



## Tameside Fostering Service

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## Accidents

It is essential the foster carers record any accident in which a child in their care is involved, how the accident occurred and what action they have taken. It can sometimes be difficult to remember or explain the signs of an injury weeks after. Always tell the child's social worker and the person with parental responsibility as soon as you can.

If the foster child has a more serious accident or sudden illness and requires medical or hospital treatment, consent to treatment, will be required, so always have the relevant medical consent form readily available.

Young people sixteen years or over give their own consent to medical treatment. Some children under sixteen years may also be able to give or refuse consent if they are considered to have sufficient understanding.

You must notify the child's social worker as soon as you have organised any medical treatment. You also need to inform your supervising social worker.

If the accident occurs outside normal office hours notify the Out of Hours Team on 0161 342 2222.

## Accommodated / Looked After

'Accommodated' and being 'Looked After' are two legal terms which describe children who are in the care of the local authority. In both cases the children can be placed with foster carers. A child who is being 'Looked After' is defined in Section 22 of the Children Act 1989, as a child in the care of the local authority, under an Interim Care Order or Care Order, or a child who is being provided with accommodation by the authority.

A child who is 'accommodated' will normally not be subject of a court order, but is 'looked after' by the local authority

with the consent of parents. This is intended to be a service for parents and children to help them through a difficult time. The aim is to return the child/children to their family as soon as possible.

## Allegations / Complaints

If an allegation is made directly to you about another person's conduct towards a child, you should inform your supervising social worker or the child's social worker. If allegations against you are made directly to a social worker they have a responsibility to make you aware of the complaint.

Allegation and complaints are occasionally made against foster carers. This places foster carers in a difficult and sometimes distressing situation.

Tameside M.B.C. has an investigation procedure which aims to deal with allegations against carers quickly, fairly, confidentially and impartially.

### Facts

- One in six foster carers has a complaint or allegation made against them during their fostering career.
- Carers who have allegations made against them tend to have been fostering for over five years.
- All the forms of abuse that can occur within children's birth families can occur in foster families.
- All allegations will be taken seriously and investigated appropriately.

### Categories of allegations

**Proven-** the allegation is supported by fact and found to be true.

**False-** an allegation which evidence shows to be untrue.

**Unsubstantiated**- an allegation of which cannot be proven to be true or false.

#### Why a foster child might be abused

- Some people will be attracted to Fostering because it provides the opportunity to abuse children (sexual abuse).
- The carers' behaviour may discriminate against the child or young person they are fostering (physical/emotional/racial abuse)
- Carers may lose their temper (physical/emotional abuse).
- Children who have been abused may behave in ways that appear to 'invite' abuse because they may 'expect' to be abused again. Members of the foster home must ensure that they do not get drawn-in and repeat past patterns (sexual/physical/emotional abuse).
- Carers may react to the impact (on their own children) of caring for children who have been sexually abused (physical abuse).

#### Why a foster child might make a false allegation of abuse

- Children can misinterpret an innocent action.
- As a way of drawing attention to previous abuse for the first time because the care is trusted
- As a way a young person can exercise some control over life.
- To try and end a foster placement without losing face.

#### What can we do to reduce risks?

1. Recognise the people in the foster carers' home who are potential risks or may be vulnerable to allegations.
2. Know your agency's policy and procedure for investigating allegations. Detailed information to be found on the following link:

<http://www.tameside.gov.uk/childprotection/guidance/managingallegations>

3. Keep a daily log of events.
4. Operate clear home rules for ways of behaving.
5. Work out your own family safe care policy for keeping everyone safe.
6. Have a support network.
7. Make use of training.
8. Make sure you have adequate insurance cover.
9. Work closely with the agency and keep communication open.

When an allegation is made against a foster carer it can be a very stressful time. Your Supervising Social Worker will not be able to discuss the allegation during the investigation period and this can result in carers feeling isolated and unsupported.

The fostering service will give foster carers key information on allegations and complaints as part of their induction and will provide independent support in the form of advocacy and counselling in the event of an allegation or complaint.

### Allowances

Foster care allowances are paid into the carer's bank or building society account fortnightly, one week in advance and one week in arrears. The level of payments is reviewed once a year.

The basic foster placement allowances are not taxable since they contain no element of reward. Generally enhanced allowances are not taxable either although there may be some exceptions.

Tameside M.B.C. does not deduct the tax at source and foster carers should make their own arrangements and seek advice from an independent accountant and



Inland Revenue. For further advice and help contact the following:

- Helpline for newly self-employed and registration 0845 915 4515
- Self-assessment helpline 0845 900 0444
- Self-assessment order line 0845 900 0404
- National Insurance self-employed (class 2) 0845 915 4655
- Call Centre 0845 302 1414
- National Insurance and HRP queries 0845 302 1479
- Self-assessment tax return online help: [www.hmrc.gov.uk](http://www.hmrc.gov.uk) or phone 0845 605 5999 or email [helpdesk@ir-efile.gov.uk](mailto:helpdesk@ir-efile.gov.uk)

Foster carers cannot claim tax relief, child benefits, income support or free school meals for children in their care. A child with a disability may be entitled to 'Disability Living Allowances' from the Department of Social Security. This allowance is payable in addition to the fostering allowance. If you consider the child you are caring for is entitled to this benefit, discuss the matter with the child's social worker before approaching the D.S.S.

D.L.A should be used to enhance the quality of life for a young person and foster carers need to keep accurate accounts on any expenditure.

While a child is in your care they are entitled to a number of specific additional allowances.

#### **Holiday Allowance:**

This can be applied for once a year. Let your Supervising Social Worker know when you have made arrangements to take a young person on holiday and they will arrange payment. The amount payable depends on the age of the young person

#### **Christmas / Festival Allowance:**

This should be included in the first payment in December.

#### **Birthday Allowance:**

This should be made with the payment immediately prior to the date of the child's birthday.

If you have any queries about allowances or if you think you have been under or over paid, contact your Supervising Social Worker or the finance section as soon as possible.

Any underpayments will be reimbursed or over payments deducted at the earliest opportunity.

### **Baby sitting / staying with friends**

Foster carers cannot leave a baby-sitter in charge of a foster child without prior agreement with the child's social worker.

The Fostering Service recognise that all parents including foster carers need a break and occasionally have to leave their children with relatives or a baby-sitter, but this should be discussed with the child's social worker or the carers Supervising Social Worker.

It is important that carers identify anyone who may offer support at this level so that The Fostering Service can undertake suitability checks in relation to the person at the time of the Foster Carer Assessment.

A foster child may ask to visit or sleepover at a friend's house. While this may be possible it is the responsibility of Services for Children and Young People and foster carers to ensure that the children in their care are safe at all times. For this reason foster carers must refer any request to the child's social worker.

It is the foster carer's responsibility to find out all they can about the people the child wishes to visit. Foster carers are

expected to have met the adults, have an address and telephone number and be confident the child will not be at risk of harm. Parental permission may be necessary and a police check may also have to be made.

## Belongings

Foster children may bring items of clothing, toys or other possessions with them when they come to stay. These belongings may not seem very valuable to an adult but they may be precious to a child and therefore should be treated with respect.

Remember the child will have been separated from their family and familiar surroundings and placed with strangers and what may seem an unimportant item to you may be a child's most treasured possession.

It is good practice to keep an inventory of young people's belongings and add to this when items are purchased.

## Birth Certificate

If a birth has been registered then a birth certificate is available recording the details of the child's birth. If a copy of a child's birth certificate is required, Foster carers should contact the child's social worker or seek advice from the carer's supervising social worker.

## Blood-borne Viruses: HIV and Hepatitis

Blood-borne viruses are infectious agents that some people carry persistently in their blood. They can cause severe disease in some cases, and few or no symptoms in others. The virus can be spread to another person and this may occur whether the carrier of the virus is ill or not.

The main blood-borne viruses of concern are:

- Human Immunodeficiency Virus (HIV) which causes acquired

immune deficiency syndrome (AIDS);

- Hepatitis B virus (HBV) and hepatitis C virus (HCV).

Blood-borne viruses are spread by direct contact with the blood of an infected person. Certain other body fluids may also be infectious e.g. semen, vaginal secretions and breast milk. It should be noted that blood-borne viruses are not spread by normal social contact and daily activities e.g. coughing, sneezing, kissing, hugging, holding hands, or sharing bathrooms, swimming pools, toilets, food, cups, cutlery and crockery.

## HIV

HIV attacks the body's immune system making it vulnerable, over time, to infections that a healthy immune system would fight off. However, people with HIV do not necessarily have symptoms or feel unwell.

When a person with HIV infection contracts other opportunistic infections that take advantage of the already damaged immune system they may be diagnosed as having AIDS (acquired immune deficiency syndrome). There is as yet no cure for AIDS but there are anti-retroviral drugs that can improve the quality of life/extend the lifespan of people with HIV as well as prophylactic drugs that prevent them from contracting opportunistic infections and keep them in good health.

The vast majority of HIV-infected children in this country have acquired HIV infection through mother to child transmission. Infection may pass from the mother to the unborn child in the womb during pregnancy, during delivery of the baby or after birth through breastfeeding. Children with HIV should be referred to a specialist HIV paediatrician for assessment.

### How is HIV spread?

- by sexual intercourse with an infected person without a condom (i.e. unprotected sex);
- by sharing blood-contaminated needles or other equipment for injecting drug use;
- from an infected mother to her baby during pregnancy, while giving birth or through breast feeding.
- by unprotected oral sex with an infected person;
- through a blood transfusion where blood donations are not screened for HIV (all blood donations in the UK are screened for HIV)
- by invasive medical/dental treatment using non-sterile instruments/needles;
- by tattooing, cosmetic piercing or acupuncture with unsterilized needles or equipment;
- by sharing razors and toothbrushes (which may be contaminated with blood) with an infected person.

### Hepatitis B

Hepatitis B is a viral infection that may damage the liver and cause serious long-term consequences. People with acute hepatitis B infection do not necessarily have symptoms or feel unwell, but some do get a short "flu-like illness, often with jaundice (yellowing of the skin and eyes and dark urine), nausea, vomiting and loss of appetite. Infection without symptoms, and illness without jaundice, occurs particularly in children. Children with persistent hepatitis B infection should be referred for assessment by a specialist clinician. Drug treatments may be available.

### Hepatitis C

Like hepatitis B, hepatitis C is a viral infection that may damage the liver. Many people with hepatitis C infection have no symptoms and are often unaware that they have been infected. Some people will experience tiredness, nausea, loss of appetite, abdominal pain and flu-like symptoms. They may also develop jaundice (yellowing of the skin and eyes and dark urine), but this is unusual.

#### How do hepatitis B and C spread?

Hepatitis B and C are spread by blood-to-blood contact with an infected person's blood or other body fluids if they are contaminated with blood. The main routes by which the infections are spread are the same as HIV but there is no proven association between breastfeeding and hepatitis B & C transmission.

#### Immunisation against hepatitis B

Hepatitis B infection can be prevented by immunisation.

#### Immunisation of looked after children

The need of a child to be tested for, or immunised against, hepatitis B should be considered as part of the medical assessment of a child before placement.

#### Immunisation of foster carers

The need to offer immunisation to other foster carers should be based on a risk assessment by the local authority making the placement.

#### Consent to testing

Young people should be given age-appropriate information and advice so that the nature of the test and the implications of a positive test are well understood. A young person aged 16 and above may give their own consent to medical tests, examination or treatment.

However, for a child below the age of 16 and a child aged 16 but lacks capacity to make the decision, consent may be given by a person with parental responsibility. Children under the age of 16 may give consent to or refuse testing, examination



and treatment, if they are capable of understanding the reasons and the nature and implications of the test. It is for the doctor concerned to decide about capacity.

#### Sources of advice

British Agencies for Adoption and Fostering  
Skyline House  
200 Union Street  
London  
SE1 OLX  
Tel: 020 7593 2000

The British Liver Trust (specialises in adults with liver disease)  
Portman House  
44 High Street  
Ringwood  
BH24 1AG  
Tel: 01425 463080  
Fax: 01425 470706 Information line: 0808-800-1000  
Email: [info@britishlivertrust.org.uk](mailto:info@britishlivertrust.org.uk)  
Website: [www.britishlivertrust.org.uk/content/home/default.asp](http://www.britishlivertrust.org.uk/content/home/default.asp)

Brook (Advisory Centre)  
421 Highgate Studios  
53-79 Highgate Road  
London  
NW5 1TL  
Tel: 020 7284 6040  
Fax: 020 7284 6050  
Email: [admin@brookcentres.org.uk](mailto:admin@brookcentres.org.uk)  
Website: [www.brook.org.uk/content/](http://www.brook.org.uk/content/)

Children First  
Website: [www.childrenfirst.nhs.uk/index.php](http://www.childrenfirst.nhs.uk/index.php)

Children's Liver Disease Foundation (specialises in children with liver disease)  
36 Great Charles Street  
Birmingham  
B3 3JY  
Tel: 0121 212 3839  
Fax: 0121 212 4300  
Email: [cldf@childliverdisease.org](mailto:cldf@childliverdisease.org)  
Website: [www.childliverdisease.org/](http://www.childliverdisease.org/)

The Children's HIV Association  
Website: [www.bhiva.org/chiva](http://www.bhiva.org/chiva)

The Fostering Network (formerly the National Foster Care Association)  
87 Blackfriars Road  
London  
SE1 8HA  
Tel: 020 7620 6400  
Fax: 020 7620 6401  
Email: [info@fostering.net](mailto:info@fostering.net)  
Website: [www.thefostering.net/](http://www.thefostering.net/)

The Hepatitis C Trust  
27 Crosby Row  
London  
SE1 3YD  
Helpline: 0870 200 1200  
Email: [info@hepctrust.org](mailto:info@hepctrust.org)  
Website: [www.hepcuk.info](http://www.hepcuk.info)

Mainliners (specialises in blood-borne viruses and drug misuse)  
38-40 Kennington Park Road  
London  
SE11 4RF  
Tel: 020 7582 5434 / 3338  
Fax: 020 7582 6999  
Helpline: 020 7582 5226 (Mon-Fri: 9.30am – 5.30pm)  
Email: [linersmain@aol.com](mailto:linersmain@aol.com)  
Website: [www.mainliners.org.uk/](http://www.mainliners.org.uk/)

NHS Direct  
Tel: 0845 4647 (24 hours)  
Website: [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

NHS hepatitis C website  
Website: [www.hepc.nhs.uk](http://www.hepc.nhs.uk)

Sex Education Forum  
National Children's Bureau  
8 Wakley Street  
London  
EC1V 7QE  
Tel: 020 7843 1901 (Available Monday to Friday, 9.30am – 5pm)  
Email: [sexedforum@ncb.org.uk](mailto:sexedforum@ncb.org.uk)  
Website: [www.ncb.org.uk/sef/](http://www.ncb.org.uk/sef/)

The Sexual Health Line (provides free and confidential information, advice and support 24 hours a day, 7 days a week. Can refer callers on to other organisations / sources of advice).  
Tel: 0800 567 123

Terrence Higgins Trust (THT)  
52-54 Grays Inn Road  
London  
WC1X 8JU  
Tel: 020 7831 0330  
Fax: 020 7242 0121  
Email: [info@tht.org.uk](mailto:info@tht.org.uk)  
Website: [www.tht.org.uk/](http://www.tht.org.uk/)

THT Direct Helpline (provides HIV information, advice and support over the phone. 10am –10pm Monday – Friday and 12noon – 6pm on Saturday and Sunday).  
Tel: 0845 1221 200 (calls charged at local rate)

UK Hepatitis C Resource Centre (a Mainliners project)  
195 New Kent Road  
London  
SE1 4AG  
Information Line: 0870 242 2467  
(9.30am-5pm Monday-Friday)  
Email: [info@hepccentre.org.uk](mailto:info@hepccentre.org.uk)  
Website: [www.hepccentre.org.uk](http://www.hepccentre.org.uk)

The Who Cares? Trust (works to improve public care for children and young people living away from their families in residential or foster care)  
Kemp House  
152-160 City Road  
London  
EC1V 2NP  
Tel: 020 7251 3117  
Fax: 020 7251 3123  
Email: [mailbox@thewhocarestrust.org.uk](mailto:mailbox@thewhocarestrust.org.uk)  
Website: [www.thewhocarestrust.org.uk](http://www.thewhocarestrust.org.uk)  
[www.rhrn.thewhocarestrust.org.uk](http://www.rhrn.thewhocarestrust.org.uk)

## Case Conference

A Child Protection Case Conference is when people who are involved with a

child, come together to discuss concerns about the child's welfare.

### When a Conference should be held

- When it appears that a child may need some kind of protection, registration, services and/or statutory intervention.
- When it appears that the existing child protection arrangements may need amendment- strengthening or relaxing.
- When, in the case of a registered child who has been removed from home, there is a proposal to return that child home, whether for overnight stay or by way of home trial.
- When there is a proposal to de-register a child.

### Who should attend the Conference?

The Conference should include as many people as is necessary in order to make and implement informed plans for a child's protection, and as few people as is compatible with effective decision making.

Exact attendance will be negotiated with the child protection section on each occasion and invitations will be sent by that section to the appropriate personnel.

### Case Conference -The foster carer

If the child who is the subject of the Case Conference has been placed with foster carers, they should be invited to attend the Case Conference in order to inform the conference of their observations of the child's behaviour and take part in the discussion regarding the plans for the child.

It will help foster carers to contribute to the discussion if they have recorded any observations that would be of interest. If foster carers feel uneasy about attending

a Case Conference they should contact their Family Placement social worker.

### What will happen at the Conference?

When the relevant people are gathered together the first thing that

Should happen is that the purpose of the Conference is made clear to everybody.

The people attending the Conference are introduced and their role and relationship to the child should be made clear.

- The Chair of the Conference will invite the people attending to share information, medical, psychological and social.
- The Conference will assess whether the child or children are at risk.
- The Conference will make action plans in the light of its assessment of risk, these plans may be short and/or long term.
- It will recommend to those agencies with statutory powers whether or not those powers should be invoked and how.
- The Conference will decide whether to place or remove the child's name from the 'at risk register'.
- It will record, decisions, agree a Confidential distribution list of the minutes, and ensure the relevant personnel receive a copy.

Normally, parents should be invited to attend the Case Conference.

If the parent(s) have been excluded from a Conference, the Chair of the conference should make arrangements to inform the parent(s) about the substance of the discussion and the decisions reached.

## Challenging Behaviour

Children can sometimes exhibit behaviour that can be difficult to manage, the Local Authority believe physical punishment is never in the carers or the child's best interest.

Tameside Fostering Service has a 'no smacking' policy within the foster carer's home and it is a clear expectation that the foster carer should **never** physically chastise a foster child.

### Guidelines on coping with challenging behaviours

- First of all, try to understand why the child is behaving in this way.
- Instead of disciplining bad behaviour, always encourage good behaviour. Give simple encouragements, a gold star or a treat. Give praise when he/she is not perfect but is obviously trying.
- Try to be realistic and set goals the child can reasonably achieve.
- Be clear and consistent in your approach. Make sure that everyone in the family knows what the approach is.
- If small children are having a tantrum or doing something that is a danger to themselves or others, pick them up and remove them from the situation, with a firm no!
- In extreme circumstances you may have to restrain a child physically who is about to harm him/herself or others. Only use such efforts as is needed to calm the situation. Remember that this 'attention' can be seen by the child as a reward and could reinforce the problem.
- Arguing with children can easily become a habit. Try not to escalate arguments, state your case and shut up; move away physically or change the subject. Choose a calmer time to tell a child

what the results will be if he/she behaves in a certain way.

- Don't be afraid to admit you are wrong or angry and don't be afraid to compromise and negotiate with a child. Once you have made the consequences of some behaviour clear, follow it through, giving in will give the child wrong messages.
- There is little point in threatening punishment you cannot enforce. Do not lock a child alone in a room, but a child could be sent to his/her room for a short period to 'cool off'.
- Do not ignore serious matters such as stealing or violent behaviour.

Above all, remember that you do not have to deal with everything on your own. Any problems can always be discussed with your supervising social worker or the child's social worker.

## Changes in circumstances – foster carers

If there are any significant changes in the foster carer's household the foster carer should inform their Supervising Social Worker. For example, if somebody joins or leaves the household, illness or health matters, involvement with the police, injury or accident, change in employment status.

## Changing a child's name

It is vital for a child to be aware of their identity, and their birth name is a major part of their identity. Foster carers are not allowed to change the surname or

The forename of a child placed with them. Where a child is old enough to take this decision themselves and wishes to do so, carers should seek advice from the child's social worker or their supervising social worker. Adoptive parents have the right to change the name of an adopted child after the Adoption Order is granted by the court.

## Child Abuse

Children are accommodated with foster carers for a variety of reasons. Some children may have suffered physical, emotional, psychological or sexual abuse, all these forms of abuse are damaging to children.

As part of the Fostering training programme, all foster carers will be offered training and support to enable them to care for these children.

If a child is thought to be at risk of child abuse their name is placed on a list held by the local authority, known as the 'Child Protection Register'. Hospital staff, GP's, health visitors, the police, social workers and any other agency working with the child and their family are then aware that the child's name has been entered on the register and can only be removed from the register by agreement of a Child Protection Case Conference.

## Child Benefit

Foster carers **are not entitled** to claim or to be in receipt of child benefit for the foster children placed with them. However, if the child's status is changed and the child is placed for adoption, the prospective adopters can claim child benefit.

## Child Care Meetings

All children being 'looked after' by Services for Children and Young People should have a written plan which clearly states what plans will be made for them in the future. The following are some of the people involved in making plans for a child's future:

- The Child/Young Person
- Social Worker
- Extended Family
- Foster Carers
- Residential Social Workers
- Education Staff
- Medical Advisors

- Supervising Social Worker
- Guardian
- Independent Reviewing Officer

language must be taken into consideration.

## Child Protection Register

This is a register, often called the 'at risk register' which is a list of names and details of children who are considered to be at risk. It is held by the local authority in order to alert other agencies and staff of children who have been abused and/or are potentially 'at risk'.

The decision to place a child's name and details on the register is taken by a Child Protection Conference.

Foster carers should be aware that a foster child who is living with them may still be named on the register. The child's social worker will be able to clarify if this is the case.

## Children Act 1989

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

- The best place for children to be looked after is within their own families.
- The welfare of the child is paramount.
- Birth parents should be involved in all planning and decision making affecting their children.
- Legal proceedings should be avoided whenever possible.
- The welfare of the child should be promoted by a partnership between the family and the local authority.
- Children should not be removed from their families and contact should not be ended unless it is absolutely necessary to do so for their well being. When this does happen it should be through a Court Order.
- The child's needs arising from their race, culture, religion and

## Children Act 1989- Court Orders

Under the Children Act legislation, court orders are to be used as a last resort. It is not necessary for foster carers to be expert in child care law but it may be helpful to have an understanding of some of the more common court orders.

### Emergency Protection Order (E.P.O.)

This is an order under which children are removed from a situation in which they are at risk. The order must be signed by a magistrate. An Emergency Protection Order can last up to 8 days with a possible extension up to a further 7 days, 72 hours after the making of the order, an application for discharge can be made by; a parent, a person with parental responsibility, the child, or anyone with whom the child is living at the time.

### Care Order

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

The Order will state that the Local Authority must look after the child and provide somewhere for he/she to live. A Care Order gives shared parental responsibility to the Local Authority and the child's parents.

The Care Order lasts until the young person reaches the age of 18, or until the child is adopted, or a Supervision or Residence Order is made, or the Court discharges the Order. Under a Care Order it is presumed child/children will remain in contact with their family unless the court states otherwise.

### Contact Order

Directs that certain person/s should have contact with a child, it will also state how

often that contact should take place and possibly what form the contact should take.

A Contact Order lasts until the child/young person is 16 years old or until the court agrees it is no longer necessary. In exceptional circumstances it may last until the young person is 18 years old.

### Special Guardianship Order

This Order specifies a person who has the power to dictate where a child may live. A large proportion of Parental Responsibility is acquired by the person specified in the order although birth parents will also retain limited parental responsibility.

### Specific Issue Order

The court is asked to consider and resolve a 'specific issue', For example, educational or medical matters in the best interest of the child.

### Prohibited Steps Order

This Order states that certain things cannot happen without the Court's permission, for example, changing the child's school or moving the child to live abroad.

## Children's Guardian

### What is a Children's Guardian?

Children's Guardians are qualified and experienced in Social Work. They are appointed by the Court to represent the rights and interests of children in cases that involve Social Services. They are independent of Services for Children and Young People, courts and everyone else involved in the case.

Children's Guardians work for CAFCASS or may be self-employed and contracted by CAFCASS.

### What do Children's Guardians do?

Children's Guardians are there to help achieve the best possible outcomes for the children they represent. In particular, they:

- Appoint a solicitor for the children who specialises in working with children and families
- Advise the court about what work needs to be done before the court makes its decision.
- Write a report for the court saying what they think would be best for the children. The report must tell the court about the wishes and feelings of the children.

To do this, Children's Guardians spend time getting to know the children and members of their family. They talk to other people who know the family, such as relatives, teachers, social workers and health visitors. They attend meetings on behalf of the children, check records and read reports and statements. They may also recommend to the court that other professionals are asked to help, such as a Paediatrician or a Psychologist.

### Is what I tell the Children's Guardian confidential?

What is said to the Children's Guardian may be used in the report that is given to the court. All information remains confidential to the court and the parties to the case, and the Children's Guardian cannot give any information to anyone else without the permission of the court. However, the Children's Guardian must tell the court any information that is relevant to the welfare of the children.

### Does the Children's Guardian always recommend what a child wants?

Although a Children's Guardian always considers the wishes and feelings of the children, their report will say what they think is best and this may not be the same as what the children want.

### Does the court always do what the Children's Guardian advises?

It is the court that decides what will happen, but the court takes careful notice of what the Children's Guardian says. If a court disagrees with what a Children's



Guardian has recommended it will explain why.

## Complaints

From time to time, complaints may arise, either as a result of something the local authority has or hasn't done, or about a decision it has made, for example.

Most issues can be resolved informally through discussion with either the Supervising Social Worker or the child's Social Worker, depending on the nature of the problem. Sometimes, the Fostering Service Manager or the Fieldwork Team Manager may be a more appropriate person to speak to about your concerns. However, if the matter cannot be resolved in this way the formal Complaints Procedure can be used.

The Procedure for dealing with a complaint will depend on what it is about. Any complaints about services that are being provided to a child in your care would be dealt with under the Statutory Representations and Complaints Procedure, whereas complaints relating to your role as a foster carer would be dealt with under the Corporate Complaints Procedure.

Any complaints about the recommendations of the Fostering Panel will be dealt with under the XXXXXX Procedure.

If you are raising a complaint on behalf of a child in your care, you should always check with the child, where possible, that s/he is happy for you to raise the complaint.

### Statutory Complaints Procedure

If a complaint about services provided to the child has not been satisfactorily resolved through informal discussion, then you can request that it be dealt with under the Statutory Complaints Procedure. There are three stages to this Procedure:

Stage 1 – Problem Solving/Local resolution

Stage 2 – Formal Investigation

Stage 3 – The Review Panel

#### Stage 1

At Stage 1, the complaint would be passed to the Manager with responsibility for the services provided to the child. The Manager would look into the circumstances of the complaint, and provide a response to you/the child with their findings, including details of what will be done to resolve the complaint. The Manager may arrange to visit you/the child to discuss the complaint, or the findings, in more detail.

If you wish, you can contact the Complaints Manager direct to raise the complaint. Contact details are 0161 342 5233.

#### Stage 2

If after receiving the Manager's response at Stage 1, you/the child are still unhappy, you can ask that the complaint be investigated further by an Investigator who is independent of the Council.

The Investigator will produce a report for the Service detailing the findings of the investigation and any recommendations for resolution of the complaint. A Senior Manager within the Service will write to you/the child saying what action will be taken to resolve the complaint.

#### Stage 3

Most complaints are resolved after Stage 2, but in some cases, people remain dissatisfied, and request that the complaint progresses to a Review Panel.

A Review Panel makes decisions about the complaint, and may make further recommendations for the Service to consider. At Stage 3, a Service Manager responds to the Review Panel's decision and any recommendations.

Corporate Complaints:



Complaints that are on your own behalf and concern services provided to you as a foster carer will be dealt with under the Corporate Complaints Procedure. These complaints will be should be raised initially with the Fostering Service Team Manager, who will look into your concerns and respond to you. If you remain dissatisfied with their response, you can ask for it be looked at again by the Service Manager.

If you require any further advice or information about complaints please contact the Complaints Team at the address shown above.

## Confidentiality

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

### Who else needs to know?

You will need to share some of this information with your children and family members who are likely to have regular contact with the child. You should know how much your own children can cope with, depending on their age and maturity, use your discretion. It is important to emphasise to your children and family members the need for confidentiality.

### Who does not need to know?

Friends and neighbours, basically it is none of their business. A firm refusal to talk about the children in your care will usually stop questions.

### Discussions with other foster carers

All foster carers are governed by the same principles of confidentiality. It is possible that another foster carer may

have experienced the same issues as yourself, you may ask for general advice from them.

This would not be breaking confidentiality, but you must not discuss specific details of a child's case or their background.

### If the child tells you a secret

A foster child needs a confidant like any other child. However, if the information they share with you is likely to have an impact on their future, you should encourage the child to share this information with their social worker. If a child will not do this it is essential that you tell the child you will have to tell a member of staff from Services for Children and Young people.

Some secrets cannot be kept! For example if a child disclosed that they had been abused or ill- treated you have to inform the child's social worker.

## Contact

Contact with birth parents and a significant person has a **fundamental role** in the Care Plans of children and young people who are fostered. The laws under which Services for Children and Young People and Foster Carers work, clearly states that local authorities have a duty to promote contact between children who are Looked After, their parents, relatives and other people who are important to the child.

Clear expectations on promoting contact are also outlined in Section 10 of the Minimum Standards which provide the basic principles on which services for fostered children are measured and regulated.

Although foster carers have a responsibility to promote contact, guidance on good practice clearly states that this is a 'team effort' and the Local Authority has a duty to ensure that carers are in the best possible position to make

contact as safe and enjoyable as possible.

The role of the Child's Social Worker is essential in terms of providing Foster Carers with the necessary information including any assessment of risk for those involved. The needs, wishes and feelings of the children are also central to planning contact which should be co-ordinated by the child's Social Worker including frequency, location and the supervision required.

Contact is particularly important for children and young people who are at risk of losing their sense of identity with specific aspects of their cultural heritage.

Children with dual heritage or who may be placed with carers who are not a cultural match, need to maintain their links with their family, friends and community so that their cultural history is encouraged and valued. Research suggests that maintaining links between children and their families increases the possibility of the children return to their family successfully. Where this is not possible or appropriate, research also suggests that contact enhances children's sense of identity as well as avoiding disruptions in foster placements.

It is not unusual for children to ask to have contact with relatives or friends they may have lost touch with prior to being Looked After. This is often an expression of loss for children and positive steps should be taken to re-establish these relationships if it is appropriate for the child.

Contact does not have to be face to face and can take the form of phone calls, exchanging letters, photographs or cards from holidays or special occasions.

### Problems with Contact

Experienced foster carers will know that Contact can have its difficulties. In some circumstances it may be clear that

contact will not benefit children or could be damaging depending of the risks involved. This however is unusual and the Family Law Courts have the power to restrict contact if they decide it is not in the child's best interests.

Contact can also cause distress for children and foster carers are often the people who have to deal with this when a child feels confused or disappointed.

This can be emotionally difficult for foster carers who feel frustrated that the family are letting the child down, but, there are many possible reasons why parents and family members find contact stressful. They may feel guilty or angry that their children are being looked after in foster care. Children are often placed in an emergency when the family is experiencing overwhelming problems and loss of control in their lives. Parents may feel angry that their children are living with foster carers if this against their wishes and resent having to comply with plans they don't fully agree with.

Parents and relatives can also worry that the carers will take their place in the child's life and affection and may have heard in the media about foster carers wanting to keep their fostered children. Parents may also feel they have failed their children which can impact on their motivation and reliability.

These reasons and feeling can lead to parents behaving in ways which appear inappropriate during contact. They may be very emotional, give the children unrealistic messages or promise gifts.

Dealing with the problems that can result is often hard to manage but understanding the parents experience can help to make sense of the situation for the child as well as the family. Planning meetings involving the carers (prior to or shortly after the placement is made) can help parents deal with their



fears and clarify how arrangements can work best for the child.

Foster Carers can also make invaluable contributions to the plans for children by recording the behaviour of children in relation to contact. This may identify patterns which can contribute to decision making which may otherwise go unnoticed. It is also important that the issue of contact is discussed in formal supervision with the Carers Supervising Social Worker so that problems can be identified, shared and hopefully resolved. When it is considered safe and appropriate it can be beneficial for Carer to facilitated contact either in the Carers home or at an agreed venue.

This can increase children's sense of security when the people who are important to the child are comfortable with each other and can be less threatening for parents and other family members.

## Corporal Punishment

Tameside M.B.C does not accept the use of corporal punishment within a foster carer's home. This means that a foster carer **should never physically chastise** a child in their care. Remember many of the children being looked after by the local authority have suffered injury and physical abuse, therefore physical punishment merely reinforces the belief that adults hurt children.

It is the belief of Services for Children and Young People that corporal punishment is not an appropriate method of changing a child's behaviour, it will merely teach a child what is not desired, not what is acceptable. Corporal punishment tends only to work when the threat of further punishment is present, and the child will quickly learn how to avoid the punishment, rather than how to behave in an acceptable way.

Everybody can get angry or irritated with a child at some time. If you feel yourself becoming angry with a baby, then place

them somewhere safe and leave the room until you have cooled down. With older children, removing yourself means the child no longer has your attention, and in some cases that in itself can be a punishment.

Try not to join in with the child's tantrums or take part in a shouting match. Instead turn your back to the child and ignore their antics. Singing to yourself may distract you from the child's annoying behaviour and help you to control the urge to yell back.

If you cannot ignore the behaviour that is making you angry, then tell the child.

Most children want your approval, so telling them you are not pleased, in many cases will prove very effective, particularly if you follow it with an opportunity for the child to 'wipe the slate clean' and make a fresh start. Not hitting a child does not mean you have to bottle up your feelings. One of the most sensible things you can do when you feel the anger building up or the urge to strike out, is to talk to others about how you feel. Talk to your partner, friends, relatives or social worker.

The Fostering Service has close links with Child and Family Therapy Service and the Children's Workforce Development Unit. Both services can offer practical advice, support and training around managing complex and wearing behaviour.

## Court Appearance

In certain circumstances foster carers may be requested to give evidence to the courts. Foster carers are expected to keep accurate records during any placement. These will be important in assisting their responses.

Attending court can seem a daunting experience. However, the social worker for the child and carers supervising social worker will offer advice and support and

help to prepare carers before the court date.

## Culture & Language

Culture describes the way people live their lives. Culture is founded on many different factors, for example; memories, common experience, background, language, racial identity, class, religion and family attitudes etc.

Culture is part of a child's/young person's identity and heritage. All Foster Carers should respect and value a child's cultural heritage.

Foster Carers should be aware that it is possible that a child whose first language is not English may be placed with them. Language is an important part of a child's identity and culture. Every effort should be made to preserve a child's linguistic and communication skills, otherwise they may lose a large part of their culture.

If you need more information or advice about a child's cultural and linguistic needs contact the child's social worker or your Supervising Social Worker. It may also be necessary to discuss the child's cultural needs with the child's parents or relatives.

## De-Registration

When a person or couples are approved as foster carers their details and information relating to their approval status are kept in the form of a register.

If a foster carer subsequently decides that she/he no longer wishes to foster, their name will be removed from the register and they will be considered as de-registered.

In certain circumstances it might be necessary for The Fostering Service to initiate proceedings to de-register the carer, for example, if there were concerns about the standard of care being given by the foster carer.

If de-registration is being considered a clear procedure exists, which The Fostering Service must follow and the foster carer will be given every opportunity to express his/her views on the matter.

Information regarding Tameside Fostering Service de-registration procedure can be obtained from your Supervising Social Worker.

## Dinner Money

Children's' school dinner money or the cost of packed lunch should be paid from the boarding out allowance.

Children and young people placed with foster carers are not eligible for free school meals. Please check with the child's Social Worker If a child is receiving free schools meals when placed with you; you should inform the school that the child is no longer eligible.

## Drug Abuse

Drug abuse is an increasing problem amongst young people and all children can be tempted to take or experiment with drugs, no matter where they come from, which school they attend, or how bright they are and regardless of their home circumstances.

If foster carers are concerned that a child placed with them could be using drugs they should contact the child's social worker and their supervising social worker to discuss these concerns.

It is often difficult to tell if a young person is using drugs, particularly when a child/young person first takes drugs or only takes them occasionally.

Some possible indications of drug abuse are listed below;

- Sudden changes of mood from happy and alert to sullen and moody.



- Unusually irritable
- Loss of appetite
- Bouts of drowsiness or sleepiness
- Increased evidence of telling lies or furtive behaviour
- Unexplained loss of money or belongings from the home
- Unusual smells, stains or marks on the body, clothes or around the house

Many of these signs are easily confused with those of normal growing up.

It is important not to jump to the wrong conclusion, but speak to the child's social worker or your Supervising Social Worker if you are concerned. Further specialist training is available on drug and alcohol miss-use.

Please also see the list of useful numbers for organisations that will be able to provide information, advice and support on drugs.

## Eating Problems

People vary a great deal in the way that they eat. Some eat a lot or will eat anything, others are more particular.

These differences are to be expected, and usually should not be a cause for concern. But some eating problems are serious and can have a damaging effect on physical and emotional health. The most common of these 'eating disorders' are Anorexia Nervosa, Bulimia and Compulsive Eating Disorder.

### Anorexia Nervosa

People who suffer from Anorexia Nervosa have an extreme fear of normal body weight and feel fat, even when they have lost so much weight that it becomes obvious to others.

They may starve themselves by only eating tiny quantities of food. Some stubbornly and angrily resist attempts to get them to eat or will pretend to have eaten when they have not.

### Bulimia

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

### Compulsive Eating Disorder

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

Eating problems, which frequently show during adolescence, should be taken seriously. As well as having an adverse effect on a young person's physical health, eating disorders are often a sign that something is troubling them emotionally.

It is not always easy for foster carers to spot the signs of eating disorders. Below are some pointers which do not necessarily indicate an eating disorder, but may suggest a problem:

- Regularly skipping meals and obsessively counting calories
- Eating only low calorie food
- Avid interest in buying or cooking food for others
- Wearing very loose clothes to hide the body
- An obsession with exercise
- Dramatic weight gain or loss
- Food missing in large amounts from fridge/larder
- Disappearing from the table directly after meal (in order to make themselves vomit)

Eating disorders affect many more girls than boys, but it is important to remember that boys do suffer from them too. If foster



carers are concerned about the eating habits of a child placed with them, they should contact the child's social worker to discuss the matter.

Further support and Training is available from C.A.M.H.S and Children's Workforce Development Unit.

## Education

'Looked after' children often suffer from disrupted education due to changes in their care placements. This directly impacts on their attainment, and it is well documented that children in care do not achieve to the same level as their peers. It is essential that carers be proactive in ensuring that these children reach their full potential by working in partnership with schools, social workers and Services for Children and Young people to achieve good corporate parenting.

Carers play an extremely important role in the education of their children. Committed parents express preferences for schools and appeal against decisions which they feel will harm their children's future chances; they attend parent's evenings and sports days; they expect to be involved and consulted in all aspects of their children's education. These partnerships and close home-school links are equally important for children and young people in care.

Education matters to all children. It is their entitlement. School is an important part of everyday life for looked after children and is sadly all too often the only stable aspect of their lives. For this reason priority should be given to maintaining the child at their current school. This may entail travelling a considerable distance, and carers should establish this when agreeing to placements. Foster Carers are required to transport Children and Young People to and from school so that any difficulties can be identified at an early stage.

Early intervention in a child's education often prevents future problems and it signals to young people that their education is important. Taking positive action and avoiding delay should be a shared objective of everyone. It is not acceptable for a looked after child to be out of education. They should not be treated less favourably because they are in care. They should receive priority action by all involved to support their education.

In Tameside there is commitment from Services for Children and Young People to support looked after children. Each Child has a named worker from the Education Resource Team.

- The Education Resource Team offer advice, training and support to all services and service users.
- Every school has a designated teacher for Looked After Children
- Every school has a designated governor for Looked After Children
- Every looked after child is guaranteed their first preference of school at reception and year 7 entry level
- Every school has prioritised Looked After Children in their admission criteria
- Every education service has specific policies relating to looked after children and how their service can support them
- Every looked after child is entitled to a Personal Education Plan (PEP)

### PEP

PEP's should ensure that every child receives access and support to services; contribute to stability; minimise disruption and broken schooling; signal particular and special needs; establish clear goals and who is responsible for achieving them; and act as a record of progress and achievement.

The social worker is responsible for initiating the PEP but it is very much a joint plan with the designated teacher, carer, young person and any other person involved in supporting their education.

The PEP should run concurrently with the Care Plan and should be set up in the first instance within 4 weeks of a child coming into care. It should subsequently be reviewed in line with statutory reviews. Outcomes should be clearly recorded and named people should be allocated specific tasks with timescales to raise educational attainment.

It is essential that carers are invited to PEP meetings and are encouraged to actively participate in its completion, as this will ensure that there is regular communication between home and school. Carers should be given copies of completed PEPs.

## Emergencies

If an emergency arises, for example, if a child or young person placed with you has an accident, is missing, is in trouble with the Police, or any incident which you feel requires urgent attention you should contact Services for Children and Young People immediately.

During normal office hours you should contact the child's social worker. If they are unavailable ask to speak to his/her team manager. If this is not possible speak to the 'duty' social worker. If the area office is closed contact the Out of Hours Team on 0161 342 2222

## Enuresis

Any child who has suffered a traumatic experience may begin to wet the bed.

A child placed with foster carers will almost certainly feel distressed and it is important to be patient and allow the child time to settle and feel safe and secure.

Displaying annoyance or attempting to punish a child will merely add to their distress and may make the problem worse. Rewarding a child for success will work better than punishment for failure. If the problem is persistent, foster carer's should discuss it with the child's social worker or the carers Supervising Social Worker. Persistent bed wetting could be an indication of another problem and a referral to a specialist service may be appropriate.

## Equal Opportunities

Tameside M.B.C has an Equal Opportunities Policy which should inform practice in the areas of child placement, foster care recruitment, and placement supervision. In compliance with this policy foster placements should take cognisance of the following:

- All children need a positive identity, therefore, when a child needs substitute family care, his/her interests may be best served by a placement with a family which reflects his/her own in terms of race, culture, religion and language and can therefore help them build a positive sense of their own identity.
- Sibling groups should be kept together whenever possible and where they include both Black and White children, a family should be sought which can meet the needs of both children.
- Placement for children from black and minority ethnic groups must ensure that there are clear plans for the children. Parents' wishes and feelings about the placement must be ascertained and given due consideration. However, if the needs of the child are in conflict with the wishes of the parents the needs of the child must be prioritised.

- A detailed exploration of applicants' understanding of diversity must be an integral part of the assessment and approval process for foster carers. The assessment report must include comments on the suitability of applicants to care for children in a multiracial society. Applicants who are unable to demonstrate an awareness, understanding and commitment to the needs of children from all racial, cultural and religious backgrounds at the end of the assessment process will not be approved.
- Where there are existing Trans-racial placements it is essential to ensure that foster carers receive appropriate anti-racism training. Carers should encourage a Black child to develop a positive Black identity and to meet Black people who can act as positive role models. Foster carers should provide multi-cultural toys, books, cards etc. Finance for this should be obtained through the Supervising Social Worker.
- All foster carers and staff are expected to attend further training on equality and valuing diversity.

## Equipment

Foster Carers are expected to provide basic equipment that may be needed to carry out their role.

- Beds/bed linen/duvets/pillows.
- Wardrobes
- Chest of drawers
- Car seats

Baby equipment/pushchairs/ stair gates/fireguards/cots etc. should conform to British Safety Standards.

In some instances financial support may be available. In line with the Local Authority financial regulations no expenditure should be entered into without first obtaining the agreement of relevant members of staff, this will usually be the Fostering Service Manager or Child's Social Worker. Under no circumstances will the Department reimburse foster carers for expenditure entered into without prior agreement.

## Exclusions

If a young person is excluded from school for a fixed period it is the duty of the school to inform the carers in writing within one day, of the reasons for the exclusion and the number of days the exclusion is for. Whilst the young person is excluded the school must

- Provide appropriate work for them to do at home
- Put in place measures to try and support the young person to avoid future exclusions.
- Provide carers with the name of a contact person should they wish to
- appeal the exclusion
- Be clear about the length of the exclusion and the date and time the pupil should return to school

If the exclusion is permanent the school must:

- Inform the carers in writing within one day clearly stating the date that the exclusion took place
- Give details of previous warnings or fixed term exclusions
- Provide carers with the name and number of the Local Education Authority advisor on the exclusion process

## The role of foster carers in supporting looked after children

Carers play an essential role in supporting looked after children with their education. It is vital that a child's

educational arrangements are prioritized and discussed with the social worker and supervising social worker prior to placement. Advice regarding a child's school and any difficulties they may be experiencing should be sought through the Education Resource Team. Carers should establish and maintain close links with the young person's designated teacher and social worker.

#### Carers should be responsible for:

- Recognising the educational strengths and weaknesses and needs of each child
- Keeping schools informed of changes and emerging problems
- Helping the young person to express their concerns or aspirations and advocating on their behalf
- Encouraging the young person to develop their talents and recognize their achievements no matter how small
- Responding quickly to requests from school for meetings

#### Carers should ensure attendance at school by:

- Establishing clear expectations of attendance, punctuality, uniform, and completion of homework
- Ensure that attendance is promoted and supported. If necessary the young person should be taken to school
- Liaise with other agencies if non school attendance is an issue (Education Welfare Service and Joint Looked After Children Team)
- Not taking family holidays during term time.

#### Carers should provide an appropriate learning environment with:

- A quiet area to do homework
- Time for homework
- Books, pens, paper and other resources

- Provide learning opportunities outside the home e.g. Visits to libraries, museums etc.
- Ensure the child's ethnicity and background are considered and supported when making plans

#### Carers should take a positive interest in the young person's education by:

- Attending parent's evenings and encouraging where appropriate natural parent's involvement
- Supporting school's policies on discipline and dress
- Taking an interest in the daily activities at school
- Completing homework diaries and equivalent
- Supporting homework by reading with a child, offering advice and making sure they complete set work
- Supporting school events
- Rewarding achievement

#### The role of schools in supporting looked after children

Clearly there is a need for all schools to prioritise and support looked after children. Every school should have clear policies and guidelines for liaising with external agencies and communicating with carers and social workers.

Attendance at planning meetings and reviews should be a priority for schools and there is an expectation that schools will release staff to attend meetings for these vulnerable young people. The designated teacher in each school should maintain close links with carers and social workers and should seek the advice of the Education Resource Team if they are experiencing difficulties.

Schools have a responsibility to enhance the understanding of their staff about children in care, and promote involvement in extracurricular activities and clubs.

## Schools should keep foster carers informed by:

- Making regular contact
- Having a clear plan for introduction and integration of a young person into school
- Having a proactive approach to problems
- Sharing concerns at an early stage
- Jointly managing and writing a young persons' PEP

## Summary

Valuing and supporting the education of looked after children is one of the most important contributions a carer can make to their lives because it is about investing and caring about their future, and recognising that education is their passport to better chances in life". If young people have the opportunity to take part in educational activities that will enhance their educational attainment, applications can be made for Personal Education Allowance via the Child's Social worker and Education Resource Worker. Each case is considered on its own merit and is not an entitlement.

'Education of Young People in Public Care' (DFEE, 2000).

## First Aid & Medication

Fostering households should have a basic first aid kit available to deal promptly with minor injuries. The Children's Workforce Development Unit run basic first aid courses and you should ask your Supervising Social Worker to enrol you. If a child who is placed with you has particular health or developmental needs, the child's social worker should be able to provide information and give advice on specialist advisory or support groups for parents and carers.

Safe storage of medication is essential, ideally in a locked cabinet out of sight and reach of children. This is monitored through supervision and unannounced visits.

Under no circumstances should medication or drugs be left in a place where children can get hold of them.

Carers must have guidance on the administration of prescribed drugs for children and advice on the arrangements by which they can administer drugs not on prescription. Carers are expected to complete records when they administer any medication or when there has been a medical incident i.e. hospital admission, consultant/ GP appointment.

In order for a carer to accept responsibility to undertake procedures such as injections, administering rectal medication, tube feeding etc. the following criteria should be met:

- The child's parent had given written consent
- The carer is willing to do the task
- The carer is instructed in the technique by a qualified nurse or doctor who is satisfied that the carer is competent to undertake the specific procedure.

It is perfectly acceptable for a district nurse to train a foster carer to give medical treatment. The nurse has the responsibility of ensuring that the carer is competent, confident and willing to give the treatment. The carer should also be aware of any possible adverse reactions to the medication and the necessary steps to correct such an occurrence. Any health related issues should always be discussed in supervision

## Foster Care Agreement (Contract)

The responsibilities of the foster carer are:

To give immediate written notice with full particulars to the Fostering Service of:

- Any intended change of address
- Any change in membership of your household

- Any change in your personal circumstances and any other events which affect your capacity to care for the child placed with you, or which affects the suitability of your household
- Any criminal convictions or cautions or criminal charges pending at any time following your approval as a foster carer, involving you or someone in your household.
- Any request or application by you, or any member of your household, to foster or adopt children or to become a registered childminder or day care provider.

To provide the necessary sanctions to help a child feel safe and secure. You must not administer any form of physical punishment to a child placed with you. Advice is available from your liaison officer to help with alternative measures.

To comply with the terms of any Foster Placement Agreement, to promote and safeguard the child/young person's welfare having regard for Social Service's long and short term arrangements for him/her and to treat him/her as a member of your own family.

To notify Services for Children and Young People immediately of any serious illness or occurrence that affects the child/young person.

When foster carers are approved Services for Children and Young People are required to enter into written agreement with them. The agreement constitutes a statement of responsibilities, requirements and expectations of the partnership between Tameside M.B.C. and the carer.

## Foster Care Forum

This is an exciting opportunity for Fostering Service staff and foster carers to work together and make positive

changes to the service provided to children and young people.

The Forum is a consultative group that brings together management, foster carers and related professionals with the intention of discussing policies and resolving issues to improve outcomes for 'Looked After Children' in Tameside.

### Foster Care Forum's Vision Statement

"Promoting better working relationships between key stakeholders in order to effectively develop and improve fostering services, with a focus on improving outcomes for looked after children in Tameside."

### Stakeholders include:

Foster carers, Fostering Service, Social Work Teams, Leaving Care, Education Resource Team, Commissioning Team, Designated Health Worker for LAC, Senior Mental Health Worker for LAC, Education Inclusion Team, Conference and Review Officers (LAC Review Chairs), Children's Rights Officer, Senior management, LAC Support Team and representation from Looked After Children and Young People via In Care and Leaving Care Consultation Groups

For further information visit: [http://www.tameside.gov.uk/fostering/care\\_forum](http://www.tameside.gov.uk/fostering/care_forum)

## Fostering Service's Responsibilities Support

As an approved foster carer you are entitled to advice, information and support from Services for Children and Young people. You will be given your own worker, (Supervising Social Worker) who will help you with this.

### Training

You are expected to participate in relevant training as required Services for Children and Young People will provide a number of training sessions designed to



enable you to care for any child/young person who is placed with you.

### Placements

A Foster Placement Agreement will be made for each child placed with you. You will be involved in drawing this up and both you and the child's social worker must sign it.

### Complaints / representations

Tameside M.B.C has its own complaints procedure. You are entitled to use this if you are not satisfied with any aspect of the service, or if you wish to make any representations to Tameside M.B.C.

### Review of carers

Your approval as a foster carer will be reviewed once a year, following discussion with you. You will be notified in writing of the outcome of this review. Your first annual foster carer review would be presented at Tameside Fostering Panel for their consideration.

## Fostering Network

Fostering Network is a charity working throughout the United Kingdom to promote and improve quality of the foster care service. Individual membership of Fostering Network is open to all foster carers, social workers and anyone interested in child care.

Local authorities, voluntary organizations and local foster care associations are also eligible for membership.

Fostering Network provides training on most aspects of foster care. Services for Children and Young People pay for places on some of the courses for both foster carers and social workers. The Association also publish a wide range of books and leaflets for foster carers, and a quarterly magazine.

Fostering Network provides advice on practical and legal matters, finance and welfare benefits. There is also an

insurance scheme covering legal costs that might be incurred by foster families.

If you wish to apply to become an individual member of the Fostering Network or are interested in any of their publications or training courses you can contact the association at the address below.

Fostering Network  
Tel Number: 020 7620 6400  
Address: The Fostering Network,  
87 Blackfriars Road,  
London,  
SE1 8BR

## Foster Placement Agreement

The Foster Placement Agreement sets out the agreed arrangements for the care of the individual child placed. It also serves as a confirmation of what is expected from the foster carers and Services for Children and Young People and what has been agreed with the child's parent. Different requirements apply when a child is placed in an emergency.

The Foster Placement Agreement will cover:

- Essential information necessary to care for the child, i.e.
  - The arrangements for the child
  - The objectives of the placement
  - The child's personal history, religion, cultural and linguistic background and racial origin.
  - The child's state of health and any need for health care and surveillance.
  - The child's educational needs.
- Arrangements for the financial support of the child during the placement.
- Arrangements for delegating medical consent for examination and treatment of the child.
- The arrangements of the Social Worker visits and reviews of the



- Child's progress.
- The arrangements for the child to have contact with parents and others.
- Compliance by the foster carer with the terms of the Foster Care Agreement and the carer's cooperation with any arrangements made by the responsible authority for the child.

## Hair Care

If a child in your care needs a haircut, please consult the child's social worker first, as parental permission will always need to be sought.

Carers of Black children should be knowledgeable and competent to take appropriate care of all their physical needs. This will include having information about the appropriate hairdressers and barbers. Hairdressers and chemists can advise on a variety of appropriate products available for skin and hair care.

### Hair Care for Young People of African/Caribbean Descent

Keep hair and scalp clean, wash hair weekly but remember that excessive washing will dry out natural oils, causing hair to become dull looking.

Hair and scalp should be creamed or oiled moderately. Dry hair becomes brittle and would normally break due to lack of oiling and creaming. Combing will help to distribute natural oils evenly through the strands of hair. Oil or cream should be applied generously after washing, but as required every one or two days after washing. Although cream or oil should be applied generously it is more useful if hair is parted into two or four parts and then cream or oil applied to each part individually.

Tightly curled African hair will become unmanageable if it is not properly combed through regularly. Plaiting, as well as

proper diet, and adequate oiling or creaming and washing, helps to keep hair in good condition and maintain growth.

Plaiting at night will allow the hair to remain manageable for the next morning.

When washing hair use a shampoo which leaves the hair moist and comb hair through thoroughly before and after each washing. It is often better to use a shampoo which contains conditioner. If using a hair dryer after washing do not use a very hot temperature to dry hair, as it will straighten hair and cause it to break very easily.

## Holidays / Outings in the UK

It is expected that any child/young person placed with foster carers would be treated as a member of the carer's family and they would be included in family holidays. To help in this Services for Children and Young People provide a holiday allowance.

However in some circumstances permission is required before a child/young person can be away from the foster carer's address overnight, even if they are accompanied by the foster carers. This could include school trips.

Therefore before foster carers make any arrangements they should contact the child's social worker to discuss their plans.

## Holidays Abroad

If foster carers are thinking of taking a holiday abroad with a foster child, the carer must give the child's social worker plenty of notice of their plans.

The particular legal status of the child/young person can have an effect on whether it is possible for a child/young person to leave the country. There may also be other reasons why a holiday abroad might not be in the best interest of the young person.



If it is possible for the young person to leave the country, obtaining a passport is a lengthy process, as is obtaining the permissions and agreements required by the law.

Therefore please make sure that you inform the child's social worker in plenty of time in order to avoid any disappointment.

Services for Children and Young People will pay the cost of the child's/young person's passport. A letter of delegated consent will also be needed when taking a foster child outside of the U.K. Do not be put off by this list of apparent difficulties. Many carers and the children placed with them have wonderful foreign holidays, but like most holidays make sure you make your arrangements in plenty of time.

Children should not be taken out of school in term time for holidays.

## Immunisation

Children placed with foster carers must not be given inoculations without prior consultations with the Child's Social Worker

## Insurance

Foster carers should ensure that they have sufficient car and household insurance and that their policies recognise their status as foster carers. In addition foster carers can claim for damage to their home and property by young people. Claims need to be made within 30 days of the damage and the damage should be seen by the supervising social worker. The Insurance does not replace new for old and will take account of wear and tear.

## Leaving Care Team

When Children reach the age of 16 years the key responsibility for their care

planning is transferred to the Leaving Care Team.

The main aims of the Children (Leaving Care) Act 2000 are to:

- To delay a young person's discharge from care until they are prepared and ready
- To improve assessment, preparation and planning for leaving care
- To provide better personal support for young people leaving care
- To improve financial arrangements for care leavers \*

\* Financial responsibility for all eligible and relevant 16 and 17 year olds rests with the responsible local authority. The only exceptions who can claim welfare benefits are lone parents and disabled 16 and 17 year olds.

## Life Story Work

It is important that children and young people have a good understanding of their background and foster carers will help this process by completing Life Story Work.

Some suggestions for the content of a child's Life Story Book:

- Birth Certificate or a copy, information about the child's birth, photograph of the child's birth hospital.
- Photographs of a child's birth parents, siblings, grandparents, extended family and any details and information available.
- An explanation of why the child is separated from their family.
- Information about visits with birth parents.
- A flow chart to help clarify the moves and changes in the child's life.
- Photographs of previous foster carers, children's home, previous schools.



- Photographs of favourite activities, significant incidents, holidays, birthdays and Christmas.
- Anything else which the child feels is important

## Medical Examinations / Issues

A child placed in foster carer should have a medical examination within 14 days from the date of placement. The request for the medical examination will be activated by the child's social worker. 'Looked after' children are examined by a Community Paediatrician; therefore this may not take place with the child's or foster carers GP. Following the request for the medical examination the foster carer will receive an appointment in writing and the child's social worker will be informed of the outcome.

Thereafter a child under two years must have a medical examination with a written assessment at six monthly intervals. Children over the age of two years must have a medical examination annually.

Foster carers cannot sign medical or dental consent forms. Therefore foster carers must have a form signed by the person with parental responsibility (this would usually be a parent or social work manager) giving their agreement to medical treatment and this form should be handed to the foster carer when the child/ young person first arrives at their home.

Foster carers are expected to organise none emergency medical treatment, including dentists and opticians, with the permission of the person with parental responsibility. If the person with parental responsibility believes a child requires non-emergency medical treatment, then they should make the necessary arrangements.

However if the foster carer feels that the child is not getting the treatment they

require the foster carer should speak to the child's social worker or their family placement social worker. If the child requires emergency treatment foster carers should make the necessary arrangements and then contact the child's social worker (see accidents). If the treatment is urgent the attending doctors will generally treat the child first and then afterwards deal with the issue of consent.

It is good practice for foster carers to record any medication the child is taking whether it is prescribed by the child's GP or not. When a child arrives at a foster carer's home for the first time they should find out from the child's social worker if the child is taking any medication, what it is, when it is taken and how often, if the child suffers from any allergies etc.

## Minimum Standards for Fostering Services

The National Minimum Standards for Fostering Services are an integral part of the legal framework in which the fostering provision is regulated and conducted under the Care Standards Act 2000.

The National Minimum Standards are mandatory and as a Fostering Service Provider we must comply with them. If as a Local Authority we are found to have substantially failed to meet these Standards, then OFSTED has a duty to inform the Secretary of State for Health, who will take the necessary steps to ensure the requirements are met.

The Minimum Standards represent the 'basic' requirements rather than 'best' possible practice and are designed to be applicable to a wide variety of Fostering Providers rather than a standardisation of service. As well as providing a measure by which services are regulated, the Minimum Standards act as a basis for the induction and training of staff and a guide for families as to what they should expect from a Fostering Service.

They are structured under a series of key topics that service providers are expected to evidence. These include:

- Statement of Purpose (aims and objectives)
- Fitness to provide and manage a Fostering Service (the skills, experience and qualifications of its staff).
- Management of a Fostering Service (effective and efficient monitoring to evidence quality).
- Securing and promoting welfare (placements which prioritise physical, mental and emotional welfare).
- Recruiting, checking, managing, supporting and training staff and Foster Carers (selection and vetting processes to ensure a skilled, well organised service).
- Records (comprehensive and relevant information on children and administration systems which are appropriately accessible).
- Fitness of Premises. (a secure, accessible suitably equipped building)
- Financial requirements. (a financially viable and audited accounts system)

In relation to the National Minimum Standards, the UK National Standards for Foster Carers provide a framework for a high standard of practice which Service Providers should aspire to and focus on all aspects of the needs for children and young people in Foster Care. The major difference between the two sets of standards is that the Minimum Standards state what is expected of Fostering Services but they do not what is expected of the child's Social Worker. The UK National Standards and accompanying codes of practice, together remain the only guidance which draws a high quality service for children, Fostering Service, child's social worker and foster carers.

(See section on National Standards for Foster Carers).

## Missing From Care

If a child is missing, you must contact the child's social worker or their team manager immediately that you become concerned. If it is outside normal office hours contact the Out of Hours Team (**0161 342 2222**) and your local police station.

You also need to inform your supervising social worker.

## Mission Statement

"Ensuring positive outcomes for all looked after children in Tameside"

### Fostering Services Aim

Our aim is to provide safe, high quality care in a family setting for children and young people who are unable to live at home for short or longer periods, by identifying a wide pool of skilled Foster Carers that can successfully meet the needs of all children who require this service.

We aim to achieve the best possible outcomes for our children and young people and the best value for Tameside M.B.C.

### Key Objectives

- To develop a service that actively values diversity and recruits skilled and committed staff and carers from a wide range of ethnic, cultural and religious backgrounds.
- To provide secure and stable placements where children can reach their full potential and attain positive achievements.
- To match children with families that would best promote all aspects of their needs and encourage a positive/healthy lifestyle.
- To promote educational/social opportunities for looked after children

and ensure that carers access necessary support services.

- To promote a child centred service which actively involves young people, encourages their participation and treats them with respect.
- To promote contact for the child or young person and his/her birth family and a positive image of birth family.
- To ensure the plan for the child's future is acted upon within agreed time scales.
- To ensure that children and young people are aware of their rights and that they have information on complaints and advocacy process.
- To promote independence skills to prepare children for moving on.
- To provide foster carers with: twenty-four hour support, effective supervision and access to information and practical help.
- To remain committed to training, personal development, quality assurance and continuous improvement.

## National Standards for Foster Care (UK)

In August 1998 a consultation document was circulated, with the aim of providing an agreed 'National Standards for Foster Care'. The aim of the working party that produced the document was to consult with everyone who had an interest in foster care this included children and young people, foster carers and service managers.

In the U.K. up to 40,000 children and young people are living with foster carers. Thousands more move in and out of foster care during the course of the year. The youngsters in foster care represent about 66% of all children in public care. The increasing importance of foster care had brought about concerns of inconsistencies in the standards of care provided by different local authorities.

Following the most comprehensive consultation ever undertaken on the quality of foster care services in the U.K. the Joint Working Party published the report and recommendations in June 1999. The key principles and recommendations contained in the 'UK National Standards for Foster Care' are listed.

### Statement of Values and Principles

The UK Joint Working Party agreed, at its first meeting, that, in compliance with the UN Convention on the Rights of the Child and UK child care legislation, it would work to promote:

- High quality care in a family setting – for all children and young people who need it, to aid their return to their own family whenever appropriate.
- Priority for needs of the child or young person in determining each foster placement - with agencies recruiting and retaining a wide range of carers to meet every child's needs.
- Respect for and recognition of the importance of the ethnic origin, cultural background, religion and language of children and young people, their families and foster carers - in planning and provision of each placement.
- Consideration of the gender, sexuality and any disability of children and young people who are fostered -so individual's needs are met within every placement.
- Continuity in the lives of children and young people - so their identity and education can be maintained and developed, their physical and mental well being promoted and their full potential achieved.
- A partnership embracing parents and children, carers and their families, social work staff and the placing agency – all planning and working in the best interests of the child who is fostered.

- Continuity and consistency in training, support and information for foster carers and social work staff - to enable them to meet the needs of each child.
- Respect for foster carers - as the partners of other professionals in the Fostering Service.
- Assistance to be made available to every young person leaving foster care to live independently - with additional financial and other support made available to foster carers able to offer continued care and support to young people during this transition, and in the critical period after leaving.

### Section One:

The specific needs and rights of each child or young person in foster care are met and respected.

#### 1. Equal opportunities and valuing diversity

Children and young people, and their families, are provided with foster care services which value diversity and promote equality.

#### 2. Assessment of the child's or young person's needs

An assessment of the child's or young person's needs is made prior to any placement, communicated to all parties concerned and updated regularly.

#### 3. Care planning and reviews

A written care plan is prepared for each child or young person in foster care; all aspects of the plan are implemented, it is reviewed regularly and any changes are made only as a result of a review meeting.

#### 4. Matching carers with children or young people.

Each child or young person placed in foster care is carefully matched with a carer capable of meeting her or his assessed needs.

#### 5. The child's or young person's social worker

Each child or young person placed in foster care has a designated social worker who ensures statutory requirements for her or his care and protection are met and promotes her or his welfare and development.

#### 6. A safe and positive environment

The foster home provides a safe, healthy and nurturing environment for the child or young person.

#### 7. Safe caring

Each child or young person in foster care is protected from all forms of abuse, neglect, exploitation and deprivation.

#### 8. Recording and access to information

An up-to-date comprehensive case record is maintained for each child or young person in foster care which details the nature and quality of care provided and contributes to an understanding of her or his life events: relevant information from the case records is made available to the child and to anyone involved in her or his care.

#### 9. Contact between children and their families and friends

Each child or young person in foster care is encouraged to maintain and develop family contacts and friendships as set out in her or his care plan and or placement agreement.

#### 10. Health care and development

Each child or young person in foster care receives health care which meets her or his physical, emotional and social growth, together with information and training appropriate to her or his understanding to enable informed participation in decisions about her or his health needs.

#### 11. Educational needs

The learning and educational needs of each child or young person in foster care are given high priority and she or he is



encouraged to attain her or his full potential.

#### 12. Preparation for adult life

Each child or young person in foster care is helped to develop the skills; she or he receives appropriate support and guidance for as long as necessary after being in foster care.

#### Section Two:

Effective and appropriate care is provided by each foster carer.

#### 13. Assessment and approval of foster carers

Each foster carer is subject to and participates in a comprehensive assessment of her or his ability to carry out the fostering task and must be formally approved by the appropriate authority before a child or young person is placed in her or his care.

#### 14. Supervision, support, information and advice for foster carers

Each approved foster carer is supervised by a named, appropriately qualified social worker and has access to adequate social work and other professional support, information and advice to enable her or he to provide consistent, high quality care for each child or young person placed in her or his home.

#### 15. Training of foster carers

Each foster carer is provided with the training necessary to equip her or he with the skills and knowledge to provide high quality care for each child or young person placed in her or his care.

#### 16. Annual reviews with carers

A joint review is conducted with each carer at least once a year in a manner that satisfies the authority of the continuing capacity of the carer to carry out the fostering task, provides the carer with an opportunity to give feedback, contributes to essential information on the quality and range of service provided by

the authority, and informs recruitment, assessment and training strategies.

#### 18. Payment of allowances and expenses associated with caring for fostered children

Each foster carer receives an allowance and agreed expenses which cover the full cost of caring for each child or young person placed with her or him.

#### Section Three:

Each authority responsible for the provision of public care for children and young people offers a high quality foster care services for all who could benefit from it.

#### 18. Effective policies

Each authority has effective policies in place to promote and plan the provision of high quality foster care for children and young people who could benefit from it.

#### 19. Management structures

Each authority has effective structures in place for the management and supervision of foster care services, staff and foster carers.

#### 20. Professional qualifications and appropriate training for social workers.

All social work staff responsible for the provision of fostering services are professionally qualified and appropriately trained to work with children and young people, their families and foster carers, and have a good understanding of foster care.

#### 21. Recruiting and retaining an appropriate range of carers

Each authority ensures access to a supply of foster carers which meets the range of needs of the children and young people within its area.

#### 22. Reward payments to carers

Each authority considers the implementation of a reward payment scheme for foster carers.

### 23. The Foster Care Panel

Each authority convenes a Fostering Panel as part of its assessment and approval process for foster carers, which also plays a role in monitoring and developing local fostering policy, procedures and practice.

### 24. Representations and complaints procedures

Children and young people, their parents, foster carers and other people involved 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.

### 25. Placement of children through other authority or agencies

Where an authority contracts out any aspect of the provision of foster care for a child or young person it is looking after with another authority or agency, the authority responsible for the care of the child ensures that legal requirements for her or his care are met and the care provided meets national quality standards and regulations for the foster care service.

## Ofsted

This is the single body with responsibility for inspecting fostering services. You can contact Ofsted in the following ways:

#### By email

- enquiries@ofsted.gov.uk

#### By phone

- 0845 640 4045 about education or adult skills
- 0845 601 4772 if you want to make a complaint or have a concern about any service Ofsted inspects or regulates(08.00 to 18.00)

- 0845 640 4040 about children's services or any other aspect of Ofsted's work
- 18001 prefix for Typetalk
- 60085 for text messages
- 0161 618 8524 for textphone or Minicom users
- 0845 640 4046 is the number for whistleblowers hotline currently being piloted. However before you call please read the whistleblowers page on Ofsted's website.

These helplines are available from 08.00 to 20.00, Monday to Friday.

#### By post

Royal Exchange Buildings  
St Ann's Square  
Manchester  
M2 7LA

## Parental Responsibility

Parental responsibility means all the rights, duties, powers, responsibilities and authority which by law a parent has in relation to a child and his or her property.

Birth mothers automatically have parental responsibility and also married fathers. An unmarried father may acquire parental responsibility by means of a formal agreement with the mother, or via an application to court. In some circumstances other people may acquire parental responsibility.

## Passports

If you require a passport for a child in your care always consult the child's social worker. Permission for the child to travel abroad should be obtained from the child's birth parents, Children's Services or the court. Make sure that you raise the issue in plenty of time.



## Pocket Money

Pocket money (where age-appropriate) is administered by the foster carer in accordance to the child's placement agreement. This agreement is made by the foster carer, the foster carer's social worker and the child's social worker during a placement agreement meeting.

## Policies & Procedures

The list of policies and procedures relevant to foster carers are as follows:

- Equal opportunities and diversity policies for staff, foster carers and children/ young people
- Safe caring policy
- Behaviour management policy
- Safeguarding children/young people including: how to deal with allegations against foster carers
- Anti - Bullying policy & bullying In residential care
- Procedures for when children/ young people go missing, are absent without authority or abscond
- Local area protocol with the police for managing children / young people who go missing
- Complaints procedure & management
- Written requirements for preparing young people for adult living
- Policy for recruitment of foster carers
- training programme for foster carers
- Policies and procedures for assessing, approving, supporting and training foster carers
- Assessment process for foster carers & kinship carer assessment
- Structures and systems in place to ensure effective management of assessments, approvals and foster carers' reviews
- Administrative procedures for responding to enquiries from prospective foster carers and to

requests from existing foster carers

- The foster carer agreement
- Policy on case recording including: purpose, format and content of files, supervision & recording
- Procedures and policies for maintaining, storing and accessing records,
- Foster carer record keeping
- Foster carers' handbook of policies and procedures
- Policy, procedure and system for matching children/young people with foster carers
- Written guidance about the use of restraint
- Placement planning meeting

They can be accessed via the Fostering Service or its website.

## Play and Toys

Play is vitally important to any child's development, it is one of the ways that young children learn and are stimulated to develop their intellectual skills. Play needs objects, space, time and companionship. In a child's early years they are stimulated and encouraged by their parents and family members as they grow older they are more reliant on their peer group.

Children will use their imagination to fill many gaps in equipment, and their creativity is stimulated as they exchange ideas with others.

Some children, who are placed in foster care, may not have experienced any positive stimulation or encouragement. Such children may have little incentive to explore or to play, they do not see their world as an interesting place where fun is enjoyed and skills can develop. Their understanding of the physical world is therefore limited compared with their peer group and the child does not know how to relate to people appropriately or conform to expected behaviour.



Children, whose early years have been marked by neglect, may be of average intelligence but will arrive in the infant school ill-equipped to cope, they are unable to pay attention, they cannot play or interact with other children in a constructive way and their capacity to learn is limited.

However research has shown that by giving disadvantaged pre-school children a one-to-one relationship for play, affection and conversation, even for short periods every day, can make all the difference to their future performance at school.

Foster carers have an important opportunity to help children in their care by conversation and play. It does not necessarily require expensive toys or equipment to stimulate a child/children, often simple household items can encourage a child to use their imagination. For many children, what is most important is that they are given the attention they have previously lacked, and they are encouraged to play and learn and develop through play. If you're unsure or concerned about a child's skills in this area or you feel that a child may need some special toys or equipment then contact your supervising social worker.

## Racism

Each individual will have a different understanding, awareness, experience and attitude about racism. However, as foster carers of Black children it is important to be able to recognise racism and also to be able to distinguish between different types of racism. This is vital if you are to effectively challenge racism for the benefit and protection of Black children we care for.

It is important to understand what exactly constitutes racism and similarly the understanding of labels associated with Black people. It is equally important to

appreciate that each Black person will have an individual level of understanding and awareness, but the impact of racism on the lives of young people is measurable through negative behaviours and attitude, low self esteem, anger, hate, denial, isolation, loneliness, pain, low educational achievement and aggression.

## Records

Records are kept by Children and Young People service on every child in foster care and every foster family. These records are separate from the records foster carers are asked to keep.

### Records - foster carers

Supervising Social Workers record information about foster carers, which will include a copy of their approval report and all relevant checks and references and foster care reviews.

There will also be record of all the children placed with the foster carers. If the foster carers wish to see their records they should discuss this with their family placement social worker.

Contact your Supervising Social Worker about access to records if you would be interested in seeing your file.

### Records - the child

All children looked after by Children and Young People service will have a complete set of records which will be kept up to date by the child's social worker

When a child is placed with a foster carer, the carer should receive a copy of the 'planning document' from the child's social worker.

As the placement progresses the foster carer will receive copies of reviews they have attended regarding the child. Copies of all these documents should be kept as part of the child's records.

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

### Recording keeping

It is vital that you keep a daily record of the events in the life of the child and the rest of the household. This will help provide clear information when you contribute to making plans about a child's future. It might provide useful information for the child in later life. It will help to protect children in your care, and safeguard family members from false allegations. Records could be of use in a Court hearing and may be requested by the Courts. Keep a separate record on each child placed with you.

Tameside Fostering Service provides each foster carer with log books which they will complete for each child or young person in their care. Your supervising social worker will inspect and sign these records at supervision visits.

We will also provide each carer with a diary in which you can record appointments, meetings and contact arrangements. These diaries are not the property of Tameside M.B.C., but under some circumstances can be requested by the court as evidence.

All written information about a child must be returned to Tameside Fostering Service when the child leaves your home. You will be able to access this information if the need arises in the future.

All information relating to a child that you store on a computer must be deleted when the child leaves the placement.

Children, young people and their parents should be made aware that you are making written records. This can be explained at the placement agreement meeting.

### When to record

Records should ideally be made on a daily basis or as soon as possible after the event or incident, whilst things are fresh in the mind. This will help to ensure the accuracy of dates, times, conversations and incidents.

### How to record:

- keep the recording simple, clear and legible
- notes do not have to be lengthy, just the main points
- you should use language with which you are comfortable
- keep to factual information and do not be judgmental
- accuracy is important when referring to specific incidents

### Where to record:

- daily log sheets
- summary sheets at regular intervals and prior to attending a review or case conference
- carers who have difficulty writing should discuss alternatives such as the use of a tape recorder

### What to record:

- details of contact visits with child's family, child's reaction to contact and any observations about the quality of contact, such as interaction between the child and their parent. Also include anyone's failure to visit and any reason given
- details of any other form of contact – telephone calls, letters, birthday cards, etc
- details of visits, meetings with social workers or other professionals and the child's reaction if any
- dates for reviews, case conferences, etc and decisions made
- dates of medical or dental appointments and treatment given. Include dates of cancelled or rearranged appointments

- dates and types of immunisation
- date, type and length of any illnesses
- details of any accidents or injuries, however slight. Describe what, when, where and how it occurred. Name any witnesses and action taken. Record the time, date and name of the social worker to whom the incident was reported
- comments the child makes that give you cause for concern. Always record using the child's own words
- details of the child's behaviour that causes concern. Note their actual behaviour, what triggered it and how it was dealt with
- any positive improvements, achievements and happy events for the child
- dates when the child is away from the foster home – with family, friends, school trips, introductions to new carers or if they are missing
- details of times when the child is with alternative care givers such as babysitters and who they were
- any significant contact with the school or nursery such as comments about the child's behaviour or parent's evenings
- any involvement with the police
- details of any theft or damage caused by the child
- details of any specific incidents, events or changes of circumstances of your household. Include any complaint disagreements with the child or their family
- any significant milestones in the child's development such as their first word or first steps.
- any other significant event or information

## Recruitment

Tameside Fostering Service is committed to the continued recruitment of foster carers.

Foster carers can play an important role in the recruitment of other foster carers. Foster carers take part in recruitment campaigns and are involved in preparation groups.

Many people who become foster carers were initially referred to the Fostering Service by other foster carers, and Children's Services now recognise this is a very valuable source of recruitment.

If you know somebody who may be interested in becoming a foster carer, the Fostering Service will be happy to speak to them.

## Religion

It is important for a child's identity and possible reunification with his/her birth family that a child's religious practices and beliefs are represented during a period of separation from their birth family. Foster carers cannot change a child's religion.

Although you may not have strong religious convictions yourself, the foster child or his/her birth family may have. Under these circumstances it is part of your role to encourage the child placed with you to practice his/her religion.

Alternatively you may have strong religious convictions, whereas the foster child and their family do not, it would be inappropriate to insist that the foster child observes your religious practices.

If you are unsure about a child's religious practices, speak to the child's social worker or we may need to clarify the position with the child's birth family.

## Reviews

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



### The foster carer's review

All approved foster carers should have their approval reviewed annually. The main purpose of the review is to assess whether the carers and their household are still suitable to foster. Reviews should also be completed every time there is a major change in the foster carer's circumstances.

The carer's supervising social worker should make an appointment to visit the carer's home and ensure that the carers are aware that the review is to take place and all the necessary participants can be present. If any authority other than Tameside has placed a child with or has used the foster home within the previous 12 months they must be invited to contribute to the review.

The review is an opportunity for all the participants to express their views, to discuss the foster carer's experiences, difficulties, opinions of the services offered by children and young people service, the carer's approval status, and training needs, etc. Where it is agreed that the foster carers should seek an alteration to their approval status, children and young people service may decide that a full reassessment will be necessary.

The review should take into account the views of the foster carers, which can be submitted in writing before the review takes place. The contents of the review will be recorded and the foster carers will be notified in writing of the outcome and any decisions taken. If it is decided that the foster carers are no longer suitable it should be discussed with the carers and the approval terminated. Where there is a disagreement a representation procedure is available. If foster carers wish to resign or transfer to another authority, they should notify the local authority of their decision and their approval must be formally terminated.

### The child's review

The Children Act 1989 places a duty on local authorities to draw up plans, in writing, for each child they accommodate or look after. The child's review is part of a continuing planning process, it is an opportunity to examine plans and decisions and assess the progress made in implementing plans, and it also sets goals for future action. If a child who is placed is of sufficient understanding, they should take part in the review, along with the child's birth parents, the foster carers, school teachers, the child's social worker, social work manager and any other person or professional who has significant involvement with the child. When arrangements are being made to hold the review foster carers should ensure that their own Supervising Social Worker is aware that a review is being planned. The review should seek a wide range of views, and all aspects of the child's welfare, health and education needs, etc. The contents of the review are recorded in writing. The first review should take place within four weeks of the commencement of the placement. It should be followed by a second review within three months. Thereafter reviews should take place at six monthly intervals. This is a minimal requirement, a review may be held whenever it is considered necessary. The review should be held in a place which is most likely to provide a relaxed atmosphere for all participants, particularly the child.

### Safe use of Information & Communication Technology

Computers, the internet and mobile phones are highly attractive to young persons. 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 by sharing an active interest, by supervision, by developing the young persons' ability to keep safe can be very useful.

Tameside Fostering Service encourages foster carers to assist children in developing skills in the use of communication technology whilst taking sensible precautions to protect young people from potential harm in a rapidly changing field of technology.

### Dangers of Communication Technology

- Contact online or by phone with people who may wish to harm the young person.
- Content- inappropriate and potentially harmful materials
- Exposure to excessive advertising/invasion of privacy and identity theft.
- Exposure to risk of cyber bullying or phone bullying.

### Safety Measures

- Time limits on computer usage should be agreed with the young persons and computer usage should not be a substitute for social interaction or physical activities.
- Appropriate internet security should be installed on the computers to avoid access to inappropriate/harmful content on the internet.
- Carers should set clear ground rules on the use of communication technology outlining the potential risks in a sensitive manner.
- Computers should be located in communal areas of the house rather than in a bedroom.
- Carers should show continuing interest in communication technology and encourage young

people to be open in respect of problems they encounter using communication technology.

### SMART Tips

Foster carers should ensure that young people are aware of the SMART tips see [Kidstart.org.uk](http://Kidstart.org.uk)

- **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 you have contacted in cyberspace can be dangerous. Only do so with your parent's/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.

### Useful Websites on the use of Communication Technology

Online resources for parents and young people

[www.childnet-int.org](http://www.childnet-int.org)  
[www.kidsmart.org.uk](http://www.kidsmart.org.uk)  
[www.chatdanger.com](http://www.chatdanger.com)

Online safety information

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

Department of Education and Skills

[www.parentsonline.gov.uk](http://www.parentsonline.gov.uk)

University of Central Lancashire, kids for kids online

[www.fkbko.net](http://www.fkbko.net)



Internet industry sit re: removing illegal materials

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

Information on monitoring and filtering

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

Software protection

[www.getnetwise.org](http://www.getnetwise.org)

General information and discussing

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

Up to date information on protection, legislation and guidance

[www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)

Charity campaigns for safe internet access

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

[www.nch.org.uk/itok](http://www.nch.org.uk/itok)

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

## Safety First

Most accidents to children happen in the home, in 1996 over half a million children aged four and under were injured as a result of an accident in the home. Many of these injuries could have been prevented.

Children are naturally inquisitive and carers have to strike a balance between encouraging a child's wishes to explore and preventing them from hurting themselves. Small children can squeeze their bodies through a very small gap, but they can get their head trapped. Carers should check the width between railings, banisters and balconies. Board them up if necessary and fit window locks or safety catches that stop windows opening more than four inches.

Once children can crawl they can also climb, which means they are at risk from falling. Carers should move any furniture such as beds, sofas and chairs which might allow a child access to a window. Fit a safety gate at the top and bottom of the stairs, also use a gate to prevent small children from getting into the kitchen.

The kitchen can be a particular source of danger to young children. Hot water can scald a child up to 30 minutes after it has boiled. Hot drinks should be kept out of the reach of children. Flexes on kettles and other electric kitchen appliances should be short curly flexes and not hang down where a child can reach them. Avoid table cloths, young children can easily pull hot food and drinks down on themselves by grabbing at a cloth.

When carers are cooking it would be better to keep young children out of the kitchen altogether, oven doors can become very hot to the touch, always try to cook on the rear hobs of the cooker and keep pan handles turned away from the edge.

Small children's skin is delicate and injuries caused by burns and scalds can be horrific. Carers should turn thermostats to below 54C (13°F) to avoid scalds from hot water taps and when filling the bath always run the cold water first.

Small children and toddlers appear to be compelled to run around at top speed, but their co-ordination rarely equals their speed. This makes them particularly vulnerable to falling into a fire. Carers should at all times use an appropriate fire guard for all fires whether they are solid fuel, electric or gas.

In the event of a fire in the home, just a few seconds warning can make all the difference. Carers should fit smoke alarms on each floor in their homes.

The alarms should be checked on a weekly basis. Carers should be prepared and have a fire escape plan should the worst ever happen.

All foster carers are eligible for a fire safety risk assessment. Please speak to your supervising social worker



Bath time can be fun but it can also be a hazard for small children. Children can very quickly drown in just a few inches of water. Children below five years should never be left unattended in the bath do not assume that an older child is enough to supervise a smaller brother or sister.

Garden ponds and paddling pools can also be a hazard for children, empty out paddling pools when not in use and ponds should be covered or fenced off. Never leave children alone near a swimming pool or any open water.

By the time the average toddler is 18 months old they can open containers and some children can open child resistant tops by the time they are 3 years of age. Therefore carers must keep household and garden chemicals, medicines, alcohol and even cosmetics in a place where children cannot reach them, ideally in a locked cupboard. Carers have to be aware that when visiting other people's homes they may not have taken the same precautions as themselves and therefore children must be supervised at all times.

As toddlers and small children begin to develop, they want to experiment and explore the world they live in and carers should seek to encourage this natural curiosity and desire to learn. But as responsible adults carers should minimise the risk of injury. Low glass doors and windows should be fitted with safety glass or replaced with hardboard. Keep tools and knives out of reach; prevent fingers being trapped by using door guards, and use protectors on the corners of sharp furniture.

While most accidents to young children happen in the home carers should also take the necessary steps to ensure a child's safety when outside the home. When travelling by car the correct child seat should be used. Never use a rear facing seat in the front passenger seat if an air bag is fitted. Help children in and

out of a car on to the pavement, use reins or a harness when taking toddlers out walking. Children should be introduced to road safety rules as soon as they are able to understand them.

Continual monitoring and reviewing your safe caring policy and regular unannounced visits will ensure you operate a safe environment for children and young people.

## Sexuality

Although it might seem that everyone lives according to the boy meets girl stereotype, lots of people make different choices about their partners, often in the face of prejudice and hostility from those around them.

Happiness for all of us depends on being accepted for who we are, not living our life according to the wishes of those who care about us.

If a young person you are caring for thinks they are lesbian/gay, or they are not sure of their sexuality, then they need to talk to somebody who understands, without feeling pressurised.

Most importantly they need to have the support, acceptance and understanding of those who are caring for them.

Tameside Fostering service has close links with sexual health advisors. Please discuss with your supervising social worker.

## Smoking

Tameside Council operates a 'no smoking' policy in all its workplaces and buildings and Council employees are prohibited from smoking on Council property. A new policy will be implemented by October 2009 where we are working towards all foster carer households to be non smoking.

Only 15% of the smoke from a cigarette is inhaled by the smoker, the rest goes into the surrounding air and other people breathe it in. Passive smoking is breathing in other people's tobacco smoke if you have a health problem, such as asthma, chronic bronchitis or certain allergies, passive smoking can make it worse. Babies and children who cannot avoid smoke where they live and play are at particular risk. Babies whose parents smoke are much more likely to be taken to hospital with chest trouble in their first year of life than non-smokers' children.

Children with a parent who smokes have more chest, ear, nose and throat infections than non-smokers' children. In addition, the more cigarettes smoked at home, the greater the risk to the child. Children exposed to smoke are more likely to develop breathing problems as adults.

## Social Worker Visits

When a child is placed with foster carers, the child's social worker should discuss with you the frequency and timing of future visits, which should be convenient for you and your family, and which will enable the social worker to see the child both alone and with the rest of the foster family (the foster care regulations require that on each visit, so far as is reasonably practicable, the child should be seen alone on each visit)

The child's social worker should visit you within 72 hours of the placement, then at intervals of not more than four weeks thereafter. However, any carer or child should feel able to request a visit from the social worker whenever they feel it is needed.

If there is anything you wish to discuss urgently with the child's social worker you should request a visit and the social worker should respond promptly.

The social worker's visit is an opportunity to discuss any significant information

about the child. The social worker should keep foster carers informed about any developments within the child's family and any forthcoming legal proceedings. If there are any changes in a child's placement being considered they should also be discussed with the carers.

Foster carers should keep the social worker informed about the child's day to day progress; it will help your memory if you have a written diary, particularly of the child's reactions to contact with parents, progress at school, relationships with other children and with you and your family.

## Supervision Visits

### Support Groups

There is a regular foster care support group which carers can attend. The support group give an opportunity to get together informally with other foster carers, and Family Placement staff. Some support groups invite guest speakers to discuss child care issue and other topics related to fostering.

Contact your Supervising Social Worker for more information.

## Training

Tameside M.B.C. is committed to offering a high quality fostering service, in order to achieve this aim The Fostering Service provides an extensive training programme for foster carers.

Tameside Fostering Service has been offering the National Vocational Qualification (NVQ) Caring for Children and Young People Level 3 for the past 8 years to Foster Carers.

Staff Development offers an intense training package to provide underpinning knowledge to enable Foster Carers to achieve their NVQ Level 3.

A rolling programme of core training is available and mandatory.



Whilst completing your NVQ, Staff Development also offers support groups and a buddying system to help you achieve.

Within The Fostering Service Training Calendar there are also various courses that can be accessed for further development and to help with your training needs.

If you feel you have a particular training need or are interested in doing NVQ Level III Caring for Children and Young People, contact your Supervising Social Worker.

## Useful Contact Numbers

Duty Safeguarding Team  
0161 342 4215

Ashton Safeguarding Team  
0161 342 4465

Hyde, Longendale and Hattersly  
Safeguarding Team  
0161 342 4155

Stalybridge, Mossley and Dukinfield  
Safeguarding Team  
0161 342 4139

Denton, Droylsden and Audenshaw  
cases are divided up between the above  
Safeguarding Teams

Tameside Public Service Hub  
0161 342 4101

Out of Hours Team  
0161 342 2222

Integrated Service for Children with  
Additional Needs  
0161 371 2060

Linden Centre, Denton  
0161 336 2143

Adoption Team  
0161 342 4164

Leaving Care  
0161 342 3163

Youth Offending Team  
0161 342 7680

Placements Officer  
0161 342 3058

Legal Department  
0161 342 3041

Adult Services  
0161 342 2400

Housing Advice  
0161 331 2700