fair’ • grieving takes energy and leaves little over for these new skills – poor concentration at school • poor ability to make friends. 	<ul style="list-style-type: none"> • feelings of sadness, anger, guilt, depression • very bossy with other children or very withdrawn • poor performance at school • inability to progress from magical to concrete thinking. 	<ul style="list-style-type: none"> • give children time to grieve properly • don’t expect them to be grateful • praise and encouragement for each new task learnt, however small • see all the magical thinking for what it is – as a wish for a happy ending. (My mum’s buying me a pony’ etc).

Age	General development allows for...	Normal development involves...	Interrupted development may result in...	Resulting behaviour may include...	What can carers do?
10-16 years	Making sense of who you are and your place in the world.	<ul style="list-style-type: none"> • The onset of puberty and a number of important physical changes • A need to assert independence from the family – to make important relationships outside the family • Coming to terms with strong emotional feelings • A questioning of adult values and changing views about the world. A need to explore and experiment • Changing views about yourself. The consolidation of a sense of identity. 	<ul style="list-style-type: none"> • Insecurity • Poor self-esteem • Greater intensity of emotions • Inability to make lasting friendships/relationships • Identity confusion. 	<ul style="list-style-type: none"> • Violence/ aggression • ‘shutting off’ from adults • constant challenges to authority • inappropriate attention-seeking, eg stealing, sexual provocativeness • truanting • running away both literally and emotionally, through excessive drinking or drugs. 	<ul style="list-style-type: none"> • Set limits and be sure of reasons why • Improve communication skills • Tackle issues of sexuality and inform young people of risks • Prepare for independence by teaching life skills • Use methods of discipline which build up self-esteem, rather than punishment • Find ways of building up a positive sense of identity.

Appendix 3 – Guidance for foster carers/short-break carers for completion of Training, Support and Development (TSD) standards workbooks

The aim of the Training, Development and Support workbook is for you to show that you have the relevant skills and knowledge as foster carers/short break carers. You will be able to show evidence of this through your practice and the knowledge that you have gained. You may do this through a number of ways which can include: training courses, supervision sessions, reviews (for children and yourselves), reading relevant information, distance learning course, e-learning etc.

There are 3 TSD workbooks which are available on the Department for Education website <https://www.gov.uk/government/collections/guidance-for-foster-carers> or your assessing social worker/supervising social worker will be able to provide it for you. The Government sets the timescales for these to be completed which are as follows:

Type of carer	Time to complete
Short Break Carers	12 months from approval
Foster Carers	12 months from approval
Family and Friends Foster Carers	18 months from approval

The workbooks can be completed on a computer or can be printed for you to write directly in.

Please note that the foster carer workbook is in two parts and you will need both. One is a guidance document which includes the requirements that you are expected to evidence. The other document is the evidence workbook which is where you write or type your evidence. **Both the Short break book and the family and friends book have all the information in one document.**

All workbooks will have some guidance and information in them as well and you should read through this to help you to understand what is expected. This guidance has been written to provide you with some further guidance about expectations in Essex and to alert you to potential pitfalls! I hope that it help you through this process and hopefully clarify some of the questions you may have.

Workshops are arranged on an ‘as and when needed’ basis and usually take place in Chelmsford. If you wish to attend these talk to your SSW and/or email Rosemarie Cronin (email below) as if there is enough interest workshops can be arranged.

General information and expectations

- If there are two carers in the household it is expected that both carers complete all parts of the workbook. If there is an area that one carer cannot cover, the reason for this should be written in the workbook. Both sets of evidence can be written in the same

book and you may find that a lot of evidence is joint.

- If you are completing a joint book you must make it clear as to which carer is providing the evidence. If it is joint evidence then put either names (or initials) at the side of it so this is clear. This is very important so it clear to those who are looking at them to know how both carers have contributed.
- The layouts of the workbooks are similar but there are some differences. The important one is for you to be sure what information you are supposed to be showing that you know! All books have key standards, The Foster Carer workbook has 7 main standards, the Short Break workbook Family and Friends workbook both have 6.

Within these standards there are two different sections. **The Foster Carer and the Family and Friends books** have sections under 'Skills and Knowledge' and then underneath that are evidence requirements. As foster carers you need to show that evidence for the criteria under the 'Skills and Knowledge' heading. The evidence requirements under this are linked to the skills and knowledge requirement and may well give you practical ways of showing the evidence. However, if you do answer the evidence requirement always go back and check that by doing so you have covered all the areas in the skills and knowledge section.

The **Short Break Workbook** is laid out slightly differently. Under the headings of each of the standards it just list of criteria that you are required to evidence. Underneath this there are 'questions and activities'. You do not necessarily need to answer the 'questions and activities' but they may help you to think about how you will evidence the criteria above them. If you do go for answering questions for some of them always check back to the criteria above them and check that you have covered all the areas that are in the question.

For the sake of consistency in the rest of this document I will refer to the requirements that you need to evidence as criteria!

Starting the workbook – evidence from assessment process

- When you start the book – your assessing social worker should have given you a cross reference sheet. This will show you sections of the workbooks that you have already shown evidence of during your assessment process. There is a different sheet for each of the books so make sure you have a book and cross reference sheet that match! This is a great start and you should be encouraged by how much is already completed. As this has already been assessed, all you need to do is include the cross reference sheet with your workbook and write in the appropriate sections of your workbook e.g. 1.1a – completed through the assessment process. The evidence you have met during this process should be joint so you can just write it the once and put both initials at the side of it.
- When completing your evidence it is useful to make it clear which criteria you are giving evidence for so, for example, just put a, b, c etc on the page under the section and then make sure you have written something for each of them. That is also a good way of making sure you haven't missed any.

Completing the rest of the book

- So now comes to the bits you need to complete following your assessment process. Always look carefully at the wording of the section you need to evidence. For example, some will say 'Demonstrate' in which case you should be able to provide something that shows you have been able to do what is being expected of you. Others will say 'Be aware of' in which case you need to write something that will show your awareness of what you need to do – even if you haven't done it!
- **Remember this is an induction workbook.** It is not a diploma and you do not need to write essay answers, a few sentences under each criteria should be able to cover it. **What is important is that you are showing your understanding, knowledge etc so make it personal to your experiences.** Examples are often helpful as it shows you have understood what is expected. **Some of the criteria are a bit wordy – and if you don't understand what is expected then ask!**
- Do not use children's real names as evidence. You can use initials if you feel you need to. This is to ensure confidentiality of children and young people's personal information.
- It is best not to put evidence in the portfolio that includes any identifying information about the children. If you do want to use this as evidence then you can show it to your SSW so they can see it and sign it off and as long as it is cross referenced you do not need to actually include it in the portfolio.
- If you do want to include evidence that has children's names in (or any other identifying information) please make sure that this information is blocked out and can not be seen. You are likely to have to photocopy it again once it has been blocked out.
- Some of the criteria you will have covered as part of your discussions with your supervising social worker in supervision. If this is already recorded in your supervision – you do not need to write it again – just put discussed in supervision and the date.
- If you have gathered resources (e.g. books, leaflets, printed information from the internet or policies) that have helped you towards meeting the standards you do not need to include this as evidence – keep these for your own information. Evidence in the portfolio should be evidence of your work and your understanding of information that you have read.
- If you are wishing as part of your evidence to put in a reference e.g. foster carer handbook or a book you have read. You should also write something else to show that you have understood it.
- Similarly if you have completed training courses, reading, e-learning etc you will need to be able to show your SSW that you would be able to put your learning from this into practice and make this clear in the book. For example, so you could have a discussion with your SSW in supervision and write in the book the date of the discussion as it should then be recorded on your supervision notes or give an example of how you have put it into practice that meets the outcome.

Role of the SSW

- Each of the individual criteria needs to be signed off by your supervising social worker. Before doing this they should be clear that all carers in the household have met the criteria and have either provided the evidence for this in the book – or referenced where it can be found e.g. supervision, or child's review report.

- Some supervising social workers may do this as you go along whereas others may choose to look at it all at once when the book is completed. Whichever way the workbooks should be part of supervision discussions and if you are having difficulties in any area you can ask about it.

Final sign off

- Once your supervising social worker is happy consider the workbook is fully evidenced they will send it to Rosemarie Cronin who is responsible for signing all the workbooks off across the county. This is for quality assurance to make sure that the same standards are being applied to all the workbooks.
- Once the book has been signed off it will be returned to your SSW who should return it to you. Keep it safe as this is your evidence that it has been completed. You will also receive a certificate and a letter to confirm your completion.
- If there is any area where it is considered some further evidence is required you will be told which areas and given some further time to complete. Do not panic... the point of doing this is for you to show you have met the requirements and for us as a service to ensure that you are guided and have the information you need to do the complex role that is expected of you as carers.

Appendix 4 – Personal learning and development record

Personal learning and development record

Name of carer _____

Carers to complete these individually (if more than one carer in the household one should be completed for each carer). This information should then be shared with the SSW in supervision. **SSW** to ensure that this information is also recorded on a training record on the foster carers file.

Activities and courses can include all relevant training and reading and not just those completed through the fostering service.

Date	Activity/Course	Key learning points

Personal learning and development record continuation sheet

Name of carer _____ Page _____

Date	Activity/Course	Key learning points

This information is issued by:

**Essex County Council
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formats, on request.

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