



FOSTERING
IN OXFORDSHIRE

Oxfordshire County Council
Fostering Service

Fostering Handbook



**Working
together
to change
Lives...**



**OXFORDSHIRE
COUNTY COUNCIL**

Welcome

Welcome to the Oxfordshire County Council Fostering Handbook. We hope that you will find this book an important source of information on matters relating to fostering. It contains much of the information you will need to carry out the task of fostering, whether you are a mainstream or family and friends foster carer.

Looking after someone else's child on behalf of the Local Authority is a wide-ranging responsibility that may continue for many months or years. Foster carers may be very significant to the child and their work may be remembered long after the child has moved on. While we hope you find the handbook useful, it is not intended to replace the support and advice available from the child's social worker and your supervising social worker. Please feel free to contact us if you have any queries and concerns or just wish to talk things over.

Introduction

All parents want the best for their children. They want to make sure their children are emotionally and physically healthy and receive a good education. They also want to make sure that their children have a wide range of opportunities to enjoy their childhood and grow up into successful, well-rounded and mature adults. Local authorities are responsible for providing this for the children they look after. The quality of the care provided by foster carers is an essential part of that parenting for the majority of Looked After Children and young people.

Looking after someone else's child on behalf of the Local Authority is a significant responsibility. Whatever your foster carer responsibilities are, this handbook is designed to be a source of reference to support you in the difficult but important task you have undertaken.

Please let us know if you feel there is anything missing or that you feel could be improved on and we will be happy to amend this handbook as needed.

We hope the handbook will assist you in the valuable task you and your family have taken on and would like to take this opportunity to thank you for all you are doing for the young people in your care.



Dan Ruaux
Corporate Parenting Manager



Jackie Giles
Fostering Service Manager

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Section 1: Useful Contacts List

To contact a member of staff from Oxfordshire County Council by email, type name.surname@oxfordshire.gov.uk

Fostering Teams	
City	01865 323126
South	01865 897986
North	01865 816674
OTFC	01865 897046
Adoption Teams	
Adoption Team	01865 897050
Adoption Support	01865 323121
Services you may need	
Emergency Duty Team	0800 833408 (answer phone)
Finance	03300 241814
KEEP Project	01865 897046
ATTACH Team	01865 897083
Virtual School	01865 256640
PCAMHS	01865 902515
Specialist CAMHS	City - 01865 902720 North - 01865 904105 South - 01865 904700
Designated Nurse - LAC	01865 904991 maggie.mackenzie@nhs.net
LAC Health Team	01865 904973
Fostering Network	0207 620 6400 www.fostering.net
Advice & Meditation Service	Jayne.Hogan-Birse@fostering.net
Fosterline	0800 040 7675 enquiries@fosterline.info
Refugee Resource	01865 403280 0845 458 0055

Looked After Children and Leaving Care Teams	
City	01865 323223
South	01865 897984
North	01865 816677
Family Solutions Teams	
City	Barton - 01866 323240 Rose Hill - 01865 815566 Blackbird Leys - 01865 328490
South	Abingdon - 01865 328400 Didcot - 01865 328480
North	Banbury - 01865 328440 Bicester - 01865 328740 Witney - 01865 328730
Supervised Contact Team	01865 323238
Assessment Teams	
City	01865 323048
South	01865 897983
North	01865 816670
Children in Care Council	James Collins: 07803287813 james.collins@oxfordshire.gov.uk

Section 2: Organisation and Processes

2:1 Why Children Become 'Looked After'

Who are children in care or 'Looked After' children?

Sometimes children are not able to live with their own families. In these cases, the children will be cared for or 'Looked After' by the council.

Young people come into care for a variety of reasons and this can be the result of a combination of factors and events.

Many young people in public care have faced loss, rejection, change and uncertainty that adults would find extremely difficult to cope with.

<http://www.proceduresonline.com/oxfordshire/childcare/>

2:2 Children Subject to an Order

This applies to children for whom the Local Authority has applied to the Courts and been granted an 'order' to remove the child for their protection. Parental rights and responsibilities for this child are shared to varying degrees, depending on the agreement, facilitated by the court, between the Local Authority (and therefore Foster Carers acting on their behalf) and the parents. Parents or other family members are not able to remove a child from the care of the Local Authority without the Local Authority's consent.

An application can be made to the court to discharge a Care Order, but until this happens, it remains in force until the child becomes an adult, i.e. on their 18th birthday.

2:3 Children accommodated under Section 20, CA 89

This applies to children accommodated by the local authority if they have no parent or are lost or abandoned or where their parents are not able to provide them with suitable accommodation and agree to the child being accommodated. A child who is accommodated under Section 20 becomes a Looked After Child.

Section 20 agreements are not valid unless the parent giving consent has capacity to do so, the consent is properly informed and fairly obtained. Willingness to consent cannot be inferred from silence, submission or acquiescence - it is a positive action.

2.4 Types of Care

Emergency Care

A placement that is needed urgently the same day, at night, at a weekend, or out of office hours.

Relief Care

Taking care of a child for a weekend or a few days to give the child, the child's parents or foster carers a break.

For children who have already suffered traumatic separations, short breaks and holidays need careful thought, planning and review. Children need to maintain a secure attachment to their main foster carer. Any relief care placements or holidays should support this attachment and be a positive experience for the child, so that the main placement is supported rather than disrupted. This often works best if the relief carer can become part of the child's or of the carer's normal network.

If you would like to discuss a relief care plan or holidays for your foster child, please contact the child's social worker and your supervising social worker to discuss. This plan needs to be formally agreed. If you do not have an available relief care resource within your own or the child's network you will need to allow sufficient time for the social worker to request a suitable relief placement from the Placement Service Duty Team. If it is agreed that relief care is appropriate, no allowance will be deducted for one weekend a month (i.e. 2 nights/3 days relief care per month). If any additional relief care is agreed, the fostering allowance for that period will be deducted.

Short Break Scheme

The Short Break Scheme is a respite service for disabled children and young people who generally live with their own families. It provides care for children up to the age of eighteen, who have a complex physical or learning disability. This benefits the child and their family and is something that they both want to do. It enables the child to have wider social experiences which their disability may make it difficult for them to do without the support of others. It also gives their families a break and allows them to spend time with other children or just have some time to themselves safe in the knowledge that their child's needs are being met.

http://www.proceduresonline.com/oxfordshire/childcare/p_ch_disab_pan.html

Short-Term Care

This care will be for longer than relief, but is still not intended to be long-term or permanent. The time involved may or may not be clear.

For long court cases, or cases where there are delays in achieving permanent plans, short-term care could last for a year or more.

Parent and Child Care

Parent and child foster carers provide specialist placements for a parent and child, most often this means young mothers and their babies but it is recognised that sometimes the primary carer is the father. In some cases, both the parent and child will both be looked after. In other situations, it may be just the child who is looked after, either under s20 of the Children Act or under a Care Order. The parent and child foster carer has a primary responsibility to ensure the welfare and safety of the child. At the same time, the foster carer plays a crucial role in supporting the parent and in helping him / her to bond with their child and to develop their confidence and skills as a parent.

Fostering Plus/ Foster Plus Children

This applies to more challenging children where there are extra responsibilities for the carer, or where more is expected of the carer than normal fostering in order to meet the needs of a specific child. Carers looking after these children are paid an additional fee in addition to the normal mainstream fostering allowance.

Foster plus carers are paid an additional fee in addition to the normal mainstream fostering allowance. Foster plus carers are expected to have undertaken all mandatory training and attend support groups and on-going training. At each annual household review the criteria for Foster Plus are re-visited to ensure the foster carer remains eligible.

We do not expect applicants to possess all the qualities or skills needed for the job at the outset. What we are looking for are resourceful people who like young people and children and who are prepared to recognise and build on their existing skills and learn new ways of dealing with difficult behaviour.

We know the scheme works and has helped many young people move forward positively in their lives. Carers would normally be approved for one Fostering Plus placement at a time, but a maximum of two placements. For more detailed information about the scheme please contact your Supervising social worker.

Oxfordshire Treatment Foster Care (OTFC)

Foster care for children aged 3-11 with complex needs, and who have emotional or behavioural difficulties.

Multidimensional Treatment Foster Care Oxfordshire Treatment Foster Care (MTFCOTFC) is a specialist foster care treatment programme for children who have had multiple placement moves and may have a history of neglect or abuse. As a result,

these children have emotional and behavioural difficulties which can make them a challenge to care for now and can put them at higher risk of future problems. These children need highly structured and nurturing families in which to grow, learn and improve their life chances.

http://www.proceduresonline.com/oxfordshire/childcare/p_treat_fc_oregon.html

Long-Term Fostering

Usually, this means fostering the child until they are old enough to leave the family home to move onto independent living or supported lodgings.

Family and Friends Care

Family and Friends care is when someone close to a child grandparents/aunts/sisters/brothers/step parents or any other relative or family friends come forward to care for the child when they are no longer able to live at home. If relatives or friends do not come forward to offer care for the child, then that child might need to come into the care of the Local Authority.

For many years in Oxfordshire we have been promoting Family and Friends care as one of the ways we support children who cannot live with their birth parents. Our experience is that the commitment from Family and Friends carers is something that gives the children greater security from feeling loved and comfortable within their own family environment.

http://www.proceduresonline.com/oxfordshire/childcare/p_fam_fri_care_pol.html

Special Guardianship Order (SGO)

A Special Guardianship Order is an order appointing one or more individuals to be a child's "Special Guardian/s". It is a private law order made under the Children Act 1989 and is intended for those children who cannot live with their birth parents and who would benefit from a legally secure placement. It is a more secure order than a Residence Child Arrangement Order because a parent cannot apply to discharge it unless they have the permission of the court to do so. However, it is less secure than an Adoption Order because it does not end the legal relationship between the child and his/her parents.

Who can apply?

- The following people may apply to be Special Guardians:
- Any Guardian of the child
- Anyone over 18 years of age
- Any individual who has a Residence Order Child Arrangement Order or any person where a Residence Order Child Arrangement Order is in force and who has the

consent of the person in whose favour the Residence Order Child Arrangement Order is made.

- Anyone with whom the child has lived for at least 3 years out of the last 5 years.
- Anyone with the consent of the local authority if the child is in care.
- A local authority Foster Carer with whom the child has lived for at least 1 year preceding the application.
- Anyone who has the consent of those with Parental Responsibility.
- Anyone who has the leave of the court.
- You can apply on your own or jointly with another person.

Who cannot apply?

- A parent of a child may not be appointed as the child's Special Guardian.

The Court's Decision

The court must decide that a Special Guardianship Order is the most appropriate order to make in the best interests of the child. The court must consider whether, in addition to the making of a Special Guardianship Order, a Contact Order should be made and whether any existing Section 8 Orders should be varied or discharged.

The court must have the benefit of the local authority report dealing with the suitability of the applicant and any other matters that the local authority considers relevant before it can make an order.

An applicant for Special Guardianship is required to give 3 months written notice of his/her intention to apply for such an order to the responsible authority or the local authority in whose area the child resides.

http://www.proceduresonline.com/oxfordshire/childcare/p_spec_guard_pol.html

Child Arrangement Order/ Residence Order

A Child Arrangements Order means a court order regulating arrangements relating to any of the following:

- a. With whom a child is to live, spend time or otherwise have contact; and
- b. When a child is to live, spend time or otherwise have contact with any person.

The 'residence' aspects of a Child Arrangements Order (i.e. with whom a child is to live/when a child is to live with any person) can last until the child reaches 18 years unless discharged earlier by the Court or by the making of a Care Order.

The 'contact' aspects of a Child Arrangements Order (with whom and when a child is to spend time with or otherwise have contact with) cease to have effect when the child

reaches 16 years, unless the court is satisfied that the circumstances of the case are exceptional.

A person named in the order as a person with whom the child is to live will have Parental Responsibility for the child while the order remains in force. Where a person is named in the order as a person with whom the child is to spend time or otherwise have contact, but is not named in the order as a person with whom the child is to live, the court may provide in the order for that person to have Parental Responsibility for the child while the order remains in force.

Child Arrangements Orders are private law orders. Where a child is the subject of a Care Order, there is a general duty on the local authority to promote contact between the child and the parents. A Contact Order can be made under section 34 of the Children Act 1989 requiring the local authority to allow the child to have contact with a named person.

Residence orders now included under 'Child Arrangement Orders'. A Residence Order can be made by a court under the Children Act 1989. This specifies who the child lives with and gives the carer shared parental responsibility. The order may be full or shared between two parties who do not live together. In this case the court will specify the period of time that the child will spend with each party. The Residence Order will not affect the child's legal relationship with their parents nor will it take away their parental responsibility. The day-to-day decisions will be made by those with the Residence Order without having to get anyone else's agreement, unless the court has directed otherwise. However, no one who has a Residence Order may take the child abroad for more than a month or change the child's surname unless everyone with parental responsibility agrees in writing or the court gives permission. If the court does give permission, the child's name may be changed by Deed Poll.

Who can apply for an order?

Anyone in the best interests of the child can apply for a Residence Order. This could include either of the child's parents, grandparents, extended family, Foster Carers or someone with whom the child has been living with for more than three years. This is usually done with the agreement of the person (or people) with parental responsibility.

How long will the order last?

A Residence Order can be made for a specified period but ends when the child reaches 16, unless the court considers that there are exceptional circumstances that require the order to continue until the child reaches 18. A birth parent can ask for the order to be revoked at any point.

2.5 List of all people and teams involved and their roles and responsibilities

There can be many different people involved when a child is placed in care. Of these, the child's social worker, the supervising social worker, the foster carers, and the child's family (usually the birth parents) have a prime responsibility for the welfare of the child. These four groups form a core team who must work together closely.

List of those who may be involved:

1. Assessing social worker
2. Supervising social worker
3. Child's social worker
4. Team Manager
5. Service Manager
6. Foster Carer
7. Foster Carer Co-ordinator
8. Child's Birth Parents and Family
9. Adoption Team
10. ATTACH Team
11. Virtual School
12. Emergency Duty Team
13. Schools and Education Staff
14. Solicitors
15. Police
16. Support Workers
17. Health Professionals – i.e. GPs, Health Visitors, OT's, Therapists

1. Assessing social worker

The assessing social worker has prime responsibility within the department recruiting and assessing applicants to foster care.

Their main tasks are to:

- Recruit Foster Carers
- Prepare and assess prospective Foster Carers with a recommendation to the Fostering Panel
- Provide or help arrange training for prospective Foster Carers

2. Supervising social worker

The Supervising social worker has prime responsibility within the department for the support and supervision provided to the Foster Carer and their family.

Their main tasks are to:

- Recruit Foster Carers
- Prepare and assess prospective Foster Carers with a recommendation to the Fostering Panel
- Provide or help arrange training for prospective Foster Carers
- Advise Social Workers on which foster homes are available for which kind of child, depending on age, background, numbers of children in family etc
- Support Foster Carers on matters relating to their fostering
- Arrange and hold regular supervision meetings with Foster Carers
- Review Foster Carers' approval in the light of changes in their family situation and present these to the Fostering Panel as required
- Help Foster Carers develop professionally
- Participate in planning for the child
- Help carers when they are preparing a child for a move and to help the carer adjust after the child leaves
- Ensure that carers have the required equipment (prams, beds, appropriate equipment for children with disabilities etc) to undertake the fostering task.

http://www.proceduresonline.com/oxfordshire/childcare/p_sup_fos_carer.html

3. Child's Social Worker

Every child in foster care must have a Social Worker who has prime responsibility for the welfare and supervision of the child. The Social Worker may be from the Looked After Team, Family Solutions Team, Support or Assessment Team or. Leaving Care Team

Their main tasks are to:

- Maintain links for the child with his/her birth family by arranging visits etc. in the foster home, own home or a family centre as appropriate

- Help and support birth parents
- In some cases, to trace birth parents
- Obtain information for the carers and to make sure all appropriate written forms are completed
- Undertake or co-ordinate the direct work with the child, including life-story work
- Co-ordinate and participate in planning for the child, including the preparation of young people for when they leave care
- Work with the Foster Carer to help the child to prepare to move on and adjust to moves
- Be responsible for promoting the educational, health and developmental needs of the child. This will usually be done in close liaison with the Foster Carers.

4. Team Manager

Each area of the county has a Fostering Team Manager. Your Supervising Social Worker is managed by them. You can approach the Fostering Team Manager if there are any issues you cannot resolve with your Supervising social worker. You will be given contact details of your Fostering Team Manager following your approval as a Foster Carer.

5. Fostering Service Manager

The Service Manager for Fostering manages the Fostering teams and Fostering panel chair. She is responsible for ensuring that Fostering Services are delivered efficiently and effectively. The Service Manager is also responsible for improving the service and developing best practice to contribute to improved outcomes for children and families. Key to this is the involvement of carers, children, their families and staff to ensure that services are delivered in ways that are responsive to the feedback received.

6. Foster Carer

The Foster Carer is responsible for the day to day care of the child. As part of the team the Foster Carer will ensure that the child's physical and emotional needs are met, that they attend the appropriate school, college or playgroup, and that their health needs are met. The degree of responsibility will vary according to the length of time the child

is placed with the carer and the age of the child, as well as the amount of experience of the Foster Carer and the degree to which the parent is involved in the child's life.

Fostering is regulated by the Children's Act 1989 and by the Fostering Service Regulations and National Minimum Standards. These requirements are covered in the agreement that must be signed at the time of approval (the Foster Care Agreement)

Included below are some of the many roles and responsibilities of a Foster Carer:

- Keep to all the terms of the Foster Care Agreement
- Work with all those involved in the child's life and to carry out the child's care plan
- Attend all meetings concerning the child, as appropriate
- Comply with all Oxfordshire County Council's policies and procedures concerning care of the child
- Keep records about the child, as appropriate and as requested by the Child's Social Worker and to ensure all records and information about the child are stored in a safe, secure place
- Observe all standards of confidentiality concerning any information given or held about the child and his/her family
- Promote and support contact with birth family for the child, as agreed in the child's care plan
- At all times, care for the child with knowledge of, and respect for, the child's racial, cultural, religious and family origins, sexual orientation, and/or disability and ensure that the child's needs are met in connection with all of these factors
- Work with the Family Placement Team; to attend regular meetings, supervision and annual review and to undertake training when appropriate, in order to develop skills and knowledge
- Contribute to the child's 'Life Story' work when appropriate.

Foster Carers are expected to care for any child placed with them as if they s/he were was a member of their own family and to promote their welfare.

If there are difficulties with the placement that cannot be resolved and it is felt by all concerned that it is in the interests of the child to move, it is expected that the Foster Carer will give the department reasonable 28 days' notice to find an alternative placement. If the department decides that the continuation of the placement would be detrimental to the child, the Foster Carer is required to allow the department to remove the child.

To ensure that everyone is involved in the planning and decision-making relating to a child, various meetings such as case conferences and planning meetings are held as well as the regular statutory review meetings. The Foster Carer is usually invited to attend these meetings.

Information and training events, together with Foster Carer supervision groups, are organised to ensure that carers are equipped to undertake the fostering task. The department will assist with reasonable out-of-pocket expenses incurred, such as child-care expenses and travel.

Foster Carers will frequently have access to confidential information about a child and their family. This must be kept confidential and any written material should be kept secure. Any information should be returned to the Child's Social Worker or destroyed when the child leaves the placement. All such records are the property of the children's services department and are subject to the Data Protection Act 1998.

The maintenance of written records by the Foster Carer may be useful for case conferences, planning meetings and/or court cases. They may also be useful should allegations be made against the carer. It is essential to record any incident that happens, the date, time, and what action was taken. If written records are kept they must be stored securely and given to the Child's Social Worker or destroyed when the child leaves the placement.

By law, the Local Authority has a duty to maintain contact between a child in foster care and his/her family and other significant people in their life, except where doing so is detrimental to the well-being of the child. It is expected that the Foster Carer will do everything they can to ensure this contact is maintained, in accordance with the child's care plan.

It is required that the Foster Carer and their family will, in caring for a foster child, respect the child's class, race, cultural origins, religion, sexual orientation, disability and any special needs the child might have. All carers are expected to actively promote respect for different classes, races, cultures and religions.

It is required that Foster Carers will keep regular and appropriate contact with the child's school, and co-operate fully with any other agencies, such as hospitals or psychological services with whom the foster child is involved, including registration with a GP and dentist where applicable.

No Foster Carer should smack or administer any corporal punishment to a foster child.

The children's services department must be notified of any changes in the circumstances of the fostering household or any other change or event which may affect the placement of the child.

The Foster Carer must notify the department of any serious illness or other serious occurrence affecting the child.

Foster carers who have concerns regarding any aspect of the Care Plan for an individual child should seek to resolve this by discussion with the Child's Social Worker or team manager. If unresolved, Foster Carers may contact a senior manager within the department. Foster Carers have a right to express such concerns and for them to be heard and responded to. It is not, however, permissible for Foster Carers to express concerns and provide details of an individual child's circumstances to any individual or agency, including the media, outside of the authority, its officers and members.

The Family Placement Team is required to complete an annual household review of all Foster Carers and kinship carers. This allows the Foster Carer and their family as well as the department to review the years' experience of fostering and to identify training needs, changes in circumstances, and a development plan for the coming year. It is also an opportunity to discuss any problems which may have been experienced.

In circumstances where a child is likely to need long-term or permanent care away from home, or where a child is placed prior to being adopted, Foster Carers may have a vital role in contributing to that child's life-story work, by recording any information they have about the child, his/her family contacts and his/her development and significant events in their life whilst in the foster home. Looked After Children can lack information about their roots and their lives and life story work seeks to make sure a child has what they need to develop a positive sense of self and identity.

7. Foster Carer Co-ordinator

Foster Carer Co-ordinators are experienced Foster Carers who support other Foster Carers. They provide information and support individually or in groups in relation to fostering matters. They represent all Foster Carers at County meetings and help with recruitment activities on behalf of carers.

Tasks undertaken by a Foster Carer co-ordinator include:

- Follow up visits to fostering applicants
- Provide support to prospective carers throughout the approval period
- Delivering Welcome Packs to newly approved carers and assist them in their induction
- Arrange and lead local Foster Carer Support Groups
- Support carers in completing their Fostering Induction Standards and also promoting and encouraging other training opportunities

- Social activities – to assist with the organisation of social events in conjunction with local foster care groups and Oxfordshire Foster Care Association
- Telephone contact as/when appropriate
- Practical support
- Support, when requested, to carers who have had an allegation or complaint made against them
- Assist with the delivery of fostering preparation groups for prospective Foster Carers.

If you would like to see the full list of duties carried out by your Foster Carer Co-ordinator, please ask your Supervising social worker for a copy of the Job Description.

If you are interested in becoming a Foster Carer Co-ordinator, please speak to your Supervising social worker for more information.

8. Child's Birth Parents and Family

Parents and those with parental responsibility as well as extended family members will have a part to play in ensuring the child's day to day needs are met as well as contributing to plans for the child's future care. This may be by providing information, or by keeping in contact, by phone, letter, or in person.

A child's care plan will be made with the agreement of all parties who are significant in the care of the child and the care plan will set out the duties and responsibilities of all concerned, including the contact arrangements for the child and their family.

9. Adoption Team

The Social Workers in the Adoption Team assess and support potential adopters. They take the final adoption assessment to Adoption Panel, (which is also attended by the applicants), who recommend their approval as adopters. The recommendation includes age range, gender and number of children for whom the adopters will be approved.

Once approved, all the information about the adopters is retained on a register. When seeking to link a child with potential adopters, Social Workers then consult the register to try and find adopters for the child who will best meet their needs. Once adopters

have adopted a child, there is a post-adoption service in the county to offer them support.

10. ATTACH Team

The ATTACH Team offers advice; consultation and direct work with Looked After Children, their families and carers.

The team comprises of clinical psychologists and senior practitioners with specialisms in the field of attachment theory and the impact of abuse and neglect. They are employed to help Oxfordshire children and young people who are living away from their birth parents including those living in foster care, kinship care or in adoptive families. The ATTACH Team work with:

- Young people
- Foster Carers
- Social Workers
- Adoptive parents
- Residential Social Workers
- Family placement workers.

The ATTACH Team offer:

- Consultation to those people who have an important role in the lives of the young person concerned and identify how these children at times may need parenting which is highly sensitive to the child's early relationship experiences
- To see young people directly for assessment if there are concerns that the young person is suffering distress from a psychological disorder, or need to directly assess if the young person has learned to survive in their relationships
- Psychological therapy with young people individually and often with their carers/parents as well.

If you would like to make a referral, please contact your Supervising social worker.

11. Virtual School

The Virtual School is a multidisciplinary team (formerly the Reach Up Team) with representatives from education (Early Years, Primary and Secondary), SEN (Special Educational Needs) and inclusion, educational psychology, behaviour support, attendance and reintegration and social care.

For more information about the Virtual School go to:

http://www.proceduresonline.com/oxfordshire/childcare/p_educ_lac.html

12. Emergency Duty Team (EDT)

The Emergency Duty Team will be your main point of contact if anything happens out of office hours. You should have their contact details (tel. 0800 833 408)

The EDT list of foster carers is used by the Placement Service Duty team and by EDT when they are finding an emergency placement for a child or young person. This is a temporary placement for a period of normally 1 to 3 days but could be up to 6 days. Sometimes the child or young person may stay with you if the placement fits with your approval and if agreed by yourself and your Social Worker. If you agree to be placed on the EDT list then you could be called at any time of the day or night and asked if you can take a child or young person - due to the short notice we understand this may not always be possible, we will then phone an alternative foster carer.

Children come into care for many different reasons at such short notice; this is a particularly distressing time for them and we aim to place them in a safe and secure foster home as quickly as possible.

If you would be interested in finding out any more information regarding relief care for teenagers, Short Breaks or about being placed on the EDT list please discuss this with your social worker who will be able to give you more details and advise you of the next step.

13. Schools and Education Staff

There are many different professionals involved in the education of Looked After Children. Every school has a 'designated teacher' whose responsibility it is to support the well-being and progress of any child in the school who is 'Looked After'.

There are also education support service workers (who are teachers) who liaise with schools, Looked After Children and their carers', and Social Workers to ensure, for example, a child can access the education they need.

The education support service workers work with staff in the 'Behaviour Support teams'. These are multi-agency teams, comprising of teachers, social workers and educational psychologists. Part of their role is to make sure a child achieves their potential and is settled in school, they often also work with children who are at risk of exclusion.

Education welfare officers are employed by the education department: their primary job is to assist children and their families where there are attendance problems.

A school can also refer a child to an educational psychologist for assessment if there is concern that a child is experiencing severe and complex obstacles to learning.

14. Solicitors

The department have their own solicitors, who are based in the County Council's Chief Executive's department. These solicitors give advice and guidance in all legal matters pertaining to child care and represent the children's services department in court proceedings concerning children.

In some situations - for example, where birth parents are not in agreement with the actions the department are taking with regards to their children in Court – the birth parents will then usually appoint their own solicitor, to represent them in Court.

In care proceedings a child will also have the representation of their own solicitor, who works with the child's Guardian. The role of both is to represent the views of the child and to ensure that the child's best interests are treated as paramount at all times.

15. Children's Guardian

A Children's Guardian is an officer of CAFCASS appointed by the Court to safeguard the interests of the child in Court proceedings involving the local authority. S/he may need to arrange with you to interview a child you are caring for.

16. Police

The child protection procedures within children's services and the police ensure both services consult with each other and plan together in situations where a child may be at risk and action may need to be taken to protect the child.

There is a representative from the police who attends child protection conferences in order to contribute to the decision as to whether the child's name is put on the Child Protection Register.

16. Support Workers

Support workers may be a worker from one of the child care or fostering teams, or a sessional worker employed by children's services. Their tasks will be to support the child or young person, for example, with Life Story work, or in supervising contact between a child and their birth family.

17. Health Professionals – i.e. GPs, Health Visitors, OT's, therapists

There are many health professionals who may be involved in the life of a child in care. These may include GPs, health visitors, school nurses, occupational therapists, child psychologists and other therapists.

A psychiatrist is a qualified doctor who has specialised in mental health and the diagnosis and treatment of mental illnesses.

A psychologist is not a qualified medical practitioner but has had training in how the mind works and human behaviour and development. A psychologist can treat people using a range of therapies.

Community therapists may be social workers or nurses by training but they also have special expertise in working with children and young people. They have a specific role within children's services to work therapeutically with Looked After Children. If you consider a child you are caring for needs this therapeutic service, discuss this referral with your Supervising social worker.

The child's care plan will include what actions need to be taken to meet the child's health needs. These may include referrals to a specialist service, for example, occupational therapy. The child's social worker will give foster carers information about any specialist services needed for the child.

2:5 Moving Children onto Adoption

Moving children on for adoption is one of the most important and hardest tasks you will ever perform as a foster carer. The knowledge you possess will be crucial to helping the child move on to a new life. There is nothing anyone can do to lessen the pain of a child leaving the family but you can take pride in a job well done.

http://www.proceduresonline.com/oxfordshire/childcare/p_place_adop.html

2:6 Fostering Network

Fostering is a demanding and complex job and you will have your own supervising social worker to support and guide you. The Fostering Service is aware that there may be times when carers may need an independent third person, to provide an expert listening ear and confidential help in addition to the support you will already receive.

Oxfordshire has entered into a contract with The Fostering Network for the provision of this service to support you and through you, the children in your care. You can call about any aspect of fostering that affects you or your family, for example, financial issues, concerns about a child's future, allegations and complaints and changes in legislation.

What Fostering Network do:

- As the voice of foster care, they bring together their members and other stakeholders to influence change.
- Policy and Campaigns - they campaign across the UK to improve foster care for children who are fostered and the families who care for them.
- Review the recommended minimum allowances for foster carers.
- Working with children and young people - enabling young people to contribute their views and ideas to the on-going development of foster care, including their work around sons and daughters of foster carers.
- Sons and Daughters' week - an annual campaign that can take place any week in October to celebrate the role that the sons and daughters of foster carers play in the fostering family.
- Foster Care Fortnight - their high-profile media campaign reaches millions of potential foster carers across the UK each year.

- For further information visit: <http://www.fostering.net/what-we-do>

Web: www.fostering.net

Address: The Fostering Network, 87 Blackfriars Road, London SE1 8HA

Helpline: 020 7401 9582

General Enquiries: 020 7620 6400

Email: info@fostering.net

2:7 Discrimination and Anti-discrimination policy

Promoting Diversity

Discrimination is a term referring to the unfair treatment taken towards or against a person or a group based solely on class or category. Discrimination is actual behaviour towards this person or group and can be against age, disability, race, gender, sexual orientation, religion, and employment. An example of discrimination that a young person/child in placement could come across is struggling to access further education or training because they are being discriminated by their disability. Carers can also be discriminated against e.g. the child's school discriminates against their race or religion.

There are many different types of discrimination including age, disability, race, gender, sexual orientation, religious, employment.

Age Discrimination

This is discrimination on the grounds of age. Although theoretically the word can refer to the discrimination against any age group, age discrimination usually comes in one of three forms: discrimination against youth, discrimination against those 40 years old or older, and discrimination against elderly people. Age discrimination has been unlawful in employment, training and education since October 2006.

Disability Discrimination

Disability discrimination, which treats non-disabled individuals as the standard of 'normal living', can result in public and private places and services, education, and social work that are built to serve 'standard' people, excluding those with various disabilities.

The Disability Discrimination Act (DDA) 1995 aims to end the discrimination that faces many people with disabilities. This Act has been significantly extended, including by the Disability Discrimination (NI) Order 2006 (DDO). It now gives people with disabilities rights in the areas of:

- Employment
- Education
- Access to goods, facilities and services, including larger private clubs and land-based transport services
- Buying or renting land or property, including making it easier for disabled people to rent property and for tenants to make disability-related adaptations
- Functions of public bodies, for example issuing of licenses.

The legislation requires public bodies to promote equality of opportunity for disabled people. It also allows the government to set minimum standards so that disabled people can use public transport easily.

An example includes the child or young person being discriminated against at school or work because of their disability.

Racial Discrimination

Racial discrimination is any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic background.

The Race Relations (NI) Order 1997 follows closely the provisions of the Race Relations Act 1976. It outlaws discrimination on the grounds of:

- Colour
- Race
- Nationality
- Ethnic or national origins, including the Irish Traveller community

Under the Act, it doesn't matter if the discrimination is done on purpose or not. What counts is whether (as a result of an employer's actions) you are treated unfavourably because of your race.

The Race Relations Act protects all racial groups, regardless of their race, colour, nationality, or national or ethnic origins.

Gender Discrimination

Gender discrimination refers to beliefs and attitudes in relation to the gender of a person. Such beliefs and attitudes are of a social nature and do not, normally, carry any legal consequences.

Sexual Orientation Discrimination

Sexual orientation discrimination is against lesbians and gay men, heterosexual and bisexual people and occurs when, on the grounds of your sexual orientation, a person treats you less favourably than they would another person.

You are protected against sexual orientation discrimination if:

- You are lesbian, gay, bisexual or heterosexual
- People think you are gay, lesbian or heterosexual when you are not
- You have gay friends or visit gay clubs.

Protection against discrimination starts when you apply for a job and continues through your employment. Discrimination protection covers:

- Recruitment
- Terms and conditions of employment (including benefits such as pensions)
- Pay
- Employment status (e.g. if you are a worker or an employee)
- Training
- Promotion and transfer opportunities
- Redundancy
- Dismissal.

Religious Discrimination

Religious discrimination is valuing or treating a person or group differently because of what they do or do not believe.

The European Convention on Human Rights upholds freedom of thought, conscience and religion and the manifestation of religion and belief. This was included in the Human Rights Act (1998), but only applies directly to public bodies. The Race Relations Act covers Jews and Sikhs as they are ethnic groups, but other religions are not covered.

The religious discrimination regulations give protection against discrimination on the grounds of “any religion, religious belief or philosophical belief” in a similar way to the existing sex discrimination and race discrimination laws. The Equality Act 2006 widened this to specifically protect "lack of belief" as well.

Employment Discrimination

Employment discrimination refers to disabling certain people to apply and receive jobs based on their race, age, gender, religion, sexual orientation and disability.

Summary of the main laws on discrimination relating to sex, race and disability:

- The Sex Discrimination Act 1975 makes it unlawful to discriminate on grounds of sex or marriage.
- The Race Relations Act 1976 makes it unlawful to discriminate on grounds of colour, race, nationality and ethnic or national origin. The Race Relations (Amendment) Act 2000 also places a duty on public authorities to promote racial equality in the provision of its services and to improve equal opportunities in employment.
- The Disability Discrimination Act 1995 makes it unlawful to discriminate on grounds of disability.
- The Equal Pay Act 1970 makes it unlawful to discriminate between men and women in their contracts of employment including pay, holiday entitlement, pension etc.
- The Employment Relations Act 1999 requires employers to issue a written statement of terms and conditions of employment. It also provides rights to pregnant women and gives working parents the right to unpaid parental leave and time off to deal with emergencies.

Related legislation/ regulations

- The Human Rights Act 1998 protects the human and civil rights of individuals and has a potential impact on working practices and policies.
- The Working Time Regulations 1998 set a limit on how many hours people can work.
- The Part-Time Working Regulations 2000 require employers to offer the same terms and conditions pro rata to part-time workers as full-time workers.
- The National Minimum Wage sets a minimum wage for all workers aged 18 and over.
- The Working Families Tax Credit provides a minimum weekly income guarantee for families.
- The Disabled Person's Tax Credit provides extra help for people who have an illness or disability and work for 16 hours or more a week.

Civil Partnerships

If you are a same-sex couple in a civil partnership you are entitled to the same benefits as a married person (for example, survivors' benefits under a company pension scheme), if the benefits have been in place since 5 December 2005 (when the Civil Partnership Act came into force).

Dealing with discrimination

All types of discrimination need to be reported to the relevant person. This can include direct and indirect discrimination, including situations where you feel you are being treated differently to others.

The department will not tolerate such behaviour and if any discrimination takes place, whether by a child, another carer, a child's relative or professional body i.e. an employer; this needs to be reported.

If you aren't sure who to report to, speak to your supervising social worker or the child's social worker. Any reported incidents will be treated seriously and other people may get involved to deal with this e.g. the police.

National Minimum Standard 2 lays out the expectations for promoting positive identity for children in foster care:

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

Outcome:

Children have a positive self-view, emotional resilience and knowledge and understanding of their background.

- 2.1) Children are provided with personalised care that meets their needs and promotes all aspects of their individual identity.
- 2.2) Foster carers are supported to promote children’s social and emotional development, and to enable children to develop emotional resilience and positive self-esteem.
- 2.3) Foster carers meet children’s individual needs as set out in the child’s placement plan as part of the wider family context.
- 2.4) Children exercise choice in the food that they eat and are able to prepare their own meals and snacks, within the context of the foster family’s decision making and the limits that a responsible parent would set.
- 2.5) Children exercise choice and independence in the clothes and personal requisites that they buy and have these needs met, within the context of the foster family’s decision making and the reasonable limits that a responsible parent would set. This sub-standard is not applicable to short break placements.
- 2.6) Children develop skills and emotional resilience that will prepare them for independent living.
- 2.7) Children receive a personal allowance appropriate to their age and understanding

2:8 Smoking & Health Policy for Foster Care, Family and Friends Carers

Oxfordshire County Council wants to discourage all foster carers from smoking. There is increasingly strong medical evidence to support the view that smoking and passive smoking have a detrimental effect upon the health of children. 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. Babies and children who cannot avoid smoke where they live and play are particularly at risk. Babies whose parents smoke are much more likely to be taken to hospital with chest problems in their first year of life than non-smokers' children. Children exposed to smoke are more likely to develop breathing problems as adults.

Policy: http://www.proceduresonline.com/oxfordshire/childcare/p_smoke_pol_fc.html

Section 3: Looking After the Child

As an approved foster carer, you will have already had extensive checks completed, attended the Skills to Foster Preparation Training and been through a thorough assessment. The Foster Carer Handbook is not only a useful resource for newly approved carers, but also our more experienced foster carers.

3:1 Preparing for a Placement

The arrival of a new child can be both exciting and anxious for both the foster carers and the child or young person. Every child and their background are unique.

1) Planned placements

You will receive full information about the child from Placement Service Duty or your supervising social worker.

Wherever possible, children can visit your home and talk to you prior to a placement decision being made. Children can/will bring their favourite possessions to your home.

Before the child arrives make sure their room is ready and other family members know they will be arriving. Try to keep noise to a minimum on arrival; walking into a noisy and chaotic room could be stressful for a child.

First steps

- Introduce yourself and others in the house.

For some children you may need to explain your role as a foster carer. A child will have strong emotional ties to their birth family and they may find it difficult to adapt to another care giver.

- Let the child know that you will be meeting their basic needs.

After the initial greetings and introductions ask the child if they are hungry, thirsty, or sick. This lets them know that you will be meeting their basic needs. The child may be too afraid to ask. The child may have had nothing to eat all day and don't want to be too fearful to tell you.

- Tour of the home, ending with their room.

This is a great way to give the child some space. Make yourself available to listen if they do want to talk. Ask open questions, like those about favourite shows, foods, or stories. Show them where the bathroom is, where they will be sleeping and where the kitchen is will help to lower anxiety. Explain any house rules; it may be useful to write any rules down or create a welcome book describing daily routines and where things in the house can be found. Explain everyday household rules and expectations, including access to household facilities.

- Be honest when answering the foster child's questions.

If the child asks about the care plan for their family or future visits with family - always be clear, age appropriate, and above all honest with your answers. Do not promise a visit tomorrow if you don't know that to be fact. An honest answer of "I don't know" is always better than a fabrication and a child losing trust in you. If a child asks questions answer honestly but do not judge their birth family.

Next steps

Spend time getting to know the child or young person, but don't expect too much from them. They may like having their own space or simply not be ready to communicate. Be patient with them and always seek advice and support if you feel it would be beneficial. Your supervising social worker is there to help you.

Sometimes it takes a very long time before a child calls you by name and sometimes they may choose not to call you anything at all!

Most children you care for will have parents. It is very rare for a child not to have known a mum or a dad or both. So, if a child starts calling you by these names, this is bound to cause confusion even if they are very young. Also it can be very hurtful when parents visit to hear their child calling someone else by the names that naturally belong to them.

In households where the adults are called by their first names, there will not be such a problem because the foster children can follow suit - 'everyone calls me Jane, so you can too if you like'. Otherwise, asking the child to say 'auntie' or 'uncle' is an alternative

and most members of the families involved will let this pass. Sometimes, especially the under-fives will start using 'mummy' and 'daddy' of their own accord. When this happens, try reinforcing the message that you are, for example, 'Mummy Jane' and that their real mummy - their birth mummy is 'Mummy Sarah'.

2) Emergency placements

Waiting for a call about a foster child needing an emergency placement can be nerve wracking, whether you are an experienced foster carer or not. There may be times when the worker calling you will not even know the child's name. Other times the information may be completely wrong. Be prepared for anything.

When you take a call, ensure you are given the following information. Asking questions will help:

- Age of the child

The age of the child will dictate what other resources you will need to look after the child. If the child is school age does that fit better with your work schedule than a toddler?

- Reason for coming into care

Physical abuse, sexual abuse, truancy, lack of supervision, poor condition of the home, lack of food, lack of appropriate medical care, there are many reasons a child will come into foster care so know what you can and cannot handle. Also consider the needs of the other children in the home. If you have a foster child in the home that has sexualised behaviour, taking a child who is a recent victim of sexual abuse may be a bad fit.

- Placed from where

Is the child coming into foster care from the birth home, a group home or another foster home? This answer will lead to more questions e.g. why is the child being moved at this time?

- Disruption

There is a big difference between a child needing a new placement due to the foster parents moving, and a placement ending due to carers being unable to manage the child's behaviour. It may be helpful to talk to the previous foster carer. You can gain a wealth of information from the previous carer/s. This of course will depend on the situation and the social workers allowing the contact.

- Number of moves

How many foster homes has the child been in? Has the child been in custody before? A child moving from foster home to foster home is obviously a child with a lot of needs. This child may also have attachment issues or additional needs.

- Special Needs

Does the child have glasses, medication, allergies, or other physical needs?

- Siblings

Can you provide a home for the entire sibling set? If not, asking about siblings is just a good idea so that you know who the child is talking about. You can also begin thinking about ways to keep the children close.

- Known behaviours

Children express feelings through behaviours. For example, does this child hit when angry? Does the child have sexualised behaviour? Ask the worker what behaviours the child has; they may know especially if the child is coming to you from another foster home.

3:2 Caring for a foster child A to Z

1. Abuse and its effects on a child's behaviour
2. Accidents
3. Anger
4. Attention
5. Bed wetting
6. Babysitters
7. Bullying
8. Bereavement and loss
9. Contacting a mental health specialist
10. Corporal punishment
11. Depression
12. Different ideas and beliefs

13. Divorce and separation
14. Eating problems
15. Hearing voices
16. Illness
17. Inappropriate sexual behaviour
18. Low self esteem
19. Managing risk
20. Night terrors
21. Obsessions
22. Offending
23. Panic attacks
24. Personal appearance
25. Phobias
26. Relaxation methods
27. Running away/missing children
28. Selective mutism
29. Self-harm
30. Separation anxiety
31. Temper tantrums
32. Toileting
33. Truancy
34. Won't sleep

1. Abuse and its effects on children's behaviour

The neglected child: experiences may include lack of food, inadequate clothing, sleep, routine, personal hygiene, intellectual stimulation, medical attention, protection and emotional response. Possible behaviours include eating disorders, stealing food, inability to accept care, insistent demanding of attention or an inability to accept attention, compulsive self-reliance, inability to attend to personal hygiene even when the opportunity is there. The child may be destructive or particularly acquisitive of possessions.

The emotionally abused child: experiences may include being scapegoated, deprived of physical affection, belittled and humiliated, repeatedly moved from significant relationships, overprotected, racially abused, or denigrated because of a disability. Possible behaviours include stealing, lying, having no sign of empathy or

conscience for hurt done to others, or an inability to make relationships with peers or adults.

The physically abused child: may have been beaten, burned or have had bones broken. Typical behaviours include being either fearful or over-aggressive, bullying, being cruel to animals and having a preoccupation with violence.

The sexually abused child: may have suffered anything from inappropriate touching and exposure to pornography to full sexual penetration. Some typical behaviours would include soiling, wetting, making inappropriate sexual overtures, offering indiscriminate affection, having fears and phobias, for instance about getting changed or getting into the bath, excessive masturbation, being “rude” and being fearful of relationships.

Guidance in caring for children who have been sexually abused:

- A child will need help to feel safe
- Let them have personal belongings, especially at bedtime
- At bedtime, check whether they want the door open or closed, and leave a torch by their bed and a dressing gown
- They may like a hot water bottle, sleeping bag, a potty by the bed
- Spend time at bedtime talking through the day; the child’s thoughts and fears and tell them what is planned for the next day
- Put a notice on the door asking people to knock before they come in
- Ensure privacy in the bathroom
- Do not cuddle or kiss a child until they are very familiar with who you are
- Food and drink may be very difficult areas. Ask a child to tell you likes and dislikes and try to be relaxed over mealtimes
- It is important that carers take seriously children’s accounts of what has happened to them
- It is important not to dismiss or minimise a child’s feelings
- Working with children who have been abused is painful.

Possible signs of sexual abuse or inappropriate sexual knowledge:

- Doesn’t trust adults
- Obsessive washing and cleaning
- Bed wetting and soiling
- Attempts to be controlling of others

- Doesn't like to be touched
- Presses children to be involved with sexual games
- Makes direct, often explicit, sexualised overtures
- Describes a variety of sexual acts
- Sexualised drawings
- Disclosure to other children
- Compulsive masturbation
- Chronic urinary infection
- Self exposure of genitals
- Drug, alcohol or eating disorders, e.g. overweight or bulimic
- Fear of going to bed.

Children who are abused are usually, although not always, abused by someone known to them; family member, neighbours, carer, friend. A child who has been abused may have been told there will be a consequence of them reporting what has happened, and therefore, will be fearful of any repercussions. They may have been informed nobody will believe them.

If a child discloses they have been abused remain calm and listen to what they have said. Remain aware of your own emotions as this may impact on the child and their ability to tell you about their experiences. Reassure them and explain to them calmly they may be at risk and you need to tell others what they have said. Remain calm and if necessary ask the child to repeat what they have said. Talk to your supervising social worker.

Do not ask a child leading questions. It is up to the child to decide what they feel comfortable with telling you. They may take time and only provide small parts of information to begin with. A child will need to feel they are in a safe environment to disclose any information. Do not rush a child to disclose additional information.

2. Accidents

All accidents should be reported in logged in accordance with Oxfordshire Recording Policy your foster carer's diary. Try to include:

- How the accident happened
- What injuries were sustained
- What action was taken

- Date and time of accident
- Who was involved?

If the child or young person requires medical treatment please take the relevant medical consent form with you. For further information please refer to the health section. The child's social worker and your supervising social worker should be informed immediately about any accidents.

3. Anger

Anger is very common and an emotion which we all feel from time to time. Children feel angry for the same reasons adults do.

Children need to express how they are feeling, however, anger needs to be expressed in an appropriate manner. If ignored, anger can build up within a child and show in disruptive and harmful behaviour and physical violence.

Anger can cause high blood pressure, problems with sleeping patterns, tension within the body and digestive issues. Anger can cause low self-esteem and feelings of depression if not appropriately managed.

Children may be angry for a variety of reasons but the way they have previously been treated will impact on their behaviour. They may become angry when they are frightened or stressed.

Try to consider: how they are doing at school, consider if they are struggling with work or socialising, are they being bullied? Can they express themselves? If a child can't verbalise how they are feeling, frustration can build. Have they experienced loss or bereavement?

Try to:

- Remain calm and do not lose your temper
- Talk to them about how they felt at the time
- Encourage them when behaving appropriately
- Locate a trigger for their behaviour
- Diffuse the situation.

Do not:

- Lose your temper
- Use corporal punishment
- Tease the child

- Get into an argument
- Threaten an action which you will not carry out.

4. Attention

Some children may have a difficulty in sitting, concentrating and following instructions. They may be noisy and not do as they are told. As a carer this can be extremely exhausting to deal with.

Remember some children are naturally more outgoing and have lots of energy and usually there is nothing to worry about. Some children may 'act out' in order to gain some positive attention. For some children they may struggle at home but behave well in an alternative setting such as school.

What can you do?

- Repeat instructions if necessary. Do not overload a child with information; provide one instruction at a time
- React calmly
- Ensure the child knows there are consequences for negative behaviour
- Reinforce positive behaviour with praise
- Try to keep eye contact with the child when communicating. Make sure they understand what you have asked of them
- Create daily routine. When making plans make sure the child knows if there are going to be changes to their daily routine
- Find physical activities they enjoy participating in
- Reduce any caffeine and additives in their diet
- Set clear boundaries
- Spend time together; allowing the child attention in a positive one on one setting.

5. Bedwetting

A child who has experienced trauma or who is separated from their family may wet the bed. Bedwetting for children under the age of 6 is very common and occurs more frequently for boys.

If a child or young person you are caring for wets the bed:

- Use mattress protectors

- Change the bed as quickly as possible without making a fuss of the incident as it is not their fault.

Certain foods can aggravate bed wetting; tea, caffeinated fizzy drinks, chocolate and blackcurrant based drinks. A urinary tract infection or constipation may cause bedwetting. A GP will be able to advise further.

Make sure the child drinks regularly throughout the day, at least 6-8 glasses. Please also ensure the child visits the toilet regularly throughout the day and before sleep (typically 4-7 times a day).

If the bed wetting continues seek advice from a health visitor or school health nurse. Talk to the child's social worker if you have any concerns about this and you may be asked to assist with any toilet training with the child.

More information can be found on:

E.R.I.C. helpline on 0845 370 8008 (Monday to Friday 10am to 4pm).

Nocturnal enuresis "The management of bedwetting in children and young people" 2010 can be requested from your supervising social worker.

6. Baby sitters

Babysitters should be 18 years old or older, known to and agreed by the foster carer under the delegated authority process.

People who provide day care or overnight care as a regular arrangement should be assessed either under delegated authority or as named relief carers for your foster child and this should include a DBS check.

7. Bullying

Bullying is defined as 'deliberately hurtful behaviour repeated over a period of time when it is difficult for those bullied to defend themselves' (Department of Health, Education & Home Office document Working Together to Safeguard Children).

Many Looked After Children experience bullying at school, in the local area and sometimes from other children in the foster home. There is a strong link between bullying and discrimination. Discrimination is a source of bullying; however, bullying is not necessarily discrimination.

Looked After Children are often targets for bullies. The child feels and/or appears different. School life can highlight difference, for example they may arrive at school by taxi, they may not be able to participate in after school clubs, and they may be withdrawn from some lessons to attend meetings/reviews. They may not be achieving as well as others in their class, have had multiple moves of carer/school, may not have

an established friendship group, may not want other children to know that they are Looked After, may feel isolated and believe that they have no-one to talk to at school.

Make sure you are watchful for bullying, talk to your foster child about bullying and work through how they would respond. Ask about school and school friends on a regular basis. Any incidents of bullying should be recorded in your diary.

Some signs of bullying can be:

- Excuses for not wanting to go to school
- Unexplained bruises
- Torn clothing
- Need for extra money
- Continually losing belongings
- Problems sleeping
- Sudden loss of appetite
- Sudden academic problems
- Sullen/withdrawn behaviour or temper outbursts
- Unusually hungry at the end of the school day (lunch money being taken)
- Rushing to the bathroom after school (fear of going to the school toilets).

How to address bullying

Make sure you are watchful for bullying, talk to your foster child about bullying and work through how they would respond. Ask about school and school friends on a regular basis. Any incidents of bullying should be recorded in your recording file logs. Schools have an anti-discriminatory policy which you can ask the child's school about.

Positive strategies for supporting children who are being bullied:

- Continue to act on the advice from the child's social worker and other professionals on ways to help build the child's self-esteem
- Help the child establish a script to use to help explain why they are living with Foster Carers/adopters
- Encourage friendships and invite school friends home. There is strength in numbers and children need to stay near to other children even if they are not close friends. Bullies quickly target a child who is alone

- Build social skills
- Problem solve difficult social situations and practice suitable responses over a meal
- Do not reject a child who is a bully; reject the behaviour
- Explain how the behaviour makes other children unhappy and help them develop alternative strategies to feel better about themselves and to express their unhappiness
- Give the child praise each time they are co-operative or are kind to someone
- Consult with the child's social worker and make an arrangement for both of you to see the child's class teacher and/or designated teacher for LAC.

For further information:

<http://www.bullying.co.uk/>

<http://www.youngminds.org.uk/parents/im-concerned-about/bullying-1?qclid=CNiKzJSYiasCFdQNfAodUFGazq>

8. Bereavement and loss

Children in foster care will have experienced loss in a variety of different ways: death of a family member or friend, loss of a parent either by adoption, separation or divorce or mental illness in the birth family. Foster children and young people who have experienced loss may suffer from anxiety, withdrawal and feelings of insecurity.

Symptoms of grief and loss:

- Depression
- Guilt
- Anger
- Fatigue
- Dependency
- Low self esteem
- Irregular sleep patterns
- Lack of appetite
- Soiling

How to help children cope with loss:

Talk to the child or young person, give honest answers to any questions they may ask and give clear explanations. Listen to the young person and allow them time and space to come to terms with reality. Share feelings with them. A child or young person experiencing loss or bereavement may be feeling a huge variety of emotions and needs the space to show these. Some children may act out their feelings; play can be a very important tool for understanding and helping a child cope with loss and bereavement.

Life story work can be very beneficial to a child or young person experiencing loss and bereavement.

Provide a clear routine and set boundaries for the young person; this gives security. Provide reassurance where needed. Talk to the child's school and social worker.

There is additional support which can be offered to a child or young person who is struggling with loss and bereavement. They could be referred to the Child & Adolescent Mental Health Service (CAHMS) for help and guidance. If you feel a child or young person in your care may benefit from additional professional support discuss this with your supervising social worker.

9. Contacting a mental health specialist

Contact your GP, health centre or hospital who will be able to advise you further. They will be able to advise you on how to make a referral and provide advice regarding the child and their behaviour. Inform your supervising social worker and discuss any concerns you may have.

When to contact a mental health specialist:

- If you have concerns regarding a child or young person's safety and discover they are self-harming or having suicidal thoughts
- If you believe a child or young person in your care is experiencing symptoms of depression
- If the child or young person is experiencing panic attacks which cause distress and affect their daily life
- If a child becomes extremely withdrawn
- If a young person has extreme tantrums which occur beyond school age
- If a child displays violent behaviour which is out of character and/or becomes destructive

- If a young person's eating habits change to binge eating, vomiting or a refusal to eat
- If the young person discloses information which you do not feel prepared and experienced to deal with; suicidal thoughts or sexual abuse.

10. Corporal punishment

Corporal punishment should not occur. Foster children and young people in care should not experience smacking or any other physical punishment.

11. Depression

Depression affects both children and adults and girls are more prone to depression than boys. Depression is usually due to a combination of factors. It can run in families and a traumatic event can lead to a person experiencing depression.

Signs of depression:

- General low mood for a number of days or over many weeks
- Tearful
- Irritable
- Anxiety and panic attacks
- Headaches, palpitations
- Socially withdrawn
- Changes to sleep pattern: extreme tiredness and a lack of energy
- Inability to concentrate
- Lack of interest in activities previously enjoyed
- Low self esteem
- Changes to appetite
- Suicidal thoughts.

Reassure the young person that sometimes it is ok to feel sad, that it is completely normal and we all feel sad at times. Listen to them and try to find if there is anything which is causing them to feel sad. Encourage exercise and reduce any stress. If they are reluctant to talk to you, see if they are more comfortable talking to a teacher or a friend. It is important they do not feel alone.

If you feel the young person you are caring for may have depression please seek medical advice and support. Discuss your concerns with your supervising social worker.

12. Different ideas and beliefs

Children and young people explore different ideas and beliefs to develop a sense of their own identity. Young people may explore alternative cultures, lifestyles and interests and this assists in their ability to decide on their own life values. This is completely normal development and not something to be concerned about. At times people may have a misconception due to a misunderstanding. In these instances, the false belief can be corrected.

A false belief which that originates from mental illness usually remains fixed despite evidence to the contrary.

If a young person is experiencing mental health issues there may be other symptoms:

- Interest in personal hygiene and physical appearance may wane
- Reluctance to socialise
- Difficulty with concentration
- Acting out of character
- Appear to be having a conversation with an invisible person
- Lack of interest in previous enjoyable activities.

If you believe a young person in your care is experiencing mental health difficulties please seek medical support immediately. If a young person is experiencing mental illness, stress, arguments and family conflict can aggravate their issues.

What can you do?

If you believe a young person in your care is having mental health issues it is important you keep yourself, your family and the young person safe:

- Seek support from a GP and discuss your concerns with your supervising social worker
- Talk to the person and listen to what they are describing. Assess the level of risk
- Reassure and respect them
- Be prepared for changes in their behaviour
- Encourage social activities
- Support any treatment and attend appointments

- Try and help reduce stress and avoid situations which could be highly stressful.

If you have concerns about a child's behaviour it is important that you do not dismiss them. Early intervention can assist to reduce stress levels. Take a child's concerns seriously but do not reinforce any false beliefs.

13. Divorce and separation

Children whose parents have separated or divorced will find the experience traumatic and upsetting. This is a big change to their life and may lead to feelings of loss and confusion. Some children may experience grief, anger and guilt.

Talk to the child or young person about how they are feeling. Do not place blame or be judgemental. Reassure them there are people who care about them and separation is not their fault. Create a routine for the child as this will create a sense of security.

14. Eating problems

Many children have problems with eating at some time in their lives. These problems can range from not liking certain foods (which happens to most people), to serious eating problems which may come from medical or emotional troubles.

There is no single cause which can be used to explain all eating disorders. People may suffer from an anxiety relating to food for a variety of reasons; low self-esteem, bullying, bereavement, trauma, the effect of the mass media etc.

Children and young people sometimes develop patterns of eating and drinking which cause no physical harm but which interfere with their social functioning and development. These can include strange eating habits such as refusing to eat when others are present.

If you are worried about a young person and their eating habits discuss your concerns with a GP/Health visitor and your supervising social worker.

15. Hearing voices

Hearing voices can occur as a coping mechanism due to a traumatic event. Hearing voices can indicate evidence of mental illness (although this is not always the case and there a variety of reasons a child or young person may experience hearing voices). In instances where mental illness is involved there are likely to be other symptoms:

- They may lose interest in activities they previously enjoyed, sport, watching the TV, and meeting friends
- Poor concentration
- Lack of personal hygiene
- Appear to have a conversation with an invisible person.

A young person hearing voices may not find this stressful or abnormal. They may find the voices a comfort at stressful times. Some young people will hear voices which encourage harm to either themselves or others.

If you believe a child or young person in your care is hearing voices please seek medical support immediately. Discuss any concerns with your supervising social worker.

16. Illness

Children have medical checks carried out before they are placed with you. You will have already been given the report. If not, please speak to the child's social worker for a copy.

If you think the child is ill or has symptoms of something that hasn't been brought up on their last medical you can:

- Discuss with the child's social worker
- Make an appointment to see their GP or your GP
- If the child is young you can liaise with the Health Visitor or School Nurse for additional advice.

Always remember to inform the child's social worker and/or your supervising social worker.

Medical emergencies

In an emergency, take the child to the doctor or dentist etc immediately. They will treat the child. Once you have dealt with the emergency, please contact the child's social worker or EDT.

Non-urgent treatment

If the child needs to go for non-urgent medical or dental treatment, please discuss this with the child's social worker first, before the treatment begins.

Wherever possible, take the child to their own GP or dentist as they will have the child's medical records to hand and will know their medical history.

Any child can be nervous about visiting the GP. The child may have had negative experiences of medical examinations in the past, particularly if there have been any allegations of abuse. A child may also associate seeing a doctor with separation from their carer. Take time to go through the visit with the child to make sure that you know how they are feeling.

Hospitals

Going into hospital can be traumatic for anyone, especially children who are being Looked After. This experience will be another separation as well as separation from their birth parents.

Ensure that the child understands why they are going into hospital and that the hospital is aware of the child's particular circumstances.

Taking Medication

Children often have problems taking medication. If the child is only taking it for a short period of time, you may find good ways of persuading them, perhaps using rewards. If the child is going to be taking the medication for a long time – perhaps their whole life – the problem may be worse as rewards may not work long-term. In this case, you must discuss this with a GP or consultant who will be able to help.

All Looked After Children and young people should have a health plan drawn up in conjunction with a named health visitor or school nurse. For children under five years of age the assessment is twice a year.

There is a Designated Nurse for Looked After Children who coordinates services for Looked After Children. She can be contacted on 01865 904991, or by e-mail: maggie.mackenzie@oxfordhealth.nhs.uk and will help answer your queries. Maggie is part of the LAC Health Team who you can contact on: 01865 904973.

17. Inappropriate sexual behaviour

- Remember that children of all ages become involved in sexual behaviours and that the vast majority of children's sexual behaviour is seen as healthy and normal.
- Remember that it is not only adults who can abuse and hurt children. It is therefore very important not to ignore inappropriate sexual behaviour as children sometimes need to be protected from each other.
- If you are still unsure, speak to a senior colleague, your supervising social worker or a senior health service professional such as the child's GP or health visitor.
- Remember that younger children who have been abused will sometimes be acting out what has been done to them.
- Remember that sexually inappropriate and sexually abusive teenagers have often been abused themselves.

What you can do

- Make sure that you are aware of and follow the child protection policies of the organisation you work for.
- Tell the child/young person to stop the behaviour and that it is unacceptable. Be clear and direct in your communication. Use language that is appropriate to the child's age and their level of understanding.
- Remain calm. Be firm but keep control of your own emotions.
- Explain to the child why their behaviour is unacceptable.
- Give the child a chance to explain their behaviour.
- Ensure that any children who have been adversely affected are made safe, and are looked after and supported by you. Discuss any concerns with your supervising social worker.
- Make sure that you fully understand your obligations to report inappropriate sexual behaviour (i.e. behaviour that requires immediate further advice) and the likely immediate consequences for the child/young person of reporting. Contact the appropriate authorities in your area and raise any concerns with your Supervising social worker.
- Take some time to write down the facts of what you have observed as soon as you can.
- If a child/young person's behaviour is worrying but not at the extreme end of behaviours (i.e. behaviour that might give cause for concern) increase your vigilance, and seek further advice from your supervising social worker.

What not to do:

- Do not panic
- Avoid being judgemental
- Do not put pressure on a child by persistent questioning about their behaviour when they are clearly reluctant or unable to speak about it
- Do not convey an anxious message to a child/young person whose behaviour is normal and healthy
- Do not confuse behaviours which might be socially unacceptable (e.g. consenting young people being sexually intimate in a youth club setting) and those which are inappropriate because of the harm which is being done to others or because of a

reasonable inference that the child or young person exhibiting the behaviours is at risk

- Do not allow any embarrassment or discomfort you might feel in dealing with sexually inappropriate behaviour prevent you from taking the right action to protect children from harm

<http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/healthy-sexual-behaviour-children-young-people/#tab-820e05e3-0d4ce7d7>

18. Low self esteem

Self-esteem is the collection of beliefs or feelings we have about ourselves, our "self-perceptions." How we define ourselves influences our motivations, attitudes, and behaviours and affects our emotional adjustment.

Some Looked After Children will have experienced some periods of low self-esteem in their lifetime. Children with low self-esteem can find challenges to be sources of major anxiety and frustration. Those who think poorly of themselves have a hard time finding solutions to problems. If given to self-critical thoughts such as "I'm no good" or "I can't do anything right," they may become passive, withdrawn, or depressed. Faced with a new challenge, their immediate response is "I can't."

A child or young person with low self-esteem may feel they have little to contribute and believe they are worthless. If a child has low self-esteem they tend to avoid new situations, feel unloved and put themselves down. They may continually compare themselves to others and not deal with disappointment well.

What can you do?

- Be positive and set positive examples
- Show the child you believe they are worthwhile and a fantastic individual
- Reassure them. We all make mistakes and that's ok
- Be realistic in your expectations
- Provide praise
- Respect a child's interest and accept their anxieties
- Listen to them and respond to their concerns and feelings
- Include them in decision making where appropriate
- Try engaging them in a subject they enjoy; if they enjoy art then why not suggest they draw something for you? Likewise, if English is their speciality why not encourage them to read a book that you can engage them in discussion about

- Low self-esteem in children manifests itself in the same way as it would in an adult, with low confidence in their own abilities all the time
- The important thing is to try and encourage them out of their shell with subjects and hobbies that are of interest to them.

Children who are low in self-esteem tend to:

- Shrink into the background and do not like to be asked questions or to be included in group activities as they feel they are not worthy.
- They will initially come across as being shy and you will often find that talking to them produces little in the way of constructive conversation.
- A child with self-esteem issues or low self-confidence will often consider what they have to say as being meaningless and as a result will often keep their answers to simple yes or no answers, thus avoiding feeling stupid.
- It is worth noting that it is only the child who thinks that are being stupid and not those around them asking the questions.

What not to do

- Avoid focusing on the child's weaknesses/difficulties and seeing them as a problem to be overcome
- Don't tell them to "snap out of it" if they are withdrawn
- Don't ignore them because they are being quiet or shy
- Don't talk to others about them in a way which emphasises their weaknesses, e.g. "she's so clumsy" as this may be overheard by the child
- Avoid blaming them for something that was beyond the child's control. Let them know that you felt there was nothing they could have done.

If you are worried about the child's self-esteem, talk to their social worker for further advice.

19. Managing risk

Foster carers should encourage children to take appropriate risks as a normal part of growing up. Children should be helped to understand how to keep themselves safe, including when outside of the household or when using the internet or social media.

Always discuss any concerns you have with your supervising social worker. Remember you are not alone and we have professionals who can provide advice, support and training. Try and talk to the child or young person you are concerned about and allow them to freely discuss their emotions.

It is important the child or young person can verbally express themselves. Consider the risks to not only the individual, but also other family members and yourself. Think about the child's resources, coping strategies and support.

At times it may be appropriate to disclose information a child or young person has told you to ensure their safety. Explain to the young person it is your duty to try and protect them from harm. Be honest with them and tell them who you are reporting this to.

20. Night terrors

Night terrors are when a child or young person experiences extreme terror and an inability to regain consciousness from sleep. They may scream, shake and gasp for air. Night terrors often run in the family, can last between ten and twenty minutes and they will not be able to respond to their care giver. They usually occur between 15 minutes and an hour of the child falling asleep. Night terrors generally affect young children although this is not always the case. Boys are more commonly affected.

It can be difficult to wake a child who is experiencing a night terror. They will not be able to remember the incident in the morning and may appear to look at you throughout the event; however, similar to sleep walking, they are not aware of this and are in fact in a deep sleep. Night terrors can occur in cycles and there may be periods of inactivity. In the majority of cases, children will grow out of night terrors, although some continue to experience night terrors into their adolescence.

Symptoms of night terrors:

- Persistent fear at night
- Confusion
- Increased heart rate
- Sweating
- Screaming.

To help a child or young person experiencing night terrors:

- Create a bedtime routine
- Try to log when they experience a night terror. If they suffer a night terror at similar times, wake the child fifteen minutes before the expected time. This short

interference with their sleep pattern is often enough to prevent a night terror that night

- Consult a GP.

21. Obsessions

Obsessions are repetitive thoughts and actions. Obsessions become an issue when they cause significant distress and disrupt daily living. Children and young people are more likely to experience obsessions and compulsions at time of anxiety and stress. Obsessions can take over someone's life.

Common obsessions:

- Concerned that something terrible will occur
- Repeating phrases or numbers
- Excessive cleaning or checking
- Hand washing
- Arranging objects on order of size, colour etc
- Picking skin, hair
- Repetitive touching of light switches, door handles etc.

Signs of compulsive behaviour:

- Do they become upset by dirt or mess?
- Do they have a fear of germs and dirt?
- Do they like to order their toys?
- Do they repeatedly touch door handles, light switches etc?
- Do they take long periods of time to complete daily tasks such as dressing or homework?

What can you do?

- Use a behaviour chart to encourage positive behaviour
- Encourage them
- Listen to their feelings and explain you understand how difficult it is to control these behaviours

- Do not make fun of a child about their habits or beliefs. However, do not encourage them to continue with the behaviour
- Ascertain if there is anything which is contributing to a stressful environment.
- Do not make fun of a child or ridicule their behaviour.

22. Offending

Why offending can be a problem for children who are being Looked After

Sadly, for some children who are being Looked After they have missed out on important parts of their development, including the ability to know right from wrong and truth from lies.

Children may have experienced unreliable or inconsistent care in the past. In some cases, the birth family may have broken the law themselves, or have had an unsuitable sense of how to behave or treat other people.

If younger children offend:

When dealing with difficult behaviour in younger children, it's important to remember that they may not have had suitable role models in the past. You may find it useful to give the child positive opportunities to learn, to say they are sorry, to give back something they have taken from a family member or friend.

Dealing with offending children, examples of some behaviour in children that is particularly serious:

- Some offences are very serious in themselves: stealing a car, robbery, assault etc
- Some offences become very serious when they happen too often: shop lifting
- Some behaviour is very serious because it is a risk to the child or to other people, regardless of whether the behaviour is an offence for example, playing on a railway line, driving stolen cars, using drugs
- Some behaviour is both risky to others and also shows that the child needs help: sexually abusive behaviour towards others.

It is important that the child you are caring for realises you will not overlook seriously wrong behaviour but you will continue to support them while being clear their behaviour is unacceptable.

Reporting offences:

You must report serious offences to:

- The child's social worker
- Your supervising social worker
- The police.

In some cases, it may be necessary to report to the police directly if the behaviour could lead to criminal charges, for example, if a child brings drugs into the house.

23. Panic attacks

A panic attack is a feeling of anxiety and fear in a situation which is not life threatening. Feelings may include:

- An increased heart rate
- Feeling sick or nauseous
- Sweating
- Feeling you are losing control
- Shortness of breath
- Shaking
- Feeling that you may die
- Looking for a means of escape from a situation
- Aggression
- Temporary incontinence.

If a young person suffers from panic attacks on a regular basis, this can interfere with day to day life. A health visitor or GP can offer further advice and support.

If a child you are caring for has a panic attack:

1. Remain calm
2. Reassure them and use soothing tones
3. Remain with the child
4. Explain their symptoms are not life threatening
5. Try and encourage them to concentrate on breathing slowly
6. Give them a drink to sip
7. Use statements such as: "It's ok", "You will be all right", "I'm here with you".

After a panic attack, talk to the young person and reassure them. If possible try and ascertain what they think may have brought on the anxiety. Try and record how often panic attacks occur.

Other methods to help are:

- Reducing caffeine and stimulants, these can reduce the occurrences of panic attacks
- Exercise
- Relaxation techniques.

Discuss any concerns with your supervising social worker.

24. Personal appearance

Our personal appearance is an expression of our own identity. Some children and young people and their birth families may have specific ideas on how they wish to appear.

Involve the child or young person in buying their own clothes. Young people should be asked to talk to their parents and their social worker before getting a piercing and cannot get a tattoo until they are 18 years of age.

25. Phobias

We all have certain things we are scared of or that make us anxious. Heights, spiders and public speaking are all common fears. A phobia makes the person have an extreme reaction to the situation; terror, severe anxiety, increased heart rate. If possible, many people avoid situations which produce fear. A phobia can start early in life. Whilst most fears and phobias disappear throughout early childhood some fears are so severe they continue to cause severe distress and can interfere with day to day life. To help a young person who is dealing with a phobia; try to remain calm and have an open and relaxed body language, reassure them, challenge irrational thoughts but do not diminish how they feel. Relaxation techniques can help a person who is suffering from a phobia.

26. Relaxation methods

Relaxation techniques are designed to help us respond to stress and anxiety by distracting us from the subject which is causing worry, and by releasing the tension in the body.

Relaxation methods:

- Playing sport or with toys
- Playing with a pet
- Reading
- Exercise
- Having a bath
- Listening to music

- Sitting in a quiet location
- Watching TV
- Talking to a friend or family member.

There are also medical and psychological relaxation techniques which can be applied. For further information seek advice from your GP or your supervising social worker.

27. Running away/missing children

If a child or young person in your care runs away we understand this can be an extremely traumatic and anxious time. Foster carers must inform the child's or young person's social worker, their supervising social worker, emergency duty team duty and the police.

Please contact the Emergency Duty Team on 0800 833 408 out of office hours. They will give an appropriate action and may contact the police in some circumstances. If the child or young person returns, the incident must still be reported.

On their return, always reassure the child or young person your commitment to them.

Children who go missing from care may place themselves and others at risk. The reasons for their absence are often varied and complex and cannot be viewed in isolation from their home circumstances and their experiences of care. Every "missing" episode should attract proper attention from the professionals involved with the missing person and they must collaborate to ensure a consistent and coherent response is given to the missing person on his/her return.

<http://www.proceduresonline.com/oxfordshire/childcare/contents.html>

28. Selective mutism

Selective mutism is when a child is unable to speak in social situations where they are expected to talk. Many children who find they are unable to verbally communicate in social settings actually want to talk but find themselves unable to do so.

It is possible for a child to speak in one setting and find themselves unable to do so in another. For example, they may talk in the home but not at school. There is usually not one single event which has led to a child being unable to talk in specific situations. Normally the child will have anxiety and this will be preventing them from verbally communicating. In some instances, a child may be fearful of communicating because they have language difficulties.

A child may find alternative methods of communication. For example, body languages and gestures.

Whilst some children may grow out of their anxiety, others may need strategies put in place to ease their anxiety.

Try to assist the child by reducing their stress levels. Talk to the child's teacher and friends to determine where they feel comfortable in communicating. Providing a routine can help ease anxiety levels as this structure provides a consistent environment.

Do not pressure a child to speak. Gestures allow a child to communicate in a non-threatening way. This may assist their ability to build trust.

29. Self-harm

Self-harm is an issue for a lot of children and young people and many workers find it challenging to deal with. Self-harm describes a wide range of behaviours that people sometimes use to cope with difficult feelings and distressing life experiences. These behaviours may include cutting, burning, scalding, banging or scratching one's own body, pulling one's own hair or swallowing poisonous substances or objects. The majority of people who self-harm have no intention of ending their life. Most people who self-harm do so to manage their feelings.

However negative and self-destructive it may be to hurt one's own body, for some children and young people it can serve many important functions. Self-harm is primarily a way to cope and in some cases it may feel like the only way to deal with feelings that are so distressing that the only alternative would be suicide.

30. Separation anxiety

Children will show signs of separation anxiety with a variety of behaviours, crying, clinging to their carer, running after their carer, screaming or having a tantrum.

Older children can also experience separation anxiety. They may be fearful of going to school or insist on sleeping with their parents. Older children may experience separation anxiety due to bullying, bereavement or trauma in the family home.

What can you do?

- Talk to them; ask them if there is anything concerning them and address any concerns they have
- Try and discuss their feelings with them. For younger children drawings and play may be a useful tool
- Ask the Child's Social Worker if there has been a previous pattern of separation anxiety.

31. Temper tantrums

Temper tantrums can occur for many reasons but are often a result of the child feeling stressed and frustrated, hungry, tired, or over-excited. They also often occur in situations when the child finds him/herself in a situation that they cannot cope with. They often occur when a child feels they are not getting enough attention.

Temper tantrums can be difficult to manage and may involve a number of different behaviours; screaming, crying, whining, kicking, hitting, holding their breath. They are designed to grab your attention. If you shout at a child who is having a temper tantrum they are receiving what they want: attention. Dealing with a child who is having a temper tantrum can be difficult and especially so in social situations.

- If a child has a temper tantrum try to remain calm; setting a positive example can help a child to calm down
- If possible try and distract the child
- Ignoring the tantrum can be effective in certain situations
- Have a time out for the child
- If a child is at risk of harming themselves or those around them it may be necessary to physically restrain them. Your supervising social worker will be able to advise you about training.

Tips for avoiding temper tantrums:

- Spend time with the child. All children need attention
- Praise them when behaving appropriately
- Avoid situations where you know the child will not react well
- Give a child warnings and allow them to get ready for change. Explain when it is getting near to bedtime and describe calmly what you would like them to do
- Stick to a clear routine

32. Toileting

Learning bladder control is a process which takes time for a child to understand. Not only must they realise when they need to go to the toilet, but also, their bodies need to develop. By the age of four, children have usually gained bladder control, although this is not always the case.

Emotional problems or trauma, physical disability and a general developmental delay may all cause problems with bladder and bowel control.

Accidents are common in young children. If a child has persistent accidents there may be a reason, please seek medical advice.

33. Truancy

Truancy is a child who deliberately avoids attending school and is doing so for a variety of reasons. They may fear attending school or not attend for social reasons such as keeping up with peers.

A young person may appear anxious in the mornings before school and report feelings such as nausea and aches and pains. They may have difficulty sleeping the night before school.

What can you do?

- Talk to the young person and determine if there is anything concerning them about attending school
- Keep a diary showing non-attendance and record how the child was behaving/feeling on that day
- Talk to the child's school
- A reward scheme for attending may be suitable in certain situations.

34. Won't sleep

Things to consider:

- Is the child getting enough sleep?
- Has the child suffered any traumatic experiences? (A child may have experienced sexual abuse and be fearful of this reoccurring)
- Is the environment safe, dark, comfortable, quiet?
- Do they have an evening routine preparing them for sleep (e.g. dinner, bath, story, a warm drink, bed)?
- Have they had any stimulants (caffeine or additives in food)?
- Is there a TV/computer in their room? Electrical equipment can distract a child from wanting to go to sleep
- Is a child is scared of sleeping? Are they afraid of the dark or having their door closed? Talk to the child and see how they feel about going to bed? It may be possible to obtain a night light or leave the landing light on
- A child may enjoy the time you spend with them trying to get them to sleep. Create time earlier in the day which is time just for them

- A behavioural reward chart may be beneficial.

Some children may not have any issues with getting to sleep but may wake up throughout the night. Talk to the child and reassure them if they are experiencing nightmares. Be consistent and return them to their own bed.

3:3 Disabilities

What is a disability?

A disabled person is someone who has a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities.

Disabilities affect people in different ways. Many people associate the 'disabled' with someone who is in a wheelchair, or who is blind or deaf. They have the attitude that people with a disability are totally different and therefore need to be treated differently. Unfortunately, this kind of stereotyping is in itself a form of discrimination.

A person's disability is always specific to that person.

Partnership with parents

If you are caring for a child with a disability, whether for short or long periods, you will need to work in partnership with the child's parents.

Parents who are no longer able to care for the child will nearly always want to have a lot of contact and involvement with the child.

We recognise that parents will have a lot of experience and knowledge to share, and we work with them as closely as possible in caring for the child.

Training

Social Care Children's Services offer training courses for all our foster carers. For further information please see the section on training. For people caring for children with disabilities we offer specialist training, covering a variety of topics such as autism, manual handling and managing challenging behaviour. Contact your supervising social worker for more details.

If the child you are caring for needs invasive medical procedures, like inserting a feeding tube or rectal diazepam, a health professional will be able to train you, alongside the child's birth family. We work with the Shared Care Protocols which have been drawn up with colleagues in Health and Education to ensure that all people caring for children have child specific training by a health professional.

If the child needs to be lifted

We assess all carers of children with physical disabilities to find out how much lifting you will need to do and provide the right training and equipment to make sure that you can do this safely. If the child you are caring for needs to be lifted and is over three stone (19kg), (or over two stone (12.7kg) if you are caring for the child alone), we will give you training on how to lift safely.

If the child you are caring for requires a hoist we will provide training on how to use this.

Practical matters

Special equipment

Some children will need specialist equipment. For instance, bath aids or special chairs. We will talk to you about the equipment that you need, but there is some general guidance.

The child will normally bring any easily transportable pieces of equipment with them. This is because it isn't normally possible to provide duplicates of equipment that the child already has at home.

Social Care Children's Services will loan general pieces of equipment to you, such as stair gates or cots.

If the child you are looking after has a physical disability and needs lifting, we can arrange to lend you a hoist while the child is with you.

Many children with disabilities can use an ordinary car safety seat or booster seat. However, some children may need specialised car safety seats. If so, normally the child's birth family will lend these to you.

We will do our best to help you access any special equipment necessary. Contact your supervising social worker for more information and guidance.

Altering your home

Your supervising social worker will discuss any alterations with you.

If you are looking after a child for a short period it may not be practical to consider altering your home. However, we will look at providing ramps, grab rails etc. for carers who look after children with physical disabilities regularly.

Nappies and pads

Many children with disabilities can have a supply of free nappies or disposable pads. If you are providing short break care the child's family will give you a supply of these.

Disabled parking

The blue badge scheme allows you to park the child's transport in designated areas. If you are looking after the child for short periods and if the child has a blue badge, they will bring it with them when they come to stay. The blue badge applies to that particular child, so you are only able to use it when they are with you. If you are looking after the child long term you may be able to apply for a blue badge yourself.

Support at different times of the child's life

If the child that you are looking after has a disability, the Directorate will assess your particular needs and offer support accordingly.

Many children with disabilities will need help from various services throughout their lives:

- Home Care and Relief to Care support may be available to families following an assessment of their needs
- Short Break Care at a Resource Centre for children with particularly difficult behaviour or very complex health needs when care from a Foster Carer is not available or appropriate
- For many parents and carers, there will be many different worries at different points in the child's life. But for many, the teenage years are the most worrying. Some of the familiar services that have previously supported the child may change or will no longer be available

When the child is about 14, you may start to hear the terms 'Care Manager', 'Transition Assessment' or 'Self Directed Support'. These terms are all part of the planning process to ensure that young people have the support they need after they turn 18, and services are provided through the Adult Learning Disability Team or Adult Physical Disability Team.

The information below gives you an idea of what you can expect from the planning process but families are supported through these changes.

In Oxfordshire, all children in year 9 with an Education, Health and Care plan (previously known as Statement of Special Educational Needs) are discussed at a multi-disciplinary panel which is called the School Leavers Panel. This panel which is

co-ordinated by the Children's Disability Service is attended by a number of professionals from different services who know the young person. This will look at educational needs, health provision and social care provision from the period when the child is fourteen to when they are nineteen.

The panel will identify which young people are likely to be eligible for services as an adult and these young people will then be offered a Transition Assessment in due course.

Although there is no firm timetable for the completion of the Transition Assessment, the process will start soon after the young person's 14th birthday.

The Transition Assessment provides a comprehensive profile of a disabled young person who will need support when they are an adult. The assessment will be completed between the ages of 16 and 17½ years depending on the complexity of the needs of the young person.

It will be drawn up by the Transition Social Worker in conjunction with the young person and their family, the Care Manager from the appropriate Adult Services Team and through liaison with the relevant professionals and anyone else who has involvement with the young person.

Once the Transition Assessment is agreed it will be passed to the Transition Care Manager within the appropriate Adult Disability Team.

Types of disabilities

Types of disabilities include various physical and learning impairments that can hinder or reduce a person's ability to carry out his day to day activities. These impairments can be termed as disability of the person to do his or her day to day activities.

"Disability" can be broken down into a number of broad sub-categories, which include the following:

Learning disability

Learning disability is a classification including several disorders in which a person has difficulty learning in a typical manner, usually caused by an unknown factor or factors. The unknown factor is the disorder that affects the brain's ability to receive and process information. This disorder can make it problematic for a person to learn as quickly or in the same way as someone who isn't affected by a learning disability. Learning disability is not indicative of intelligence level. Rather, people with a learning disability have trouble performing specific types of skills or completing tasks if left to figure things out by themselves, or if taught in conventional ways. Learning disabilities can include people suffering from ADHD (Attention Deficit Hyperactivity Disorder) dyslexia and speech disorders. A learning disability cannot be cured or fixed. With the right support

and intervention, however, people with learning disabilities can succeed in school and go on to be successful later in life.

What are the causes of learning disabilities?

Learning disabilities are thought to be caused by differences in how a person's brain works and how it processes information. What was once thought of as a simple neurological problem has now been proven to be more complex. Most learning disabilities (LD) do not stem from a single, specific area of the brain but from difficulties in bringing together information from various brain regions, causing subtle disturbances in brain structures and functions.

The three general categories of causation can be classified as:

1. Heredity

- Genetic factors
- Heredity aspect to LD so it often runs in the family
- Not uncommon to find that people with LD have parents, children, or other relatives with similar difficulties.

2. Problems during pregnancy and birth

- Injury or illness during or before birth
- Tobacco use during pregnancy
- Alcohol use during pregnancy - dangerous to the foetuses developing brain and may distort the developing neurons
- Foetal alcohol syndrome - condition that can lead to low birth weight, intellectual impairment, hyperactivity, and physical defects – see more information below
- Low birth weight - those weighing less than 5 pounds tend to be at risk for a variety of problems including learning disorders
- Drug use during pregnancy – cocaine seems to affect the normal development of brain receptors that help to transmit incoming signals from our skin, eyes, and ears
- Lack of oxygen to foetus – possibly from twisted umbilical cord
- Mother's faulty immune system may react to the foetus and attack it as if it were an infection
- Premature or prolonged labour.

3. Incidents after birth

- Head injuries
- Poor nutrition/diet
- Exposure to toxic substances (i.e. cadmium and lead)
- Cancer treatment with chemotherapy or radiation at an early age – especially to the skull.

ADHD (Attention Deficit Hyperactivity Disorder)

People with ADHD often experience difficulty in holding concentration, and are said to be inattentive. They may also find they are impulsive and hyperactive. In some instances, certain symptoms may be more common than others. For instance, people that mainly show symptoms of being inattentive, but experience hyperactivity to a much lesser extent are sometimes referred to as having Attention Deficit Disorder (ADD). When a person is positively identified as having ADHD, they are commonly placed on some form of medication in an attempt to make the symptoms more manageable. This medication normally consists of stimulants. The rationale is that the person with ADHD will be more able to concentrate if their central nervous system is stimulated. Medications that are commonly used include Ritalin, Adderall and Dexadrine. As a person with ADHD gets older, their symptoms often become consistent to a greater degree than where children are concerned. These people are encouraged to try cognitive behavioural therapy, which in many cases is highly successful and reduces the need to rely on the common forms of medication.

Dyslexia

Dyslexia is the most common learning disability among children. Students and adults with dyslexia have difficulty with reading, writing and memory. It affects from three to six percent of the population.

Dyslexia is an intriguing condition because it occurs among children of normal intelligence. Rather than a physical disability, dyslexia results from a persistent information processing malfunction in the brain. If dyslexia is identified early, prognosis is good for improved reading and writing skills.

No specific cause of dyslexia has been identified. "Primary" dyslexia is hereditary and occurs more frequently in boys than in girls. The condition does not change with age.

Once a diagnosis of dyslexia has been confirmed, it is important to modify teaching strategies. Dyslexia is highly resistant to traditional methods of teaching. The most effective educational methods utilise counselling and recent advances in technology. Dyslexic students may need to record audio versions of instruction rather than taking

notes. Text-to-speech systems on computers have also improved information retention.

Down's syndrome

Down's syndrome is a genetic condition in which a child is born with 47 chromosomes instead of the usual 46. The extra chromosome almost always appears as an additional chromosome 21. An extra chromosome 21 is known as "Trisomy 21," which means "third" chromosome (one from the mother plus one from the father plus the additional one makes three). Trisomy 21 is responsible for 92 percent of all Down's syndrome cases. Down's syndrome is normally very recognisable due to the characteristic appearance of those with the condition.

There is no specific treatment for Down's syndrome and it is a life-long condition. Some related conditions may require early intervention in the form of surgery.

Children with Down's syndrome will require special education, alternate training methods and speech therapy in order to reach their full academic potential. Individuals with Down's syndrome are living longer than ever before today. As a result, other related conditions have been seen. For example, Down's syndrome sufferers have a much higher risk of experiencing heart problems and leukaemia.

Asperger's syndrome

Asperger's syndrome is one of a number of autistic spectrum disorders, a lifelong disability that affects the way in which a person interacts and communicates with the world around them. These problems with communication and interactivity can often lead to other issues, such as isolation and undeveloped social skills, which in turn can lead to emotional and behavioural problems, anxiety and confusion. However, the way Asperger's syndrome manifests itself in the individual can vary a great deal from person to person.

There are generally no outward physical signs that a person has Asperger's syndrome. Whilst the severity of the symptoms of Asperger's syndrome may be varied, generally they are considered to be mild. People with the syndrome are thought to be less severely affected by the symptoms than those with autism. In fact, in some cases the symptoms can be so mild that it has been argued that Asperger's syndrome is actually a variant of 'normal' rather than a disorder.

Problems with social interaction can arise as a result of difficulties with communication. This can be due to a number of factors, such as an inability to understand, perceive or predict the reactions of others, a failure to read and understand body language, as well as talking too much and appearing over-concise or precise in their language. Again, this behaviour can make the individual appear rude, insensitive and lead to feelings of frustration and isolation.

Foetal Alcohol Spectrum Disorder

Foetal Alcohol Spectrum Disorder (FASD) Or Foetal Alcohol Syndrome (FAS) is a term that describes the mental and physical deficiencies that arise as a result of the exposure of an embryo to alcohol consumed by a pregnant woman. Although light and moderate drinking alcohol during pregnancy may not cause this disorder, the risk of the child being born with Foetal Alcohol Spectrum Disorder is still so substantial that UK Department of Health advises not to consume any alcohol at all during pregnancy. The condition is entirely preventable yet still remains a prevalent cause of birth defects.

When a pregnant woman consumes alcohol, the alcohol is also passed through her placenta, directly into the developing embryo. This is where the alcohol can begin to interfere, sometimes causing permanent problems with the development of the central nervous system. It can also affect many other functions and developments, including causing stunted growth and facial abnormalities, problems with fine motor skills, organ dysfunction, developmental delay and other primary cognitive functions. The risk of brain damage is present throughout the whole pregnancy, as the brain is constantly developing during this time.

Many of the symptoms associated with Foetal Alcohol Spectrum Disorder can be classed as learning disabilities, which may include poor language cohesion, memory problems, an inability to concentrate, a lack of socialisation skills, hyperactivity and challenging behaviour such as stubbornness and impulsiveness. These in turn may lead to 'secondary' problems, such as anxiety, depression, exclusion, vulnerability to drug habits and other mental health problems.

There is no cure for Foetal Alcohol Spectrum Disorder. As with any other disability and learning disability, there is support available. As the symptoms, manifestations and severity of Foetal Alcohol Spectrum Disorder can vary from person to person, the type of support for the person will need to be assessed on an individual basis – a person-centred approach. This may vary from individual education plans in learning environments, to ongoing support for individuals and their families from local authorities and health professionals. With the right person-centred approach and appropriate level of support, many children and adults with Foetal Alcohol Spectrum Disorder can often be helped to achieve their potential in life.

Physical disability

This category includes people with varying types of physical disabilities, including:

- Upper limb(s) disability
- Lower limb(s) disability
- Manual dexterity
- Disability in co-ordination with different organs of the body.

Disability in mobility can be either an in-born or acquired with age problem. It could also be the effect of a disease. People who have a broken bone also fall into this category of disability.

Physical disability also covers a wide range of impairments. Someone is described as having a physical disability if they have a physical impairment, including a problem with one or more of their senses, which has an adverse effect on their ability to carry out normal activities.

Like learning disabilities, physical disabilities can happen by themselves or along with other problems. They can be caused by the same factors as learning disabilities. One specific physical disability is cerebral palsy. This is a disorder affecting movement and posture. Some of its main characteristics are:

- It can be spotted very early on in the child's life
- It is caused by damage or impaired development in the part of the brain concerned with movement
- Other nearby parts of the brain may also be affected which can lead to deafness or other problems with the senses
- Some children with cerebral palsy may also have learning disabilities
- The effects of cerebral palsy vary from individual to individual, and no two people with this condition are affected in the same way
- The disability may be very slight or very severe.

Autism

Autism affects social and communication skills. Some of its main characteristics are:

- Autism may appear alongside other learning difficulties
- The child's problems with language may extend to the way that they think about language and communication. This means that the child may not be able to understand the rules of language or social rules about how to behave
- The term 'Asperger's syndrome' is now being used to describe some of the less severe cases of autism. Asperger's syndrome has many similarities with autism, but also has many differences – see above for further information on Asperger's syndrome.

Hearing disability

Hearing disabilities includes people that are completely or partially deaf, (deaf is the politically correct term for a person with a hearing impairment).

People who are partially deaf often use hearing aids to assist their hearing. Deafness can be evident at birth or occur later in life from several biologic causes, for example, meningitis can damage the auditory nerve or the cochlea.

Deaf people use sign language as a means of communication. Hundreds of sign languages are in use around the world. In linguistic terms, sign languages are as rich and complex as any oral language, despite the common misconception that they are not "real languages".

Undiagnosed

Despite all the leaps forward in medical knowledge sometimes it isn't possible to give a definite diagnosis for a child's disability. Some children who are Looked After by the department may therefore be classed as 'undiagnosed'.

What are hidden disabilities?

Hidden disabilities are physical or mental impairments that are not readily apparent to others. They include such conditions and diseases as specific learning disabilities, diabetes, epilepsy, and allergy. A disability such as a limp, paralysis, total blindness or deafness is usually obvious to others. Hidden disabilities such as low vision, poor hearing, heart disease, or chronic illness may not be obvious. A chronic illness involves a recurring and long-term disability such as diabetes, heart disease, kidney and liver disease, high blood pressure, or ulcers.

3:4 Identity

What's in a name?

Names frequently say a lot about the wider cultural groups to which children belong. They can have their origins with a particular ethnic group, they may be linked to a particular religion and have specific meanings, or they may symbolise particularly strong links between family members or perpetuate the memory of someone significant.

Sometimes children and young people will have their names abbreviated or changed for them because adults find them difficult or embarrassing to pronounce or simply because they assume that a common abbreviation is acceptable to them. This can undermine identity and we probably all have some personal experience of other people taking unacceptable liberties with our names.

Historically many babies and children who were adopted had their first names as well as their surnames changed. Even when this is done with the intention of helping the child to become part of a new family, it has the effect of removing a child's links with his or her past and infers that his or her identity is not acceptable to the adoptive parents. It may also have a fundamental impact on the child's ability to attach to their new family and may generate long term identity issues.

In recognition of the fact that a child's identity is likely to be strongly tied to his or her first name the practice of changing names is no longer acceptable and since 2002 case law has existed around the issue.

Children begin to recognise their first name between 9 and 12 months and any name change after that age is strongly advised against. There may occasionally be a strong argument for a name change, for example where a child has a name with such a negative connotation that they would face ridicule if they retained it or where a name is so unusual that it might jeopardise the confidentiality of the adoption. In these cases it is desirable to retain the name as other than a first name.

Children themselves do sometimes ask to change their names – the appropriateness of this needs to be thought about carefully with the child and other interested parties.

In short term placements, where there is a clear plan for the child to return home in the foreseeable future, the child should never go under another surname but their own. The same is true in most long-term placements.

Child's identity

- All young people have a history and it is important to build a positive identity. It is essential for their self-esteem.
- A child's heritage, in terms of language, culture, talents, religion and ethnic background, contributes powerfully to their sense of identity.
- Foster carers play an important part in helping young people value and preserve their heritage.
- Fostered children and young people may suffer unfair discrimination because they are fostered, or because of ethnicity, religion, language, disability or other aspects of their identity.
- Foster carers have to recognise and challenge unfair discrimination and, where necessary, act as advocates for children and young people.
- We all have prejudices. Everyone involved in looking after other people's children has to be aware of their own prejudices and work to combat them when they may lead to unfairness.

Key terms

Heritage is a useful umbrella term that refers to everything a person has from their family background, for example: country of birth or descent, first language, culture, traditions, appearance, talents.

Prejudice is if we know nothing about someone but still form conclusions about them. We are then pre-judging them.

Racism is the belief that some people are superior to others, based upon their race, skin colour, nationality or ethnic origins. Racial prejudice such as this can lead to racial discrimination, which is illegal.

Sectarianism is ideas and practices, particularly relating to religion, which can lead to divisions and inequalities between groups (for example, between Catholics and Protestants)

3:5 Life Story Books

What is a life story book?

Making a life story book is more than creating a photograph album with identifying sentences giving dates, places and names. It is an account of a child's life in words, pictures and documents and an opportunity to explore emotions through play, conversation and counselling.

A life story book should:

- Keep as full a chronological record as possible of a child's life
- Integrate the past into the future so that childhood makes sense
- Provide a basis on which a continuing life story can be added to
- Be something the child can return to when they need to deal with old feelings and clarify and/or accept the past
- Increase a child's sense of self and self-worth
- Provide a structure for talking to children about painful issues.

Foster carers

Foster families should be encouraged to record the story of the child's stay with them as fully as possible, including:

- Descriptions of what the child was like when they arrived, what they liked and disliked

- Details of development (e.g. learning to ride a bike)
- Their own special memories of the child
- Birthdays, Christmases and other family celebrations/outings/holidays etc – photos, favourite places etc
- Details and photos of foster family (including extended family), home, pets etc, who they got on with and who they didn't
- If appropriate, times when they had arguments, sulks etc
- Special rituals the child liked
- Souvenirs of school – photos, certificates, reports, photos and stories from teachers
- Contact visits
- Illnesses
- Photos of birth family with foster family
- Crafts/pictures completed in the foster home/school/playgroup
- Anecdotes.

What goes into the life story book?

- Family tree – back three generations if possible
- Photos of maternity hospital (and, for younger children, a clock showing the time)
- Weight, length, head circumference at birth
- Birth certificate, if possible
- Any items from the hospital (e.g. identity tag)
- Dates of first smile, sounds, words, tooth, steps etc
- Photos of parents
- Photos and maps of places where the child lived
- Photos of relatives
- Photos of friends
- A truthful life history – including abuse, neglect etc – that is age appropriate to the child. More detail can be added later as the child needs to know
- Parents' stories
- Details of siblings
- The child's views and memories
- Photos of workers and their roles
- Story of the court process

- Photos of carers
- Story of family finding
- Details of ceremonies (e.g. baptism)
- Favourite foods, likes and dislikes.

For more information about life story – please refer to the life story booklet by Anne Peake. You can request a copy from the child’s social worker.

3:6 Managing behaviour and restraint

It is unreasonable to expect children not to misbehave from time to time. Whether it is toddlers exhibiting temper tantrums or direct challenges to a carer’s authority by an adolescent, there will always be times when carers need to employ the use of control and discipline. Good order is also a necessary aspect of family life to enable children to develop in a safe and secure environment. Challenging behaviour causes great concern. It can directly cause pain, injury and distress to individuals, their families and carers. The consequences can include placement breakdown, early admission to residential care and risk of abuse. Young people who challenge need to be seen in terms of their strengths, skills, development and quality of life as well as their challenging behaviour.

http://www.proceduresonline.com/oxfordshire/childcare/p_behav_man.html

3:7 Overnight stays

Social visits for Looked After Children and overnight stays with relatives and friends

- The Bedroom Sharing Policy provides guidance for foster carers relating to overnight stays for looked after children. As a Foster Carer you have delegated authority to decide if overnight stays are safe and in the child's best interests.
- As these guidelines are intended to cover social arrangements only, that is, those arising through friendship or family arrangements. There will be no additional funding from Oxfordshire County Council for such arrangements. Oxfordshire County Council will not accept financial responsibility for any arrangements made within this policy and guidance.
- In all cases, discussions should be held with the child/young person, dependent on his or her age, as to what, if any, information should be shared with other adults to enable them to look after the child appropriately (for example: specific health care

needs, established routines, and/or any behaviour management problems). Any decision to share information should be on a 'need to know' basis and recorded.

For further information:

http://www.proceduresonline.com/oxfordshire/childcare/p_overnigt_stays.htm

3:8 Things You Must Report Immediately

If any of the following things happen, you should report them and also make a full recording in your foster carer diary/log; pay particular attention to noting:

- Date of the social worker's visits and telephone calls
- School or other educational appointments for the child
- Medical appointments for the child
- Contact with the child's birth family
- Anything that could possibly be used in court
- The child is injured or involved in an accident
- Assault by a foster child on you or a member of your household
- Serious accident or injury to you whilst carrying out your duties
- Any event which may result in media interest
- Conduct of any foster carer, not directly connected with their role, which may raise questions about their suitability as a foster carer
- Any other critical incidents

Tell the child's social worker or your supervising social worker that you have noted these details. If there are any problems in the future, this information can help you to defend yourself against any allegations.

You must report these situations to the child's social worker or your supervising social worker as soon as possible but within office hours. If the situation happens outside office hours, and it cannot wait until the next day, call EDT.

During office hours = report to child's social worker

Outside office hours = report to the Emergency Duty Team (EDT)

Running away and going missing

You must report if the child breaches a court order or runs away, or if you cannot find them and you are worried. For further guidance see Section 2:2 Caring for a foster child A to Z, No 27. Running Away.

Accidents

You must report any accident involving the child.

You need to report these incidents even if we do not take any action.

Allegations

You must report any allegations that the child or anyone else makes against staff, other carers or yourself.

Angry or disruptive parents

If the child's parents arrive at your home and are angry or disruptive or if you feel that they are having unsuitable contact with the child, please call the child's social worker or the EDT as soon as you can (or when you think their advice or support will be useful). For further guidance see Section 2:12 Contact.

Contact problems or changes

Let the Child's Social Worker or your Supervising social worker know if the child reports any problems with contact. For further guidance see Section 2:12 Contact.

Significant problems at school

Tell the child's social worker or your supervising social worker if the child reports any significant problems at school. These problems could include:

- The child reports being bullied – see Section 2:2 Caring for a foster child A to Z under Bullying
- The child is excluded from school or suspended

Changes in your family

Let the Child's Social Worker or your Supervising social worker know if anything changes in your family, for example:

- People leaving the household
- New people living in the household
- Visitors who will be staying for a long time

- Moving house
- Changing your place of work
- Separations or divorces
- Arrests or convictions

Medical or dental matters

Tell the child's social worker and/or your supervising social worker if anything changes in the child's medical or dental health. For further guidance see Section 2:18 Health.

Disclosing abuse

Tell the child's social worker and/or your supervising social worker if the child tells you about any poor treatment that they have had from their birth parents or any previous carers, or from anyone else involved with them.

Advice in an emergency

Contact the EDT for advice on anything that you think cannot wait until the next day. This could include:

- Risky or dangerous behaviour
- Finding drugs in the child's bedroom
- If the child is offending or you think they might be offending.

Other issues that you may need to report

You will also need to tell the child's social worker and/or supervising social worker if any of the following things happen:

- The child is planning to stay overnight with someone else
- You have any worries about the children's guardian or independent visitor
- You are taking the child on holiday or they are going on a school trip
- The child commits an offence

3:9 Safer Caring

Safer caring policies are created by fostering families and are intended to:

- Keep children safe from abuse from adults
- Keep members of the foster family safe from false allegations of abuse.

There are a variety of areas to consider when creating a safer caring policy; we have listed a few below:

Language: Foster Carer will need to consider the words they use and the potential meaning for a foster child.

Name: Calling a foster parent mummy or daddy can lead to confusion for a young child. Encourage a child to call you by your first name, or an appropriate name for a non-family member.

Clothing: No member of the foster family should walk around in underwear or nightwear. All family members to have appropriate nightwear, slippers and dressing gown.

Bathing: If a child is able to bathe themselves they should be encouraged to do so in privacy. It may be possible to sit outside of the bathroom so a child remains safe yet is able to bathe in privacy.

Bedrooms: Each child must have their own bed. Children should not get into an adult's bed. All family members should knock before entering a bedroom, and where possible keep the children's door open.

Transport: If the carer travels alone with a child, the child should sit in the back of the car.

Playing: Children should not normally be allowed to play with other children alone behind closed doors. Leave doors open and remain in earshot.

Bedtime: It is not appropriate to get into a child's bed to read a bedtime story; carers could sit on a chair next to the bed or read downstairs before the child goes to bed.

Pets: Pets can provide reassurance and affection for children. Supervise the child with your pets until you have assessed any possible risk. Discuss with a child how to care for the pet.

Photos and videos: Seek advice from your Supervising social worker and the Child's Social Worker. Always ask a child's permission first.

Safer Caring

1. Telephones
2. Bedrooms
3. Photographs/Images
4. Physical Contact/Intimate Care
5. Menstruation

6. Enuresis and Encopresis
7. Body Piercing and Tattoos
8. Sanctions
9. Searching
10. Serious Incidents
11. Child Protection Referrals
12. GP'S and Hospital Appointments
13. Medical Emergency
14. Medication and First Aid
15. Seat Belts and Car Safety
16. Safety in the Home
17. Safety and Accident Prevention
18. Caring for Babies

1. Telephones

The use of mobile phones is to be discussed and agreed with social workers and the supervising social worker, with arrangements and conditions outlined in the child's Placement Plan.

Children should be permitted to use 'land line' telephones at reasonable times. Carers should not withdraw or prevent use unless there are exceptional circumstances, e.g., to protect the child or another person from injury, to protect property from being damaged or an offence from being committed. If a child is prevented from using a telephone, the child's social worker and supervising social worker must be notified.

2. Bedrooms

Children should be encouraged to personalise their bedrooms, with posters, pictures and personal items of their choice. Children of an appropriate age and level of understanding should be encouraged and supported to purchase furniture, equipment or decorations. For older children this should be part of a plan to prepare the child for independence.

Children's room should be kept in good structural repair and be clean and tidy. The furniture should conform to standards of flame retardant materials as advised by trading standards.

Where a child's bedroom window is large enough for a child to climb out of, a risk assessment should be carried out as to the likelihood of the child putting themselves

at risk by climbing out of the window. If a risk is identified, the social worker and supervising social worker should consider strategies to reduce/prevent the risk, which should be outlined in the child's Placement Plan.

Children's privacy should be respected. Unless there are exceptional circumstances, carers should knock on the door before entering children's bedrooms; and then only enter with their permission. Exceptional circumstances where staff carers may have to enter a child's bedroom without asking permission include:

- When there are concerns for the child or young person's safety
- To wake a heavy sleeper
- Undertake cleaning
- Return clean or remove soiled clothing

In these circumstances, the child should have been told/warned that this may be necessary.

Children may not share bedrooms or receive visits into their rooms unless it is part of a clear plan e.g. for siblings or where the supervising social worker and social worker have conducted a risk assessment and any arrangements must be outlined in relevant Placement Plans.

3. Photographs/Images

The use of cameras, including camera facilities on mobile phones, or other equipment for creating images of children, such as video recorders, may only be used with the agreement of the social worker and supervising social worker.

4. Physical Contact/Intimate Care

Staff/carers must provide a level of care, including physical contact, which is designed to demonstrate warmth, friendliness and positive regard for children.

Physical contact should be given in a manner which is safe, protective and avoids the arousal of sexual expectations, feelings or in any way which reinforces sexual stereotypes.

Whilst staff/carers are actively encouraged to play with children, it is not acceptable to play fight or participate in overtly physical games or tests of strength with the children.

If possible, children should be supported and encouraged to undertake bathing, showers and other intimate care of themselves without relying on carers. If children are too young or are unable to bathe, use the toilet or undertake other hygiene routines, arrangements should be made for carers to assist them. Unless otherwise agreed, children will be given intimate care by adults of the same gender.

These arrangements should be outlined in the child's Placement Plan and must emphasise the child's dignity, and their right to be consulted and involved will be protected and promoted. Where necessary, staff will be provided with specialist training and support.

5. Menstruation

Young women should be supported and encouraged to keep their own supply of sanitary protection without having to request it from carers. There should also be adequate provision for the private disposal of used sanitary protection.

6. Enuresis and Encopresis

If it is known or suspected that a child is likely to experience enuresis, encopresis or may be prone to smearing, it should be discussed openly with the child if possible, and strategies adopted for managing it. These strategies should be outlined in the child's Placement Plan.

It may be appropriate to consult a Continence Nurse or other specialist, who may advise on the most appropriate strategy to adopt. In the absence of such advice, the following should be adopted:

- Talk to the child in private, openly but sympathetically
- Do not treat it as the fault of the child, or apply any form of sanction.
- Do not require the child to clear up unless agreed as part of the treatment strategy; arrange for the child to be cleaned and remove then wash any soiled bedding and clothes
- Keep a record

Consider making arrangements for the child to have any supper in good time before retiring, and arranging for the child to use the toilet before retiring; also consider arranging for the child to be woken to use the toilet during the night.

Consider using mattresses or bedding that can withstand soiling.

7. Body Piercing and Tattoos

It is illegal for tattooists to tattoo anyone under 18 years old, even with parental consent.

Children who express an interest in body piercing or tattoos should be treated on a case by case basis depending on their age and level of understanding. On principle, carers should discourage them, pointing out the possible implications and health care risks, for example, risks from unsafe materials, needles etc.

Under no circumstances may carers encourage or give consent to children to have their bodies pierced or tattooed. If children appear determined to have their bodies pierced they should be asked to discuss the matter with their parent(s) and social worker beforehand.

Whether consent is given or not, children cannot be prevented from being pierced. If they continue to be determined, carers should ensure that measures used for piercing are as safe and hygienic as possible; preferably undertaken by a reputable person.

Piercings may not be undertaken or in any way supported by carers.

If a child does allow their body to be pierced or tattooed, the social worker must be informed and asked to decide whether to notify the parents.

8. Serious Incidents

In the event of any serious incident (e.g. accident, violence or assault, damage to property), carers should take what actions they deem to be necessary to protect children/themselves from immediate harm or injury and then notify their social worker/supervising social worker (or EDT out of hours).

9. Child Protection Referrals

If carers suspect or they receive a report that a child is suffering or likely to suffer from significant harm, they must:

- In an emergency: take steps that are reasonable and safe to protect the child from any immediate risk e.g. separate children from suspected perpetrators
- Seek assistance from the emergency services
- Contact the child's social worker or the supervising social worker (or EDT out of hours).
- If there is no immediate risk: contact the social worker or supervising social worker (or EDT out of hours).

The suspected perpetrator must not be notified/informed of the actions taken by the carer. The carer should keep notes of all actions taken and any conversations and pass them to the social worker/supervising social worker.

10. GP and Hospital Appointments

- All Looked After Children must be registered with a G.P., Optician and dentist, preferably of their choice.
- Each Looked After Child should have a Health Care Plan

- Each child's file should contain a written medical consent form.
- Any visits to doctors, dentists, opticians or other health professionals must be recorded.
- If it seems necessary to make an appointment with a GP/Hospital, account should be taken of the child's wishes, for example, to see a practitioner of a preferred gender. If possible, the social worker and child's parent(s) should be consulted and appointments should not disrupt the child's education.
- All appointments and outcomes must be recorded.

11. Medical Emergency

In the event of a medical emergency, carers qualified to administer first aid should take any action appropriate to minimise the casualty's condition from becoming worse.

Other than for very minor injuries, professional medical attention must be sought as soon as possible (either take the child to see a medical practitioner or seek advice by telephone) even if the casualty's condition seems to improve following the administration of first aid.

In the event of a medical emergency, carers should seek medical assistance and support as a matter of priority; usually this will mean calling an ambulance or in some circumstances the assistance of other emergency services.

When calling the emergency services carers should ensure they are able to provide the following details:

- The telephone number from where they are calling
- The location of the incident or patient requiring medical assistance.
- The type and gravity of injury or symptoms of the illness
- The number, sex and approximate ages of any casualties and any information you may know about their condition and medical history
- Details of any other hazards that may be relevant
- Where carers ringing for the emergency services were asked to do so by the first aider, they must remember to report back to them confirming that this has been done.

Once the casualty has been attended to and is safe, the social worker/supervising social worker must be notified. The social worker will consider whether to notify the parent(s).

The incident/outcome must be recorded.

12. Medication and First Aid

Home Remedies, including aspirin may not be given to children without the agreement of the social worker/supervising social worker in consultation with the child's GP or a medical practitioner. The arrangements must be outlined in the child's Placement Plan.

Fully equipped first aid boxes must be kept in each home and in each vehicle used to carry children.

If children are prescribed medication including controlled drugs, the arrangements for storing, administration, recording and disposal must be agreed by the social worker/supervising social worker in consultation with the GP or a Pharmacist, and outlined in the child's Placement Plan. Please record any medication in your foster carer recording filesystem.

Invasive procedures may only be applied in the best interests of children and upon the advice of an appropriately qualified medical practitioner in consultation with the Social Worker/ Supervising social worker. Appropriate Consent of the child must be sought. Invasive procedures may only be applied by competent and properly trained or supported carers. The arrangements must be outlined in a Placement Plan.

Invasive procedures include the following:

- Catheter care
- Oxygen therapy
- providing assistance with rectal medication such as diazepam,
- the inserting of suppositories or pessaries
- injections
- feeding through naso-gastric or gastrostomy tubes
- supporting physiotherapy programmes and the management of prostheses
- Some tube feeding

13. Seat Belts and Car Safety

The department expects children to be suitably restrained in cars, and leaflets setting out the legal requirements are available from the Fostering Service. The department is able to meet the cost of installing restraints in the cars of new Foster Carers and will provide seats necessary on loan. Foster Carers replacing their vehicles are expected to purchase a vehicle with suitable seat belts or meet the cost of installation.

Children and young people should always be encouraged to sit in the back seat of a car. Babies and children should always be securely strapped into car seats for every

journey, no matter how short. No car ride can ever be completely safe but if a child is using the right safety restraint, the likelihood of being injured in an accident is reduced by two-thirds.

14. Safety in the Home

The following items (appropriate to the age of the children foster carers are approved for) require attention at approval and review (this is our Health & Safety Checklist which your supervising social worker will update with you):

- Windows are fitted with locks. Catches should be out of the reach of younger children.
- Safety gates are used properly
- Stairways are safe - i.e. handrails and banisters
- Glass doors are protected by plastic film
- Fire guards are fitted, where appropriate
- There is adequate floor space, free of hazards - where children can play.
- There is safe storage and protection of ornaments and glassware, and plants, etc.
- The use of free standing paraffin or gas fires is prohibited
- Low level electrical sockets are covered
- Dangerous liquids, etc. and equipment are stored out of the reach of children
- There should be no outstanding building work - this represents a hazard
- Foster Carers homes should be safe, clean, warm, and well ventilated
- Bedroom space must be adequate

Bathroom and Toilet:

- There are adequate toilet and washing facilities
- There is provision for soiled nappies, if appropriate
- Medicines are out of the reach of children
- Water temperatures can be controlled so that children are not at risk of scalding

Kitchen:

- Facilities are adequate.
- A fire blanket/extinguisher is available
- Flexes are not trailing

Garden:

- The garden is fenced and secure
- It is clean and safe to play in
- Water containers and ponds are securely covered
- Garage doors, sheds and greenhouses can be locked
- Play equipment is safe and secure
- Dustbins are covered
- Drains and manhole covers are clean and secure

Toys and Equipment

- There are sufficient toys and of a suitable range for young children, if appropriate
- All toys and equipment are safe and clean

Example of the Health and Safety checklist;

<http://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/socialandhealthcare/childrenfamilies/fostering/fostercarersafetychecklist.pdf>

15. Safety and Accident Prevention

Burns and Scalds:

- Don't drink or eat anything hot with a baby or child on your lap
- Beware dangling kettle and iron flexes, table cloths, protruding pan handles
- Always have fire guards in front of all fires when in use

Falls:

- Bouncing chairs on the floor
- Use straps for high chairs and pushchairs and provide and use stair gates
- Supervise children in baby walkers
- Ensure rails round landings and upstairs windows are in place and working

Choking and Suffocation:

- Plastic bags, ribbons and strings should be kept away from young children

- Young children often put small objects including peanuts into the mouth, nose and ears - be vigilant.

Cuts:

- Glass doors and low windows must be protected
- Don't let young children walk around carrying anything made of glass, or other sharp objects including pencils in mouths.
- Store knives and scissors safely

Poisons:

- Medicines must be kept in a locked cabinet out of reach of children
- Household and garden chemicals must be stored safely
- Know your plants, berries, seeds and toadstools
- Teach children not to put anything other than food or drink in their mouths

Drowning:

- Babies and young children can drown in the bath - take care
- Be vigilant with children in paddling pools or in the sea
- Ponds should be fenced or covered
- Teach children about the dangers of water and to swim as early as possible

Electricity:

- Provide safety covers for electric sockets
- Beware of worn flexes on any appliance
- Provide a cooker guard if children are very young

In the Car:

- Special baby seats, car seats, seat belts, booster seats, carry cot belts must be used. Check regularly for wear or faults.

16. Caring for Babies

There is no sure way to prevent cot death, a rare occurrence, but studies have shown that the following precautions reduce the risk:

a. Sleeping Position

Babies should be laid down to sleep: (a) on their backs or (b) on their sides with the lower arm forward to stop them rolling over. Do not be worried that babies might be sick and choke if laid on their backs there is no evidence that this happens. Some babies who require special care or who have particular medical problems need to be nursed on their tummies. Your doctor, or health visitor, will explain why.

For babies who have been sleeping on their tummies try them on their backs or sides. They may not like the change and find it difficult to settle. If this happens then it is probably wise not to upset them by insisting on the new position. If you are at all worried then speak to your health visitor or doctor. The right sleeping position is only important until babies are able to roll themselves over in their sleep. Once they can do this it is safe to let them take whichever position they prefer.

b. Temperature

Babies should be kept warm but they must not be allowed to get too warm. Keep the temperature in the baby's room so that you can feel comfortable in it. Use light weight blankets which you can add to, or take away according to the room temperature. Do not use a duvet or baby nest which can be too warm and can easily cover a baby's head. All bedding should have a British Standard Safety Mark on it.

c. Recommended Developmental Reviews

Health and development checks are usually done by the family doctor and the health visitor. Young children should be seen at 6-8 weeks, 6-9 months, 18-24 months, and then at 36-48 months. Sometimes the regular developmental review is included when the child has a statutory medical examination. Foster carers should check that this is the case. Parents need to be consulted about these reviews and may wish to be present or take the child.

d. Milestones: Infants aged 0-1 years, 1-2 years

Babies develop according to a recognized pattern. Milestones are the ages at which a child first smiles, sits, crawls, walks, etc. It is a good idea to keep a record of when milestones are reached. This information may be very helpful when assessing a child's development. It is also of interest to the child as he or she grows up and may be included in the life story book. The personal child health record, as issued by Health Trusts, includes the times of developmental reviews.

For further information:

All carers receive the safe caring publication from Fostering Network when they are first approved. If you don't have a copy of this book, please contact your supervising social worker.

3:10 Risk Assessments

If appropriate, prior to a child's placement with foster carers, a risk assessment is to be completed by the child's social worker in conjunction with the foster carer's supervising social worker.

Information for the risk assessment is to be obtained from case files including previous assessments and reports from previous carers, whether family and friends or local authority foster carers, and from relevant professionals.

The child should also be involved depending on his or her age and level of understanding. This is an opportunity to engage the child in contributing to their own safety and that of others. It also allows the social worker to assess if the child acknowledges any problems and this will assist with any behaviour management issues.

The completed risk assessment must be countersigned by the social worker's team manager and the fostering team manager. This will then become part of the Care Plan and will be reviewed and updated at each Looked After Child Review. A copy of the risk assessment must be made available to the Independent Reviewing Officer at each review.

The Team Manager's counter signature also acts as authority for additional resources required to ensure identified risks are effectively managed.

The carer's safe caring policy should be revised at the commencement of each new placement and following any significant changes in existing placements

The risk assessment must be discussed with the foster carer at the Placement Planning Meeting. Prior to the placement, a copy of the risk assessment should be given to the foster carer, any other professional who has a role to play in managing the risks and to the child's parent/significant family member where appropriate. A copy should also be placed on the child's and carer's electronic file.

In an unplanned placement, verbal information regarding any risks and an initial action plan must be recorded on the Placement Plan.

Particular thought must be given to sleeping arrangements in the placement. If the child has been abused or has abused another child, then the child's needs and the needs of all other children in the home must be assessed before any decision is made to allow sharing of bedrooms. The guidelines indicate that any children over 3 should

have their own bedroom. However, this may require further thought if siblings are being placed.

If a significant risk is identified that constitutes a serious concern regarding the child, the Team Managers for the child's social worker and for the Fostering Service will be notified and they will advise on the risk management plan as including, if necessary, any required change in placement.

If a significant risk to the health and safety of staff and carers is identified, this should be discussed with the Head of Service who will advise on whether the risk management plan will adequately meet the local authority's duty of care to its employees and carers.

The risk assessment and management plan must be reviewed and updated as necessary at each Looked After Child review.

3:11 Allegations

Allegations against Foster Carers

Foster Carers and their families make an enormous commitment to the children and young people they care for. They share their lives and their homes with children who may have undergone difficult or traumatic experiences.

Foster carers, like other childcare workers, can find themselves facing allegations about the quality of their care. It is always important that such allegations are taken seriously and investigated properly as experience has shown that, on rare occasions, children are ill-treated by the very people who are supposed to care for them.

Becoming the subject of an allegation is always stressful for the individual concerned and their family. It is likely to be particularly stressful for foster carers whose work and home life are so closely linked. The challenge for everyone involved is to ensure that children are safeguarded and that their welfare is promoted, while at the same time treating foster families fairly.

Foster families should be provided with support during an investigation and investigations need to be completed as quickly as possible. This can be provided by the Fostering Network; your supervising social worker will give you the contact details.

What help and support can Foster Carers and their families expect?

The relationship between the Fostering Service and the foster family should be open and honest and should address concerns from any source as they arise. Pre-approval and post-approval training should address the issue of how allegations of abuse are managed.

Unless those responsible for undertaking child protection enquiries and/or related police investigations impose restrictions, the Fostering Service should inform foster families as soon as possible about the nature and substance of any allegation or serious concern. This should enable the foster carers to consider how they can best respond. Local Authority children's services and Fostering Services have a written procedure that governs how they conduct enquiries. Foster carers can ask for information about these procedures if they do not already have this.

Fees

If a child is removed from placement following an allegation the allowance paid for the child will cease. The additional fee paid to foster plus carers will continue to be paid for up to a period of 28 days and will then be reviewed.

http://www.proceduresonline.com/oxfordshire/childcare/p_comps_alleg_fc.html

3:12 Contact

Every child and young person will have their own individual memories of their birth family. Over time some memories may fade but time will not erase their past and their history will always be an important part of who they are. For most children it is important to maintain some level of contact with their birth families. There are two forms of contact:

Direct contact – face to face contact between the child and birth family members which can also include telephone contact and email.

Indirect contact – letters and cards from family members and the child that are passed through a third party.

http://www.proceduresonline.com/oxfordshire/childcare/p_contact_parents.html

3:13 Confidentiality

Foster Carers must ensure that any information about a child placed with them, the child's family, or any other person, is kept confidential and is not disclosed to any person without the consent of either Oxfordshire Children's Services or the child's family.

http://www.proceduresonline.com/oxfordshire/childcare/p_confid_pol.html

3:14 The Cover Story

Children living away from their family need to be able to tell people who they are and how they come to be living elsewhere. Help a child prepare a short version of his/her story so they can deal with other people's questions without betraying private details. For example,

'I am staying with the family for a while.'

'I can't stay at home for a while.'

'I can't tell you anymore about it.'

3:15 Training and Support

Mandatory training courses for Foster Carers

- Induction standards
- First aid
- Safeguarding
- Manual handling if caring for a child with disabilities

Mandatory training specific for Foster Plus carers:

- Child Sexual Exploitation
- KEEP
- Fostering Attachments

There are many additional training opportunities available to all foster carers.

A complete list is available for you to book via the learning zone, please see the link below. The list of training courses varies depending on need but currently includes:

- Moving Children onto a Permanent Placement
- Record Keeping
- Delegated Authority
- Medication Awareness
- Child Sexual Exploitation
- Safeguarding young people on line
- Managing Allegations and Complaints

- We also have a large number of on-line courses available.

The following two courses can be booked via your supervising social worker:

- KEEP (Keeping Foster and Kinship Carers Supported) - Keep Standard is offered to carers with children aged 5-12 years. We also offer KEEP Safe for carers of adolescents and KEEP 3-6 for carers of young children.
- Fostering Attachments Group available to foster carers, family and friend's carers and adoptive parents

Additional training opportunities:

- Listening and counselling skills
- A 3 - part programme on calming and defusing techniques / breakaway skills / holding young people
- Managing sexualised behaviour
- Internet safety
- Safe caring and managing allegations
- Drugs and alcohol
- Child and adolescent mental health
- Child sexual exploitation
- Digital safety.

http://www.proceduresonline.com/oxfordshire/childcare/p_train_fcs.html

<https://www.oxfordshire.gov.uk/cms/content/training-foster-carers>

To book into training go to -

<http://learningzone.hants.gov.uk>

<https://www.oxfordshire.gov.uk/cms/content/forthcoming-events-and-meeting-dates>

3:16 Induction Standards

The Department of Education's Training, Support and Development Standards for Foster Care have been designed to support foster carers from pre-approval through their first two years of fostering. They are intended to ensure that you will have the

best possible training, information and support. The standards set out what foster carers should know and be able to do in a clear way.

From April 2008A all new foster carers will be expected to achieve the Training, Support and Development Standards for Foster Care within 12 months of their approval, family and friends carers within 18 months.

Fostering is a very rewarding but challenging and demanding job. As in any new role, you may feel uncertain at first about what you should do and what is expected of you. You are asked to complete the standards to help you build your confidence, to ensure that you have the knowledge and skills to make a positive difference to the lives of children and young people. Your supervising social worker will help you complete the standards with advice and information.

Your supervising social worker is responsible for assessing how you are applying your learning to your job as a foster carer and for identifying any extra learning or support that you might need.

There are seven Training, Support & Development Standards for foster care:

Standard 1: Understand the principles and values essential for fostering

children and young people

Standard 2: Understand your role as a Foster Carer

Standard 3: Understand health and safety, and health care

Standard 4: Know how to communicate effectively

Standard 5: Understand the development of children and young people

Standard 6: Keep children and young people safe from harm

Standard 7: Develop yourself

Website to complete your standards - <http://www.cis-assessment.co.uk/>

Ask your supervising social worker for login details.

3:17 Leisure and Holidays

If there is an opportunity for a child or young person to go on a day trip or holiday either with you or as part of an educational trip, planning ahead and liaising with the child's social worker and team manager is the desired approach. The parents and the team manager must give written approval for all activities that include day visits and activity-

based holidays and individual interests in which there is an element of risk. For example:

- Residential activities (including camping)
- Climbing/walking
- Water based activities
- Cycling
- Horse riding in open country.

Prior to giving permission for such an activity the Team Manager will need to consider the following:

- Consent of persons with Parental Responsibility
- Previous experience associated with the activity
- Training, experience and demonstrated competence of the leader of the activity, including technical or appropriate qualifications
- The suitability of the activity in relation to the abilities of the child/young person
- The level of supervision required
- Competence of staff and volunteers
- Safety systems for the eventuality of ill health or harm
- Provision of insurance
- Availability of an emergency back-up plan.

Passport Application

Whenever possible, parents should be asked to provide consent for a passport application. If a child is on a Care Order the Head of Service will need to sign part 9 of the application form for the passport.

If you would like to apply for a passport for your foster child let the child's social worker and your social worker know as soon as possible. You will not be able to apply for the passport yourself so the service will do this for you, we will ask you to provide the passport photos.

The Music Service

The Music Service offers free small group instrumental tuition to children who are in the Looked After System. The Oxfordshire County Music Service offers a range of activities. These can be accessed through schools and include choirs, orchestras, Oxfordshire Youth Music Theatre, individual and group lessons in a range of musical instruments, and Saturday music schools offering opportunities to play in larger groups. Instrument tuition in small groups depends on staff resources and demand. Small group tuition groups may include: saxophone, clarinet, flute, violin, cello, trombone, trumpet, cornet, tuba, drum kit, guitar or electric keyboard. It is often possible to arrange a few taster one-to-one sessions of instrument tuition for children who need encouragement to start. Funding for children who are Looked After can be requested using the form on the last page of the PEP. Subsequent small group sessions are then provided free by the music service.

Contact details: music.service@oxfordshire.gov.uk

Telephone: 01865 740000

Oxfordshire Library Service

Oxfordshire Library Service offers library tickets for foster carers and children who are in the Looked After Service. The ticket entitles the young person and their carer to the following:

- No fines for late books
- No charges for reservations
- No charges for loans of story cassettes or CDs
- No charge for loss or damage to books by children

Registered carers are entitled to special tickets too.

<http://www.oxfordshire.gov.uk/cms/content/library-services-children-and-young-people>

Contact details: www.oxfordshire.gov.uk/libraries

Telephone: 01865 810240

3:18 Health

You should receive basic essential information prior to placement, identifying any health issues and the name of the child's current doctor.

When a child is placed in a foster home, the Social Worker will ask for the child's medical card and try to obtain as full a medical history as possible. A copy of this should be given to you, together with the medical card, when the child is placed. There should be details about illnesses, immunisations etc. Unfortunately, it is not always possible to obtain full information; sometimes the information is not available or parents are too anxious and confused to provide it at this time. However, if this is the case, you should ask the child's social worker for further details as soon as possible as it is important for the child's medical care to have this information recorded. The Placement Information Record should contain medical details. It is important to ensure that you have a copy of the signed medical consent so that the child can access their immunisations and routine medical care.

All children new to care require their statutory initial health assessment which provides an overview of general health, emotional wellbeing, development, past health problems and future care. At the end of the assessment a health action plan is completed by the Doctor and will be reviewed at each LAC review to ensure the identified actions have been completed. The LAC Health Team will contact you so that an appointment can be arranged. These normally take place at East Oxford Health Centre and take about one to one and a half hours.

If the child remains in care, an annual health assessment will be completed or every 6 months if the child is under 5 years.

If a child is with you for a short time and it is possible for you to take them to their own doctor, it is advisable to do so, as that doctor will be familiar with the child's medical history. Discuss this possibility with their social worker first. Otherwise, your own doctor should be approached and asked if the child can be registered with them. It is preferable for a child to be permanently registered with the GP so that the medical notes are requested from the previous surgery and the full history is available to the examining Doctor. For more information:

http://www.proceduresonline.com/oxfordshire/childcare/p_healthcare_assmt.htm

We have listed certain health information below. If you would like further guidance on health issues speak to your supervising social worker, or the child's social worker and they will be able to advise further, or give you the contact details of the most appropriate person to talk to.

Hepatitis B and C

Hepatitis B is a virus that causes swelling and loss of function of the liver, which can result in damage that may lead to scarring of the liver and increased risk of liver cancer in some people. There is a vaccination against hepatitis B and www.nhs.uk is a useful source of information.

Hepatitis C is also a virus that causes swelling and loss of function of the liver. The majority of people infected will get only mild liver damage. However, in some people hepatitis C progresses over 20-30 years to cause serious liver damage. Hepatitis C can be successfully treated with anti-viral medication.

Children who have these infections usually have had the infection transmitted from their mother while in the womb, during labour or while being breastfed. Alternatively, they may have been infected by coming into direct contact with the blood or sexual fluids of an infected person.

For transmission to occur there needs to be a direct route to the bloodstream or via the mucous membrane of genital or anal tissue. It is not transmitted through routine contact, for example, a human bite or sharing the same cutlery.

Routine precautions are necessary which include using gloves if dealing with blood, treating an open wound or treating a nose bleed. Ensure all open wounds are securely covered.

Wears gloves when dealing with other body fluids, as a routine hygiene precaution.

The main difference with hepatitis C is that it can remain infectious for at least a day even after the blood has dried. The most infections come from blood to blood transmission. Saliva and tears are not infectious. It is therefore very important that razors, toothbrushes, nail scissors, hair clippers or nail files are not shared. Toothbrushes can be kept in their own individual holder and not shared. Do not share a towel/ flannel that may have blood on it.

Due to the uncertainty around many children's blood borne virus status, routine precautions should be adopted as standard practice. The advice of Oxfordshire County Council's Medical Advisor is that every foster carer should be vaccinated against hepatitis B. Foster carers should talk to their supervising social worker regarding the process of being vaccinated.

LAC Health Team: 01865 904973

Specialist Nurse LAC - Kathryn Tolson: 01865 904277

Designated Nurse - Maggie Mackenzie: 01865 904991

For more information, please visit:

NHS www.nhs.uk

Drugs and Alcohol

We encourage foster carers to talk openly about drugs and alcohol with the child. Talking about drugs and alcohol will not encourage the child to use them. Discuss openly the effects and the risks of drugs, the illegal nature of the drugs and what it would mean if your child got caught. Discuss the law in relation to the impact on your child, their potential police record and the impact this would have on school, jobs and careers.

Always try and keep the lines of communication open with your child. If it comes to the crunch, your child must see that you are there for them. If the police get involved, support your child through the process. Take a mediating role between your child and the police.

The Law Relation to Drugs and Alcohol

www.talktofrank.com FRANK can give you FREE info on drugs.

www.oxfordshiredaat.org Drug and Alcohol Treatment Oxfordshire

If you would like to discuss what mental health or support services may be needed based on this guidance, please discuss with the child's social worker or your supervising social worker, then please call any one of the following services:

ATTACH (part of the Family and Placement Support Service):01865 378114

(they may be especially helpful where the child is in care and/or plan is adoption)

Caroline Newbold - Community Parenting 01865 845770

(may be especially helpful for a child on the edge of care or where plan is to return home with support needs identified)

EVOLVE

Tel: 01865 723909 email: evolve@cri.org.uk

Designated Nurse for Looked After Children

Email: maggie.mackenzie@nhs.net

Consumption of Alcohol

There is no harm in modelling a healthy social use of alcohol, but please bear in mind that children like to feel that adults are always in control so they may be anxious if an adult became incapable of being in charge of a situation.

Remember, too, that many children have had negative experiences of adults and alcohol, linking it with violence and abuse, so innocently pouring out a drink may trigger frightening memories for a child.

Remember that alcohol is a poison for children and should be kept out of children's reach or be locked away. Over 1000 children are admitted to hospital each year because of alcohol poisoning.

Dental Access

Access to appropriate dental care is essential for all children. If the child is currently under the care of a dentist, this treatment should continue. If not, you should arrange for the child to have routine examination and any necessary treatment with your own family dentist at the earliest opportunity.

Oxfordshire Primary Care Trust (PCT) director of dental services has agreed that all Looked After Children in Oxfordshire can have dental assessments and treatment at the PCT run NHS dental access centres the details of which are listed below.

Sexual Health and Relationships Policy

Research tells us that children and young people in public care can be vulnerable to poor sexual and emotional health. Without a trusting and stable relationships with adults; whether a teacher, or parent, for example, it can be difficult for any young person to access sexual information, education and support. Without proper support, a young person may receive inadequate or incorrect sexual information and negative messages about sex and sexuality.

Sex and relationships education is a lifelong learning process of acquiring information, developing skills and forming attitudes and beliefs about sex, sexuality, relationships and feelings.

<http://www.nhs.uk/Livewell/Sexualhealthtopics>

HIV/AIDS

HIV stands for Human Immune-deficiency Virus. HIV damages the body's immune defence system so that it cannot fight off certain infections and cancers. If a person is HIV-positive it means that HIV-antibodies have been found in their blood. It is possible

to be HIV-positive for 8-10 years before developing an AIDS-related illness and some people stay well for longer.

AIDS stands for Acquired Immune Deficiency Syndrome. When a person has AIDS it means that s/he is HIV-positive and has developed one or more specific infections or cancers.

There is still no vaccine or cure for HIV. A person who knows s/he is HIV-positive may choose to take prescribed drugs to try to prevent these specific illnesses developing as well as a combination of anti-HIV drugs. Treatments are available for many of the illnesses while new therapies are also being developed.

More information can be found on:
<http://www.nhs.uk/conditions/hiv/pages/introduction.aspx>

3:19 Transport

Vehicles that you and the child use:

- Please ensure the child wears a safety helmet whenever they cycle. Make sure that the bike is roadworthy and has that it will legally need appropriate lights if they are out in the evening or early mornings.
- When possible, encourage older children to use public transport. Being able to use public transport with confidence is an important skill that they can use in the future.

Escorting children

Sometimes the child that you are looking after will not be able to travel on their own, for example if they are:

1. Too young
2. Undergoing therapy
3. Going from or to hospital
4. Going to difficult contact sessions.

In these cases, an adult that the child knows must drive the child or be in the car with them, for example their carer, social worker or relative.

Transport expenses

We will pay reasonable travel expenses for journeys involving the following:

- All medical and health-related matters

- Appointments for therapy
- Contact sessions with the child's birth family
- Where the child is moving on to another family
- Reviews, case conferences, planning meetings, etc
- School journeys (when child isn't in catchment area - provided the team manager has agreed this)
- Travel to training courses – this is at a reduced mileage cost
- Travel to support groups.

How to claim transport expenses

You must fill out a Foster Carer Mileage Claim Form (these are available from your Supervising Social Worker). When completed, return the form to them and they will send it onto our finance team for you.

Child's safety in the car

Social Children's Services pay particular attention to health & safety in the home as part of the process of assessing prospective foster carers, as the task of looking after someone else's child brings with it a large responsibility for the safety of that child. You can ask for a copy of your completed health & safety checklist, which your social worker would have filled out as part of your assessment. The checklist also includes care of your pets, and that foster carers are required to have smoke alarms fitted in their homes as specified minimum standard of fire precaution.

Car seat belts and child restraints

The law relating to this and a set of guidelines are contained within the document 'Seat Belts and Child Restraints' published by the Department of Transport. For more information please go to: <http://think.direct.gov.uk/seat-belts.html>

Key points:

- You are required to provide car seat belts or child seats/restraints as appropriate for all children in your care
- Ensure that all child seats/restraints are in good condition and are fitted properly. If unsure, have them fitted by an expert
- Never put the same seat belt around more than one child
- Never put a rear-facing baby seat in the front where an active airbag is fitted

- It is preferable to sit children in the back seats of cars. If this is not possible, the seat should be pushed back away from the dashboard, especially when an active airbag is fitted.

Car hire and car loans

In some cases some carers may wish to take foster children on holiday or for outings during school holidays. In some circumstances where their family car is too small as they have birth and foster children, the department may undertake to hire a larger vehicle for the duration of the holiday. Contact your supervising social worker for details.

Car Loan Scheme

It may be possible for carers to obtain a loan for the purchase of a suitable vehicle. Detailed information about the eligibility criteria is available from the Fostering Service.

3:20 Savings and pocket money

This procedure applies to children placed in foster families but the principles apply to the placement of all Looked After Children. Therefore, where Looked After Children are placed with relatives or friends or in placement not managed by the authority, the social worker must ensure these or other adequate procedures are applied.

1. General

Arrangements must exist in all children's homes and foster homes for the payment of pocket money and savings as well as the opportunity for young people to buy personal effects and clothing at appropriate times.

The arrangements should be set out in the Foster Care Agreement or the Placement Information Record for individual children. In the absence of such arrangements, the following must be adhered to.

2. Principles - Pocket money

The provision of pocket money is good because it helps children understand the value of money, what things cost and helps them develop budgeting skills necessary for the future.

There is an expectation that within the fostering allowance an element of this should be used for pocket money for the child or young person. It is expected that children will be aware of the amount of money they will receive and when this will be paid. We

have provided suggested minimum weekly amounts for pocket money but understand that circumstances within every home are different and we would want this to be compatible with foster carers' birth children within the home.

The amount of pocket money should be agreed at the placement planning meeting with the child's social worker and your supervising social worker. Younger children should be supervised in how the money is spent but older children should be encouraged to be more independent.

If there are concerns about how the money is spent these concerns should be discussed with the child and the social worker. If there is a serious risk, the arrangements for providing money may have to be restricted or supervised spending arrangements put in place. This should always be discussed and agreed with the child's social worker.

Deductions from pocket money may not be made for fines or sanctions, except for reparation of malicious damage or to pay fines determined by a court. If a court imposes such deductions or fines, no more than two thirds of a child's pocket money should be deducted in any week.

Recommended minimum weekly amounts for pocket money and savings:

Age	Pocket Money £ per week	Savings £ per week
0 - 2	3*	3
3 - 4	3	3
5- 10	4	4
11 - 15	5	5
16 - 18	6	6

*We do not expect babies to be given pocket money but you may choose to use to buy treats or simply add to the savings account.

These rates apply to Parent and Child placements but not for Short Break or relief care placements. These rates will be reviewed annually with the fostering allowances.

3. Bank or Savings Accounts

All children and young people should be encouraged to open a personal savings account so that they can save some their pocket money and money they receive for their birthdays or Christmas. Whilst children should have access to these accounts, foster carers need to support children to build on these savings.

A bank or savings account should be set up and managed by foster carers. You will need proof of the child's identity (passport or birth certificate) and confirmation of the address. The child's social worker or your supervising social worker should be able to arrange these documents. A record of the amount saved and account details should be written up in the foster carer recording file.

You should never place a foster child's savings in your own account.

It is also expected that foster carers put aside a regular amount of savings from the allowance provided (separate from the child's savings) in the child's name. These savings need to be kept securely and the child should not have access to these until they are 18 at which time this should be discussed with the child's social worker.

Delegated authority can be agreed with the child's social worker so that the foster carer is a trustee of the account. However, if a child moves on from the carer's household arrangements must be made for the account to be transferred with them and it is expected that these arrangements will be made within 28 days.

It is expected that the savings account will be in place by the four-month review.

All looked after children who have been continuously in care for at least a year and were not eligible for the Child Trust fund are entitled to a £200 payment from the government into a Junior Individual Savings Account. The funds cannot be accessed by the account holder until their eighteenth birthday.

Government guidance:

<https://sharefound.org/local-authorities-1/>

4. Principles - clothing and other allowances

As young people begin to take more responsibility, depending on their age and understanding, discussions should take place with the young person and their social worker about a personal allowance from the foster carer to allow them to purchase clothing, toiletries and other personal requisites independently.

5. Loans and gifts

Under no circumstances should foster carers or other members of the household borrow money from the young people they care for. Gifts received from the young

people of over £50 in value should be declared to their Supervising Social Worker who will confirm whether it is appropriate to accept this.

6. Savings

Foster carers should encourage children and young people to make regular savings from an early age. You will need to open savings accounts on behalf of the children and young people to support them in saving money and develop money management skills. Any foster carers who wish to supplement these savings will be welcome to do so. Please refer to our Savings and Pocket money policy which will give clear guidance on amounts that should be saved and weekly amounts of pocket money that should be given to the child depending on their age. Savings need to be age appropriate (this will be raised at the children's LAC reviews). There is a savings section in your recording file where you can record the savings information.

Foster carers are expected to help children to learn about savings as part of preparation for adulthood. As part of this preparation it is important that children have some responsibility for looking after their own money from the age of seven year or as agreed in their LAC reviews. Prior to this, children's pocket money should be spent under the supervision of the foster carer or kept as savings.

The long term system of savings for the young person/child would begin once they have been looked after for a period of over a month. Savings will be available to the young person or to them and their parent/carer (if they are under 16) when they leave care. In the case of a young person who is over 16 and moving on from a foster placement to semi/independence, there would be a Children In Need (CIN) meeting or pathway review to look at how the savings are being managed.

Saving payments will need to be made into a bank or building society account. If you need advice about opening a bank account for the child/young person, please speak to your supervising social worker or the child's social worker.

http://www.proceduresonline.com/oxfordshire/childcare/p_pers_care_rel.html

3:21 Foster Carer Agreement and Placement Plan

Foster care agreement

A Foster Carer Agreement outlines the terms and conditions for the partnership between Oxfordshire County Council and foster carers who have been approved by the department.

<http://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/socialandhealthcare/childrenfamilies/fostering/fostercareragreementexample.pdf>

Placement agreement/placement plan

A placement agreement plan should be drawn up before a child is placed or within 35 working days wherever this is not possible. The purpose of the placement agreement plan is to set out in detail how the placement is intended to contribute to meeting the child's needs as set out in the care plan. The placement plan will document how on a day to day basis the child will be cared for and how the child's welfare will be safeguarded and promoted by the appropriate person. The placement plan replaces the foster placement agreement.

Placement Agreement example

<http://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/socialandhealthcare/childrenfamilies/fostering/placementagreementexample.pdf>

http://trixresources.proceduresonline.com/nat_key/keywords/place_plan_info_record.html

3:22 The Children in Care Council

The Children in Care Council (CICC) has been set up in Oxfordshire to ensure that children and young people are able to put their experiences of the care system directly to those who are responsible for it, and for children and young people to be involved in the decision making in planning, development and evaluation of services.

They are looking for children and young people who are enthusiastic and interested in improving the care system who want to get involved in change and making a difference. They ask young people to commit to attending the meetings, to share views and listen to others. They meet every 6 to 8 weeks.

It is a voluntary position but young people are rewarded through qualifications, celebrations, letters of thanks and certificates. They will be provided with travelling expenses and refreshments at meetings. If a young person requires child care arrangements please discuss with the Children in Care Council who will be happy to help and advise you further.

If you are caring for a child or young person aged between 12 - 21 years old (up to age 24 if in higher education) who is in the care of Oxfordshire County Council or a care leaver and they would like to join, please use the contact details below;

James Collins (CICC coordinator) james.collins@oxfordshire.gov.uk or call/text 07803287813

“Being a CICC member has boosted our confidence and self-esteem, as we feel valued and listened to”.

"I am really excited about being joint Chair of CICC and having the responsibility or helping other children and young people in care" Alice

3:23 Preparation for Independence

Leaving care service

Care leavers are young people who have been looked after by the Local Authority until 16+. The LAC/Leaving Care Team ensures these young people get the help and support they need on the road to adulthood.

Our services

- Leaving Care Personal Advisors
- Developing Pathway Plans
- Helping young people with contacting other services
- Providing advice and assistance with work, education and future housing

Available support

Personal support and/or mentoring is available in the form of advice and information about issues such as accommodation, education and training, employment, health and leisure, life skills and finance.

Personal Advisors

Personal Advisors work with young people to complete their Pathway Plan. They also provide financial guidance for care leavers. This may be in connection with education, employment, accommodation or personal support.

Virtual School - Post 16 Team

The team works directly with young people as well as with colleges, schools, training providers and employers to support young people in developing learning and work-based skills. Further information about this support is available from the Education, Employment and Training Coordinator, Mark Walker who can be contacted at mark.walker@oxfordshire.gov.uk or 07824 866557.

For further information -

http://www.proceduresonline.com/oxfordshire/childcare/p_leaving_care.html

3:24 Room Sharing Policy

Bedroom Sharing

It is a requirement of the regulatory framework for Looked After children, which became effective from 1 April 2011, that each child over three years old must have their own bedroom or, where this is not possible, the sharing of the bedroom has to have been agreed by the placing authority. Where bedroom sharing does take place this must be agreed and signed off by the Fostering Service Manager.

Children should not share rooms (other than with siblings) even in an emergency, unless it has been assessed as acceptable and both children are in agreement.

Section 4: Looking After the Foster Carer

4:1 Visits and meetings

http://www.proceduresonline.com/oxfordshire/childcare/p_sup_fos_carer.html

Unannounced visits from your Supervising social worker should take place at least once per year. Visits should be handed tactfully. If the Social Worker finds the carer is not at home, it is expected they return at a later date.

When a child is placed with you we will discuss the frequency of planned visits. The child's social worker should visit you within 72 hours of the placement. At any time, if you feel either yourself or the child would benefit from a visit from a social worker please request this.

You will also be visited by your supervising social worker. These visits are often in your own home and should happen at least every six weeks unless there is an agreement between yourselves and the team manager for an alternative visiting arrangement. Your supervising social worker will record any discussions you have and if any agreements were made.

Supervision plans are completed a minimum of twice per year. In these supervision sessions, the supervising social worker will be completing a small report on health and safety, family circumstances, stresses, current placements, child's needs, financial issues, record keeping and contact. Actions for both carers and social worker will be

highlighted and reviewed at the following supervision visit. Foster carers will be asked to sign a copy and receive a signed copy for their records.

Your supervision meetings will form part of your household review which is completed with your supervising social worker. Areas covered during the review are: training and development, health and safety, safer caring, views of your birth children, social workers involved and your views.

4:2 Support Groups

In each area there are foster carer support groups you may choose to attend. The groups are run by carer coordinators and are an informal opportunity for you to meet with other foster carers. Guest speakers may be invited to talk to the group. These groups can be in the form of coffee morning, or groups that have grown from carers attending keep training. It is important that carers meet other carers to share information, give guidance and provide general support.

Support group dates:

<https://www.oxfordshire.gov.uk/cms/content/forthcoming-events-and-meeting-dates>

4:3 Oxfordshire Foster Care Association (OFCA)

The Oxfordshire Foster Care Association endeavours to support and represent all Foster Carers registered with the county. As a foster carer with Oxfordshire you are automatically a member of the association. The association is run by a committee elected annually at the AGM. The committee members are all foster carers and collectively have considerable experience of fostering.

As well as foster carers we are joined at committee meetings by Social Care Children's Services managers, who attend as guests.

You are entitled to attend and vote at the AGM, the OFCA will write to you and tell you the date of the AGM well in advance.

The aims and objectives of the association are to support not only foster carers, but also their birth families and fostering in the county generally. We arrange various events, and in particular:

- Provide free tickets to foster carers, their birth children and younger foster children to the annual Christmas pantomime at the Oxford Playhouse.

- We produce a newsletter four times a year which is circulated to all members. The committee member's names and contact details are always listed in the newsletter. You are welcome to contact any of the committee members for advice and information whenever the need arises.
- We organise various events for carers and their families. All of that is dependent upon funds, and sufficient participation from carers. They received funding from the council and also have a charitable status with the Charities Commission which allows them to apply for grants from various funding bodies.

OFCA welcome new members of the committee and if you would like to join in the management of the association or are just able and willing to help out, you would be very welcome. The committee usually holds a meeting once a month and our meetings are as informal as they can be.

4:4 Insurance

How do I find out more about the insurance?

You should receive an insurance booklet with your new members pack from the Fostering Network. Alternatively, you can print off a PDF copy from the members' area of the website. You will need to be logged in to access this area, or you can contact the membership team on 020 7620 6400 and ask them to send you one.

For more information - <https://www.fostering.net/membership/foster-carer>

Car Insurance:

We expect foster carers to have fully comprehensive car insurance. You will need to notify your insurers that you are a foster carer so you are covered for business use.

4:5 Recording and Medical policy

This policy applies to all Foster Carers, including Family and Friends Carers and those offering short breaks. Foster carers are responsible for ensuring that the day to day health needs of children in their care are met. Standard 6 of the NMS outlines the carer's responsibility to promote good health and wellbeing. Carers may be requested to care for a child who has existing known health needs; these will be discussed before a placement is made and the expectations of carers clarified within the Placement Plan. Conversely, a child's health needs may only become apparent once in placement. Carers will be supported to manage any health needs as they arise. There

are protocols to follow should carers need to administer first aid or in case of emergencies which are outlined in the following section.

As the people with day to day care of 'looked after' children, foster carers are in a good position to gather information about the child/young person's development, education and achievements. Any illnesses, accidents or difficulties they encounter. You will have a log of information which can be used in the event of a child or young person making an allegation against you or your family, and will have information which a child may wish to access in the future.

So that we can all achieve positive outcomes for the children and young people we care for, a record of these day to day events is of great importance.

Why record?

- Provides an accurate record
- Gives an overall picture of what is happening in the placement
- Helps to identify behavioural patterns
- It evidences the work you are doing with a child or young person
- It can be used for Life Story Work
- It may even be used in court proceedings
- Helps keep the child/young person safe
- Helps to protect you and your family from the risk of a complaint or allegation
- Shows that you value the child/young person's history

Best practice

- The frequency of recording required will be discussed and agreed during your supervision meetings with your supervising social worker. Training specifically covering all aspects of recording is available to book via IBC on-line. However, you must notify your supervising social worker and the child's social worker when there is a significant event, eg accident or illness.
- Contents of the records to be shared with the child or young person when appropriate and they should be encouraged to contribute
- When sending recordings via email to your supervising social worker you must use Egress switch and not download and store any information to your computer.
- Foster carers are responsible for ensuring all paper copies of information regarding children are kept in a lockable box that can be provided by the fostering service.

When a placement ends any paperwork must be returned to your supervising social worker.

- Under the Data Protection Act, foster carers may not retain records of the placement, except for the names of the Children/Young People placed and the dates of the placement
- If a foster carer needs to look at their recordings at a later date – perhaps because of a complaint or allegation, you are entitled to have access to the recordings you have made.
- The department can supply you with a foster carer diary on request and this must be returned to your supervising social worker at the end of the year. Diaries should not be used for child specific recordings, it must only be used to record appointments.

How to Record

- Records should be clear, accurate and factual
- Records must distinguish between fact and opinion
- Avoid slang and/or jargon
- Records should be written in a way that conveys respect
- Each entry must be dated – if adding a late entry this should be indicated

What to Record

Health and Medicals:

- Foster carers must keep a written record of all medication, treatment and first aid given to children during their placement.
- There is a 'MEDICATION ADMINISTERED' record that needs completing for any child in placement who receives medication or treatment from the foster carer/s.
- Visits to doctor, dentist, optician, and/or clinic.
- Advice/medication given
- Therapy appointments
- Milestones – e.g. cuts first tooth
- Minor accidents and action taken (major incidents should be recorded on a separate sheet and the Child's Social Worker and your Supervising Social Worker should be informed immediately).

Education:

- Letters and messages to and from school
- Any absences and the reason including exclusions
- School meetings including PEPs
- Open Days, concerts, sports events
- Educational achievements
- Extra tuition, clubs and extra-curricular activities
- Significant friendships
- Bullying or being bullied

Contact:

- Dates and details of contact – who with, where they happened, how they went
- Child's reaction to the contact – before and after
- Date and details of visits and/or overnight stays away from the foster home (including sleepovers with friends)
- Visits and contact with social worker and any other professionals

Behaviour:

- Any behaviour that is unusual or causes concern (via PDR for OTFC carers)
- Improvements, progress and achievements
- Details of any damage or theft by the child/young person
- Details of any involvement with the police – reasons and outcomes
- Date and times if child/young person goes missing (CSW and your SSW to be notified immediately)

Allowances:

- Date when pocket money and clothing allowance is given to child/young person.

Serious accidents or illnesses, when a child goes missing, allegation and/or disclosure of abuse must be reported immediately to the child's social worker or manager in office hours or to the Emergency Duty Team out of office hours, 0800 833408.

4:6 Freedom of Information

The Freedom of Information Act 2000 (FOI Act).

As a public authority, the council has two main obligations under this act:

- To proactively publish a list of information that is available to the public
- To respond promptly to any requests it receives that falls outside of this list.
- Contact details: foi@oxfordshire.gov.uk

4:7 Media and Social Networking

Social Networking e.g. Facebook

It is important that Foster Carers understand about social networking, including the opportunities and the dangers, and that they can discuss with children and young people in their care how they are using sites such as Facebook. We are living in a world in which technology is moving at a heightened pace. People who care for children and young people – parents, Foster Carers and Social Workers – may not be as up to speed with this world as younger people, and may consequently tend to focus on the challenges rather than the opportunities it offers.

Social networking is a term that is used to describe some of the ways in which people communicate online via their computers or mobile phones.

Being aware of issues of confidentiality on social networking sites is important. Considering ahead of time the implications of posting photographs of yourself and/or fostered children on Facebook is essential.

You, and they, need to be aware that material such as photos may well remain on a site such as Facebook for longer than you anticipate, and could be seen by people who were not the intended audience. Ask yourself questions such as ‘Would I put these photos up in a public place?’ and ‘Would I be happy for an employer to see this photo?’

Facebook has a number of privacy settings. These allow you to decide who can see what on your Facebook pages, and they are very easy to set using the Privacy button. These are worth reviewing and exploring the privacy settings, as many people are not aware of the privacy options available to them, and the options do change from time to time.

It is worth remembering that even if you have the strongest privacy settings, once material is published it could be shared by an online friend, and can be very hard to erase.

Photos of a person can be posted by other users who ‘tag’ the people in them. It is therefore worth users regularly checking content they may be featured in.

Top tip: Only upload those photos that you are happy to share. Think carefully about posting up photos of foster children, or your own children, or of other family members who may wish their privacy to be respected. It is not a good idea to post photos which can identify the school which your child attends as this can help others to trace their whereabouts.

Should I let the children and young people I care for use social networks?

Social networking is now a fact of modern life. It will be very difficult to prevent young people from using Facebook, many will be able to access it at friends' houses or even on their mobile phone. Preventing them from taking part in social networking could lead to social exclusion amongst their peers. Our task as adults is to help them explore the positives of social networking whilst keeping them safe.

While we acknowledge the challenges, we principally see real opportunities for young people in general and those in care, in social networking.

However, this should all be set within the context of the overall plan for the child and in particular any specific contact arrangements all of which should be reviewed regularly to meet the changing needs of the young person.

What are the issues specific to children and young people in care?

Social networking can be both a positive experience and at the same time can raise concerns for those with responsibilities for children – whether their own or children in foster care. Understanding what children and young people are doing when they are online, having regular and open dialogue with them, being alert to the possibilities offered by social networking and monitoring its usage are important in order to minimise the risks associated with it.

The following issues are particularly pertinent to children and young people in foster care, and suggestions are given for how these could be addressed in a positive way:

Cyber bullying

Social network sites can be used as a tool for bullying amongst children and young people. This can involve a number of people sending abusive or intimidating messages to an individual, or posting threats on their wall.

As with any form of bullying, cyber bullying can be traumatic and isolating for the individual. Encourage those in your care to be open with you about their relationships with their peers and be aware of changes in their behaviour that may suggest they are being bullied. Keeping the computer in a communal area will also help you keep an eye on things.

If a child or young person in your care is being bullied, remind them that they can block and 'defriend' those that are bullying them. If necessary, they can close their account and set up a new one which they keep more private. Encourage them not to respond to abusive messages. Some schools treat cyber-bullying as a school matter, so do contact them to see if they can offer support.

Social networks and 'grooming'

Often, adults who want to engage children in sexual acts, or talk to them for sexual gratification will seek out young people who desire friendship. Social networking sites offer a route for them to target young people. They will often use a number of grooming techniques including building trust with the child through lying, creating different personas and then attempting to engage the child in more intimate forms of communication including compromising a child with the use of images and webcams. Child sex abusers will often use blackmail and guilt as methods of securing a meeting with the child.

Children and young people in foster care may be particularly vulnerable to approaches from strangers or people they hardly know online because of their past experiences. This will be especially true if they feel isolated from their peers. They may lack normal boundaries. Being open with them about the potential dangers and supportive of attempts to improve their social skills will help and in some cases this will need to be very carefully monitored to prevent a vulnerable child from being 'groomed'.

Where can I find out more?

The Fostering Network offers training for foster carers on social networking and IT safety. You can contact them on 020 7620 6430 or email training@fostering.net for more information.

Mobile phone use for young people

Mobile phones have become very popular with young people and have obvious attractions for personal security and keeping in touch with others. Mobile phones offer the opportunity to socialise, communicate and learn. Foster Carers and young people should make informed decisions about the use of mobile phones in conjunction with the Child's Social Worker and birth parents.

Use of computers

Over the last few years more and more individuals have become aware that there are clearly many benefits gained by having access to a PC with Internet connection at home. Far from being just an information source/research tool for school projects and homework, the Internet provides a great deal of opportunity for adults, young people and children to work, play and learn. Opportunities range from undertaking and completing online courses to gain new skills, reading the news, finding information on

leisure activities e.g. music, cinema, sports and hobbies, researching and booking holidays, online shopping (whether for practical purposes or just for fun!), playing games, sharing files to merely chatting to friends. Therefore whilst the Internet is an invaluable facility that should be available for all to use, the challenge is to ensure safe and appropriate use.

The internet can be full of possibilities for young people, but unfortunately it also has lurking dangers and it's your responsibility as a carer to protect young people from harm, and help them develop resilience. The main threats are: grooming by paedophiles on social networking sites and cyberbullying.

The internet is something nearly every child is familiar with, and many children spend time chatting with friends and meeting new people through community based websites like MySpace, Facebook, livejournal, and chat rooms. Children are comfortable in the virtual environment of the Internet, and will only grow more comfortable as the years pass and more options become available online.

Basic tips for foster carers:

- The computer must be easily accessible to the child or young person you're fostering
- It must be in a living area where people come and go, and where you can keep an eye on their online activities not in the privacy of their bedroom, where they're much more vulnerable to predators and bullies
- Desktop computers are preferable, because laptops can easily be carried to more secluded areas.
- It's important to keep up to date because the technology, and the way people use it, continues to develop.

Tips to give children and young people:

- Never give out any personal, identifying information. This includes your home address, your phone numbers.
- Remember that nothing is ever forgotten or deleted from the Internet. Teenagers have been suspended from school, expelled from school, fired from jobs, and threatened with arrest over the things they have posted online.
- Keep the line of communication open with your parents or a trusted adult. If anybody ever does or says anything online that makes you uncomfortable, confused, or afraid, confide in an adult you can trust.

- Never agree to meet anybody face to face without your parents, or another trusted adult, present. Always meet online friends in public venues.

Personal emails

Please ensure you anonymise any emails you send regarding a child in placement.

Photographs

Foster Carers should exercise caution and discretion when taking photographs of children. This includes video recording equipment transferable to DVD, digital images and film. Looked After Children should only be photographed with their consent or prior warning e.g. for their own life story work, a family celebration or at their request if it is considered reasonable at the time. If a child objects to being photographed please do not insist as their objection may be based on previous bad experiences.

Children should always be fully clothed when photographed unless they are wearing bathing costumes in natural settings e.g. swimming pool, beach etc. Children should never be partially dressed or photographed in the bath even if they request it. Photographing children in compromising situations may have been used as a form of abuse prior to being Looked After and should therefore be avoided. Where Looked After Children take part in group activities e.g. school plays, holidays, youth clubs, you must check with the child's social worker whether the parent or the authority has given permission for photos to be published. If not, they cannot be used.

4:8 Delegated Authority

Foster carers often find they need the authority to make certain day to day decisions, such as whether the child they are caring for is allowed to stay overnight with a particular friend, or whether she or he can go on a school trip. Each of the four countries of the UK has their own policies regarding this. Foster Carers should have the maximum appropriate flexibility in taking decisions relating to the children in their care, within the framework of the care plan and properly respecting the wishes and feelings of parents and others with Parental Responsibility.

Delegated Authority in England

The Children Act 1989 Volume 2 Statutory Guidance on Care Planning, Placement and Case Review, which came into force on 1 April 2011, requires local authorities to ensure that the placement plan, which sets out the arrangements for the child to live with and be cared for by the foster carers, specifies any arrangements for the delegation of authority from the parents to the local authority. This should include arrangements for further delegation from the local authority to the Foster Carer.

The placement plan should help the foster carer understand what decisions they can make. Where there are issues that a foster carer believes it would be in the child's best interests for them to decide and these are not covered in the placement plan, the foster carer should discuss this with the child's social worker during statutory visits.

What does this mean for foster carers?

The care planning process provides for authority for certain decisions concerning the child to be delegated to foster carers through the placement plan.

- It must involve the birth parents and/or other with Parental Responsibility.
- Supports more effective day to day parenting and reduces disagreements about who can give permission for things such as overnight stays, school trips and holidays.
- Provides a more normal family environment for children.
- Recognises the importance of Foster Carers and their relationship with the child.

What does this mean for social workers?

- More flexibility to make plans which are based on the needs of the child.
- More work at the beginning of a placement - with birth parents, foster carers and children.
- More attention to the detail of children's lives and their wishes and feelings.
- Less work later dealing with permissions for school trips, overnight stays and disagreements.

What does this mean for Looked After Children and Young People?

- Clarity about who can give permission for school trips, sleepovers, and other day to day decisions affecting the child's life.
- Clarity that individuals do not have to be approved as foster carers if the child stays for weekend/holiday e.g. foster carers mum
- Clarity that foster carers can give permission for the child to join in activities such as horse riding, swimming etc
- A more normal life!

Are there some situations where authority cannot be delegated?

There are a number of situations in which consent of those with Parental Responsibility for the child is essential and therefore cannot be delegated to another person. For example, consent to removal from the jurisdiction (UK) must be given by all people who have Parental Responsibility, unless the child is in the care of the local authority (under a Care Order, Interim Care Order or Emergency Protection Order), in which case it can be specifically authorised by the local authority for up to one month. This means that a passport, for example, must still be applied for by the local authority.

The overriding principles are for each child or young person in foster care are that:

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

Foster carers should generally hold delegated authority for:

- Routine medical visits to GP subject to the Gillick Principle*
- Optician
- Dentist
- Overnight stays
- Holidays within the UK
- Organised activities
- School day trips
- Sports clubs
- School Medical
- Visiting Friends
- Haircuts
- School photographs
- Sex education
- Mobile telephones
- Consent to education activities

Local authorities will generally be responsible for:

- Immunisations**
- Passports
- Body piercings
- Decisions regarding contact
- Non-routine medical treatment including general anaesthetic subject to the Gillick Principle*
- Alcohol use
- Holidays/trips abroad**
- Change of school
- Meeting with school staff**
- National Insurance Number
- Wider media activity
- Use of Contraception (dependent on the capacity of the young person)
- Church and religious ceremonies**
- Participating in hazardous activities**

*Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

**consent for these areas should be discussed and delegated if agreed as soon as possible after placement.

http://www.proceduresonline.com/oxfordshire/childcare/p_del_auth_fc_resid.html?zoom_highlight=delegated+authority

Section 5: Legal framework

5:1 Children's Guardian and Independent Visitors

Children's Guardian

What is a Children's Guardian?

Children's guardians are qualified in social work and trained and experienced in working with children and families. They are appointed by the court to represent and safeguard the rights and interests of children in cases that involve social services.

They are independent of social services, courts and everyone else involved in the case.

Independent Visitors

Who are they?

Independent Visitors are for Looked After young people:

- who would like to have an adult friend
- who are outside of the care system.

http://www.proceduresonline.com/oxfordshire/childcare/p_advocacy.html#ind_vis

5:2 Termination of Approval and the Appeals Process

What is termination of approval?

As Foster Carers, details and information relating to their approval status are kept in the form of a register. When a person or a couple are approved as Foster Carers, they might give notice to terminate their approval and to leave the department which requires that their names be taken off the register by the department.

The department might also decide to terminate a Foster Carer's approval.

Reasons for termination of approval:

- Adoption
- Residence Order
- Special Guardianship Order
- Family and Friends Carer – the child/ren no longer placed with family or friends carers
- Approval terminated – carer unsuitable
- Approval terminated – carer no longer active
- Retirement or resignation (all grounds)
- Resignation to work for another fostering agency (IFA)
- Resignation to work for another Local Authority.

The termination of approval process

- Where carers decide to withdraw from fostering, for example due to retirement or changes in personal circumstances, the foster carer(s) is required to give notice in writing to the fostering team manager. Their approval will be terminated with effect from 28 days from the date on which the notice was received. A letter of termination of approval will be sent by the Fostering Team Manager confirming that they are no longer foster carers.

When the foster carer has tendered their resignation but where the fostering team have significant concerns, or where allegations or complaints have been made against the foster carers, the fostering service will submit a report to the fostering panel. The purpose of this is to gain panel's view and for panel to consider if a recommendation to terminate their approval would have been made if they hadn't resigned

- Where the fostering agency has reason to terminate the carers approval against their wishes, the carers should be given full details as to why in the form of a report to the fostering panel. Sufficient time should be given for carers to fully digest and respond to this report. Carers can provide their own report to the panel, and can attend the panel and bring someone to support them if they wish.
- Following the panel's recommendation to terminate a carer's approval, the agency decision maker will either ratify or overturn the recommendation and the carers will receive a letter detailing the reason for the decision.
- If carers are not satisfied with the outcome they have a right to appeal to the panel for a review of the decision; a further recommendation will then be made to the agency decision maker. Or they can make representation to the Independent Review Mechanism. The process for this is below.

<http://www.independentreviewmechanism.org.uk/>

The Appeal Review Process

You have the right to for a review of appeal the qualifying determination/decision in the following circumstances:

- Original approval not recommended
- Change to terms of approval
- Termination of approval.

Appeals can be made to the Agency Decision Maker (ADM) or you may make representation to the Independent Review Mechanism (IRM) which is an independent body.

Challenging Decisions

If the Panel recommends and the ADM's /or a qualifying determination/decision is made to refuse an application for approval, written notice of the decision together with the reasons and a copy of the fostering panel's recommendation will be sent to the applicant within 7 days of the decision being made.

Unsuccessful applicants will be advised that if they wish to challenge the decision, they have the right to make representations to the Panel within 28 days of the date of the written notice of the decision. In addition, as an alternative, they must be advised of the right to apply to the Secretary of State to request a review of the decision by an Independent Review Panel. Any such application must be made in writing within 28 days of the decision and supported by reasons.

The only circumstances where the foster carer will not have the right to request a review by an Independent Review Panel is if he or she is regarded as disqualified as a result of a conviction or caution for a specified offence.

If no written notification of a request to challenge the decision is received within this period, the decision to refuse the application can be confirmed.

If written representations are made within the period, the matter must be referred back to the fostering panel for further consideration.

Where the panel makes a different recommendation as a result of the applicant's representations, the recommendation will be sent to the Agency Decision Maker (Fostering) for a reconsideration of the decision.

The Panel Administrator will send written notice of the decision (signed by the Agency Decision Maker) to the applicant within 7 working days.

If the applicant decides to refer the matter to an independent review, the relevant panel reports, any new information obtained since the panel meeting, a record of the decision made and reasons, a copy of the written notification of the decision and a copy of the panel minutes, if different, will be sent to the independent review within 10 working days of their written request.

The procedure for the independent review is carried out by CoramBAAF; the applicant and two representatives of the fostering agency will be invited to attend the independent review.

After considering the representations, the independent review may make a recommendation, which the Agency Decision Maker will consider before a final decision is made.

Written notice of the final decision, together with reasons, must be sent to the applicant within 7 working days of the receipt of the independent review recommendation.

Complaints

The review panel does not have the power to deal with complaints against the Fostering Service provider. Complaints should be dealt with through the provider's complaints procedure - please see Allegations and Complaints section 3:15 for further information.

5:3 Children Act 1989

The most important act of Parliament governing all aspects of child protection, and how children and young people are Looked After in care, is the Children Act 1989.

5:4 The Children (Leaving Care) Act 2000

The Children (Leaving Care) Act 2000 is based upon the consultation document 'Me, survive, out there?' The act came into force in October 2001. The Children (Leaving Care) Act 2000 was designed to improve the life chances of young people leaving care and provided important new entitlements.

For more information visit: <http://www.legislation.gov.uk/ukpga/2000/35?view=plain>

5:5 Child Protection

Child protection case conferences are held when there has been an investigation into a situation of abuse or neglect of a child or young person. People who are involved with a child come together to discuss concerns about the child's welfare. The meeting will establish if the child is at risk of harm and what plan of action should be taken to reduce the harm.

Attendance: the conference should include all those involved with the child who can contribute to decision-making. Therefore, who attends varies from case to case. In almost all cases, the parent/s will be invited to attend.

5:6 Corporate Parenting

Corporate parenting is when the Local Authority takes on the role of a parent for a child in its care. As a Local Authority, Oxfordshire County Council has a duty to act as a good parent to not only the young people in our care, but also for the young people who are leaving our care system. Sometimes a Local Authority will share parental responsibility with a child's birth parents. Corporate parenting is a legal responsibility given to local authorities by the Children Act 1989 and the Children Act 2004.

As a corporate parent Oxfordshire County Council has a duty to:

- Safeguard the welfare of the children we look after
- Recognise the needs of children and young people and respond to their needs
- Listen to the needs of Looked After Children.

We hope to provide all Looked After Children with opportunities so that they are able to reach their full potential.

"Corporate parenting cannot replace or replicate the selfless character of parental love; but it does imply a warmth and personal concern which goes beyond the traditional expectations of institutions." (The Utting report, 1991)

5:7 Minimum Standards in Foster Care

The introduction of the National Minimum Standards of Foster Care means that for the first time Local Authority fostering services, independent fostering agencies and voluntary organisations that provide fostering services all come under the same system of accountability and scrutiny.

The establishment of the National Care Standards Commission, an independent, non-governmental body under the Care Standards Act of 2000 is now charged with regulating social and health care services which had previously been regulated by local councils and health authorities. The National Minimum Standards for Foster Care services consists of regulations, which are mandatory and minimum standards which have to be taken into account by the National Care Standards Commission in its decision making regarding certain aspects of its operation and duties. The standards

should not be confused with the "UK National Standards for Foster Care" produced in 1999 by the National Foster Care Association (now the Fostering Network) and others. The 1999 standards were seen as "best practice" whereas the National Care Standards Commission will be concerned to take into account the National Minimum Standards of Foster Care.

Further information:

<https://www.gov.uk/government/publications/fostering-services-national-minimum-standards>

<https://www.education.gov.uk/publications/standard/publicationdetail/page1/dcsf-00185-2010>

Section 6: References

6:1 Organisational Chart for Fostering Service

Please refer to the Fostering Service, Statement of Purpose.