



Foster Carer Handbook

Scotland

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Welcome to the Foster Carer Handbook

An easy-to-access, online guide for foster carers.

Office Addresses

Fosterplus (Fostercare) Ltd herein after referred to as Fosterplus is an independent fostering agency. We were established in 1996, and opened our first office in Scotland in 2000, as a service for children and young people, based on the principles of high quality foster care and effective support systems, with the needs of every child central to what we do. Since that time, we have grown and developed across England and Scotland and we are currently part of a group of high quality fostering services managed by Polaris Community.

Fosterplus is organised into a number of local fostering teams with office bases across the central belt of Scotland.

Fosterplus (Fostercare) Ltd Offices

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Fosterplus believes that all children and young people needing substitute care should have the opportunity to live in a family home. We have a Statement of Purpose that describes the aims and objectives of the fostering services we provide. A copy of this is available in the charms downloads area.

PURPOSE OF THE FOSTER CARER HANDBOOK

This foster care handbook is intended to be both a source of information and a good practice guide for foster carers. It should be of value also to Fosterplus supervising social workers who supervise and support foster carers, and for all staff involved with and connected to Fosterplus. The handbook cannot cover every situation that foster carers will encounter and it is not a substitute for a good working relationship between foster carers, supervising social workers, other staff and volunteers, and the carers and social worker for the child.

Each child or young person is an individual with a unique personality and can expect a response from all those who are caring for them that is tailored to their needs, but the foster care handbook is a guide for many aspects of day-to-day practice. It also covers the legal and social work framework and clarifies the policies and, at times, the rules that apply to foster care. It is therefore a useful reference tool for foster carers as well as supervising social workers.

There are separate handbooks that cover Foster Carer Finances and Health and Safety.

THE FOSTER CARERS' CHARTER

The Scottish Government as yet has not published a specific Charter for Foster Carers but we have adopted the UK Government Charter.

'Local authorities and fostering services must treat foster carers with openness, fairness and respect as a core member of the team around the child and support them in making reasonable and appropriate decisions on behalf of their foster child'

(Extract from Government's Foster Carer Charter - the entire document with a Ministerial Forward can be [downloaded here](#))

The Charter was introduced to ensure that foster carers are at the heart of arrangements for looked after children and are fully engaged, supported and consulted at every stage. Fosterplus endorses this Charter.

Trauma Informed Practice

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being.

What is Trauma-informed Practice?

The development of Trauma-informed Practice (TIP) can be traced to the USA and to the ground breaking work of Maxine Harris and Roger Fallot (Harris & Fallot, 2001), and Sandra Bloom (Bloom S., 2013). Based on the models they developed, TIP is now widely understood as follows (Paterson, 2014):

Trauma-informed Practice

A model that is grounded in and directed by a complete understanding of how trauma exposure affects service user's neurological, biological, psychological and social development.

As such, TIP is informed by neuroscience, psychology and social science as well as attachment and trauma theories, and gives a central role to the complex and pervasive impact trauma has on a person's world view and relationships. It is applicable across all sectors of public service, including social care, physical health, housing, education, and the criminal justice system (Schachter, Stalker, Teram, Lasiuk, & Danilkewich, 2008; Havig, 2008; Cole, Eisner, Gregory, & Ristuccia, 2013). Trauma-informed organisations assume that people have had traumatic experiences, and as a result may find it difficult to feel safe within services and to develop trusting relationships with service providers. Consequently, services are structured, organised and delivered in ways that promote safety and trust and aim to prevent retraumatisation. Thus, trauma-informed services can be distinguished from trauma-specific services which are designed to treat the impact of trauma using specific therapies and other approaches.

Adapting an analogy used by Harris & Fallot (Harris & Fallot, 2001), the development of organisations that are trauma-informed is akin to the development of organisations that are disability-informed. The Disability Discrimination Act of 2005 states that organisations must make reasonable adjustments to their services and premises to ensure that disabled people can access them. As a result, buildings must provide access for people in a wheelchair, services need to provide written information in a variety of formats, and convenient parking must be provided for people with a disability. In this context, organisations were not required to deliver specific services to people with disabilities, but instead were required to make their services more accessible.

Why is it important to be trauma-informed?

A review of the literature provides evidence that trauma-informed practice is effective and can benefit both trauma survivors and staff. For trauma survivors, trauma-informed services can bring hope, empowerment and support that is not re-traumatising. Moreover, such services can help close the gap between the people who use services and the people who provide them (Filson & Mead, 2016).

"I think one of the key benefits is about creating more empathy within staff. For some reason it just really hits a note with people and behaviours which they had... You know, they've been given some of this information before but it just draws it together, and it seems like quite a powerful way to help staff make sense of people's presentation." (Mental Health)

"Understanding distressing behaviour amongst pupils means a calmer school. More compassionate staff. Better-behaved children. More emotionally stable children. You can see their self-esteem begin to build ... Attendance improved and exclusions dropped. Improved behaviour overall. Wellbeing language improved. Children's confidence and self-esteem improves." Education

"If you're going to work in a trauma-informed practice approach, that actually benefits everybody because it actually then means that the people who are keeping all of that buried, who may be...you know, repeatedly presenting as physical complaints, that actually that then enables them. And actually, in the longer term, it actually means you provide better care..... What I try and get across to people though is that if you do...if you apply trauma-informed practice approaches, then actually what that means is that over serial consultations,... you save time, people seem to feel better. And you get to where you need to with healthcare concerns." General Practice (GP)

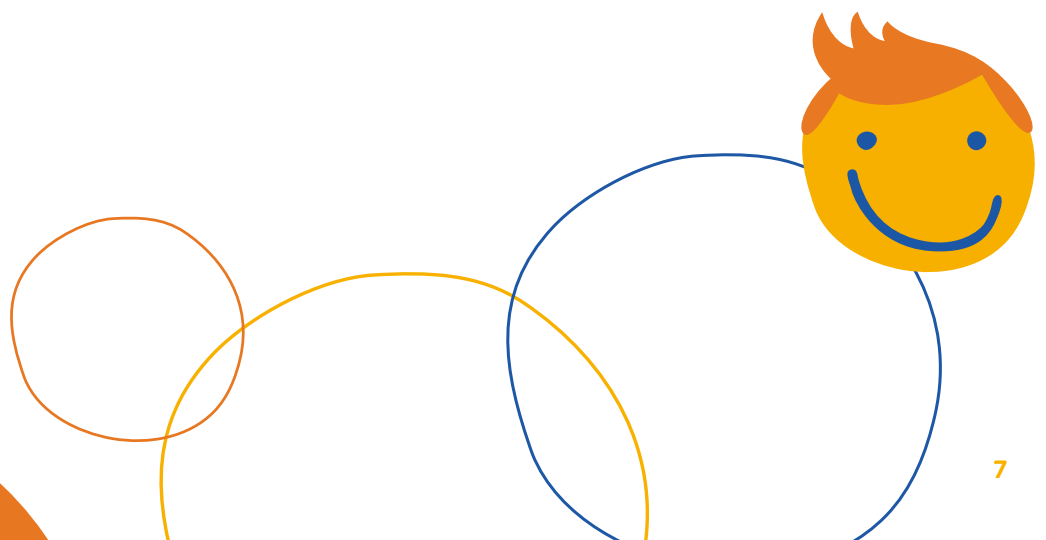
Key principles

The key principles underlying TIP are listed below, adapted from Fallot and Harris (Fallot & Harris, 2006).

Key principles of trauma-informed practice

- 1. Safety**
Efforts are made by an organisation to ensure the physical and emotional safety of clients and staff. This includes reasonable freedom from threat or harm, and attempts to prevent further retraumatisation.
- 2. Trustworthiness**
Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, clients and the wider community.
- 3. Choice**
Clients and staff have meaningful choice and a voice in the decision-making process of the organisation and its services.
- 4. Collaboration**
The organisation recognises the value of staff and clients' experience in overcoming challenges and improving the system as a whole. This is often operationalised through the formal or informal use of peer support and mutual self-help.
- 5. Empowerment**
Efforts are made by the organisation to share power and give clients and staff a strong voice in decision-making, at both individual and organisational levels.

Although there may be differences in terms of their application, it is widely acknowledged that these principles are relevant across the public sector and its range of services. It is also recognised that the development of trauma-informed practice requires systematic alignment with these five principles, along with change at every level of an organisation. For this reason, the implementation of TIP is often described as an ongoing process of organisational change, requiring a profound paradigm shift in knowledge, perspective, attitudes and skills that continues to deepen and unfold over time (Alive and Well Communities Educational Leader's Workgroup, 2014). Thus the literature increasingly refers to a 'continuum' of implementation, where TIP is a journey, not a destination.



THE SECURE BASE MODEL

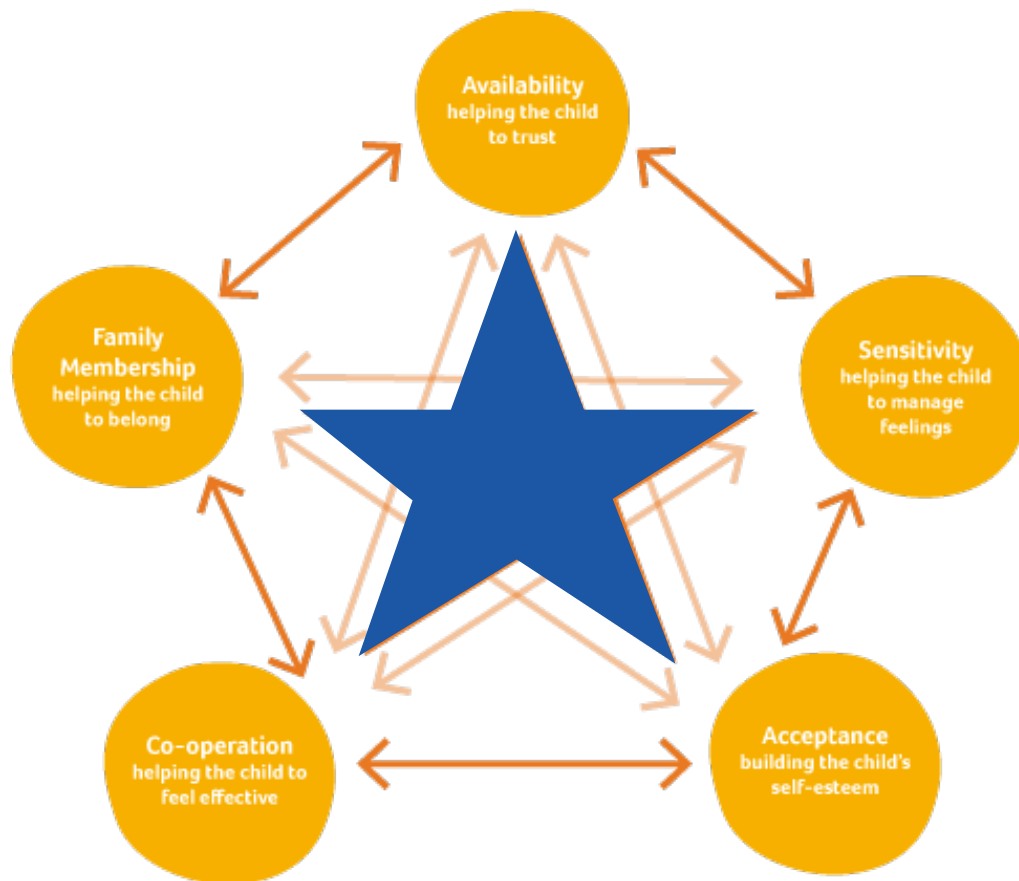
What is a secure base?

A secure base is at the heart of any successful caregiving environment - whether within the birth family, in foster care, residential care or adoption. A secure base is provided through a relationship with one or more caregivers who offer a reliable base from which to explore and a safe haven for reassurance when there are difficulties. Thus a secure base promotes security, confidence, competence and resilience. The Secure Base Model is drawn from attachment theory, and adapted to include an additional element, that of family membership, for children who are separated from their birth families. The model proposes five dimensions of caregiving, each of which is associated with a corresponding developmental benefit for the child. The dimensions overlap and combine with each other to create a secure base for the child, as represented below:

Fosterplus has adopted the concept of a secure base as central to our understanding of how children form relationships and develop, and the role of the foster carer as a primary caregiver. The model and the dimensions of caregiving are covered and referenced in foster carers' preparation and post-approval training and are used as a framework for understanding children's behaviour and relationship development in foster placement and forms of intervention by carers.

The Secure Base Model underpins the therapeutic foster care we ask our foster carers to provide. It has been developed through a range of research and practice dissemination projects led by Gillian Schofield and Mary Beek in the Centre for Research on Children and Families at the University of East Anglia

| Caregiving Dimension | Developmental Benefit |
|----------------------|--|
| Availability | Helping the child to trust |
| Sensitivity | Helping the child to manage feelings and behaviour |
| Acceptance | Building the child's self-esteem |
| Co-operation | Helping the child to feel effective and to be co-operative |
| Family membership | Helping the child to belong |



Research (Beek and Schofield 2004) has demonstrated that, over time, positive caregiving across the five dimensions provides a secure base from which the child can explore, learn and develop.

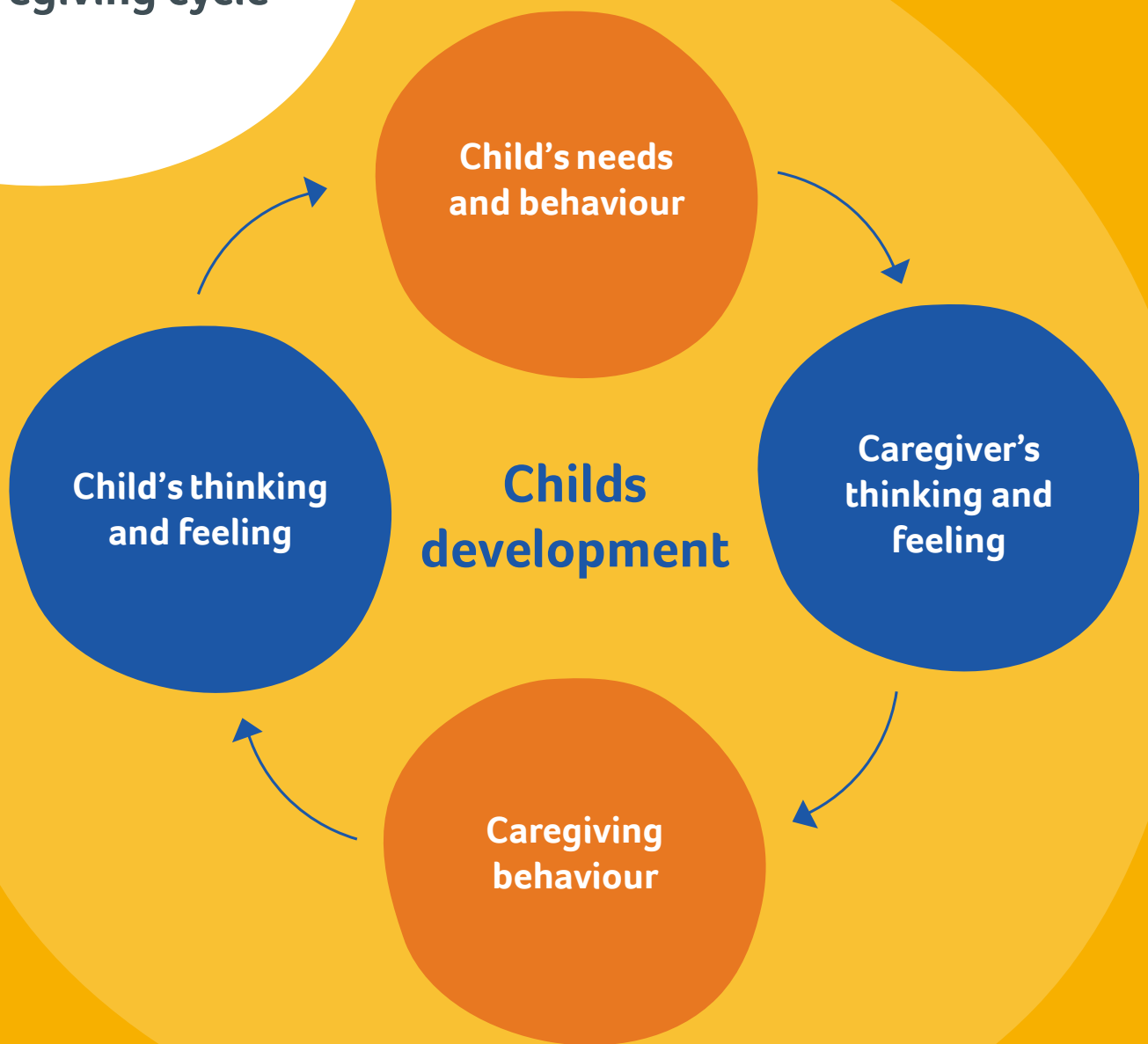
What does secure base mean for foster carers?

The Secure Base Model provides a positive framework for therapeutic caregiving, which helps infants, children and young people to move towards greater security and builds resilience. It focuses on the interactions that occur between caregivers and children on a day to day, minute by minute basis in the home environment. But it also considers how those relationships can enable the child to develop competence in the outside world of school, peer group and community.

It can be helpful, first, to think about caregiver/child interactions as having the potential to shape the thinking and feeling and ultimately the behaviour of the child.

This cycle begins with the child's needs and behaviour and then focuses on what is going on in the mind of the caregiver. How a caregiver thinks and feels about a child's needs and behaviour will determine their caregiving behaviours. The caregiver may draw on their own ideas about what children need or what makes a good carer from their own experiences or from what they have learned from training. The caregiving behaviours that result convey certain messages to the child. The child's thinking and feeling about themselves and other people will be affected by these messages and there will be a consequent impact on their development. This process can be represented in a circular model, the caregiving cycle, which shows the inter-connectedness of caregiver/child relationships, minds and behaviour, as well as their ongoing movement and change.

The caregiving cycle



Secure Base Model – further reading for foster carers

The Secure Base Model has been developed through a range of research and practice dissemination projects led by Gillian Schofield and Mary Beek in the Centre for Research on Children and Families at the University of East Anglia. One of their publications is specifically targeted at foster carers and adopters:

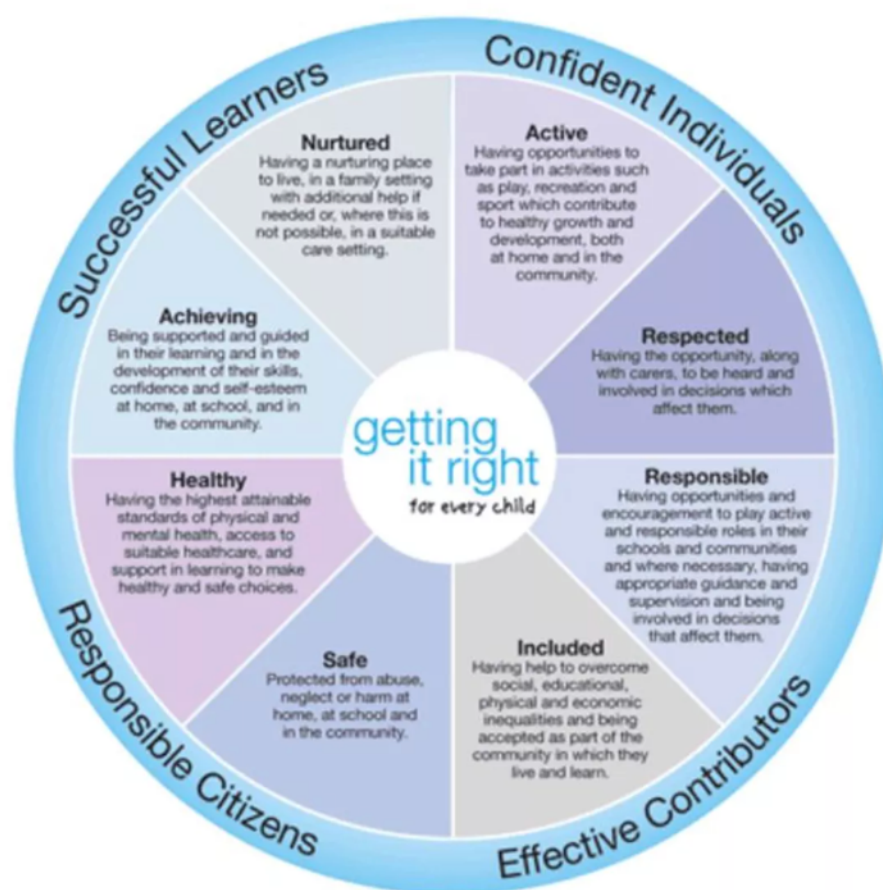
‘Promoting Attachment and resilience: A guide for foster carers and adopters on using the Secure Base model’

<https://corambaaf.org.uk/books/promoting-attachment-and-resilience>

Getting it Right for Every Child

Getting it Right for Every Child or as it is often commonly referred to, GIRFEC has been the Scottish Government's national approach for working with all young people in Scotland since 2010. Some of the elements of the approach are now embedded within the Children and Young People (Scotland) Act 2014. It is a model that looks at the way services are delivered to ensure that all of the child's needs are being met and that we are working to help them be resilient and confident young people who have been encouraged and assisted to make the most of their abilities and strengths. This model looks at the whole world of the child and how we can evidence and demonstrate we are meeting their needs in relation to keeping them safe, and healthy; helping them to achieve their full potential, ensuring they feel cared for and nurtured; that they are leading active lives, and are respected for who they are; that they are shown and helped how to behave in a responsible way to themselves and others; and that they feel included both at home and in the community. You may hear this referred to as the **SHANARRI** wellbeing indicators. The secure base model and GIRFEC are complimentary of one another and work well to help us create an environment that enables us to meet these essential needs in the children we care for.

Well Being Wheel is used to show that the whole world of the child, with them at the centre.



Further information on Getting it Right for Every Child (GIRFEC) can be found on the Scottish Government Website.

POLICIES AND PROCEDURES

There are a range of policies and procedures which govern the way we work within Fosterplus and these are uploaded onto CHARMS for ease of access. You will be able to use your CHARMS login to access these policies by clicking on Download on the Home menu bar.

In many places, this foster carer handbook only summarises or makes reference to policies and procedures that can be accessed in their full versions from CHARMS.

FOSTER CARER FINANCES HANDBOOK

Fosterplus will issue its Foster Carer Finance Handbook, which sets out all matters in relation to payment terms and conditions for foster carers. This covers everything that foster carers will need to know about payments and allowances.

HEALTH AND SAFETY POLICIES AND PROCEDURES

Fosterplus has developed a separate health and safety handbook designed to raise awareness of health and safety in the home and therefore reduce the likelihood of accidents occurring.

We have both a legal and moral obligation to ensure that reasonable steps are taken to ensure the health, safety and welfare of our staff, the children, young people and families and any others we work with. Accordingly, regular health and safety assessments will be carried out to identify hazards and to ensure that appropriate measures are in place to reduce the risk to a reasonable level. If you move house it will always require for a health and safety assessment to be carried out shortly after you move.

The health and safety handbook supports this process by providing health and safety information and advice. It is also designed to raise awareness of health and safety in the home and to allow foster carers to become more involved in the process.

LEARNING & DEVELOPMENT PROGRAMME

Learnative is the “One Stop Shop” for all your training & development. It provides dates of all training courses scheduled and all E-Learning courses available, including the local training programme, and it is updated regularly. All foster carers will have their own PDP plan and this will be reviewed regularly. Fosterplus complies with Regulations and Health and Social Care Standards and, as such, carers are required to participate in mandatory, core and on-going learning and development activities. Fosterplus is passionate about learning and development, as we believe it can make a significant difference to the effectiveness of your role as a foster carer. We are committed to ensuring that foster carers receive the training they require to provide the best possible care and support to children and young people. It gives you both the tools and skills to meet the needs of children looked after, whilst building the knowledge that underpins your practice.

It will be possible for birth children, household members and members of the foster carer’s support network to attend some training courses.

Our commitment to you is to provide the training and support to develop your skills and knowledge to provide a high quality service. Training is also a key to safeguarding children, foster carers and their families, by informing foster carers of how to care for children safely. Fosterplus values and appreciates the care and commitment you provide for the children and young people.

In recognition of this, the foster carer training programme offers opportunities to increase your

professional development, meet with other foster carers and share experiences. If you need assistance accessing Learnative, please speak with your supervising social worker, the Training Assistant or the Learnative Team (01527 556484).

GLOSSARY

Advocate – person independent of any aspect of the service or any of the agencies involved in purchasing or providing the service, who acts on behalf of, and in the interests of the person using the service.

Allegation – an accusation of physical, emotional or sexual abuse, or serious neglect, of a child or young person.

Agency Decision Maker (ADM) – this is a senior person within the fostering service who makes a final decision on foster carers' approval and terms of approval, taking into account any recommendations from a fostering panel.

Birth carers – who hold careral responsibility retain their legal rights and duties for their child.

The Care Inspectorate – the Care Inspectorate is the government body responsible for inspecting fostering services in Scotland. All independent fostering providers have to be registered with the Care Inspectorate.

CAMHS – Child and Adolescent Mental Health Service. This service is part of the National Health Service and provides mental health assessments and services to children up to age 18.

Compulsory Supervision Order – a legal order that can be made through the Children's Hearing system under the Children's Hearing (Scotland) Act 2011.

Care Plan – every child in care should have a care plan which will include details about their needs, how these will be met, and contain information about their placement and the longer term planning for their care. The care plan will include a health plan, personal education plan and placement plan. Please note that often these are not written up as separate documents but are all integral to the care plan.

Child or Children – used to refer to all children under the age of 18 years (where the context specifically relates to older children, the term 'young person' is used).

Children's Hearing – The Children's Hearings System, a uniquely Scottish system, began operation on 15 April 1971. Initially children's hearings were concerned mainly with children who had committed offences, but in the late 1970s reported incidents of child abuse increased and in the 1980s child sexual abuse began to be acknowledged as a widespread problem. The number of care and protection referrals to hearings has grown steadily over the years and now vastly outweighs offence referrals. Originally the hearing system operated under the 1968 Social Work (Scotland) Act which was amended by the Children (Scotland) Act 1995. The main legislation now governing the children's hearing system is the Children's Hearings (Scotland) Act 2011.

The 2011 Act also made a number of changes to the law by which a children's hearing makes decisions:

- the grounds of referral were revised and modernised
- pre-hearing panels were created to make some procedural decisions in advance of the children's hearing
- the legal orders panel members can make were simplified and modernised
- more flexibility was given to the interim decisions panel members can make
- changes were made to how a solicitor is available to assist a child, relevant person and certain others at a hearing

Children's Panel - The role of a panel member is to make decisions in the best interests of the children and young people that come to children's hearings, to help improve their lives. Before each hearing, panel members are sent reports and papers relating to the child or young person who will be attending the hearing.

A panel member is a lay tribunal member who volunteers to sit on children's hearings. Panel members are people from the community who come from a wide range of backgrounds. Panel members should either live or work in the local authority area in which they sit on hearings. This ensures that they are familiar with the local area, in which the children and young people they see at hearings live. Panel members sit on hearings on a rota basis. Each children's hearing has three-panel members and there must be a mix of men and women.

<https://www.chscotland.gov.uk/about-us/>

Children's Reporter - The Children's Reporter is the person who will decide if a child or young person needs to be referred to a children's hearing. Children's Reporters are trained professionals whose job it is to decide whether there are legal 'grounds' and whether a compulsory supervision order is necessary for the child. If so, the Children's Reporter will arrange a hearing for the child.

Child's Social Worker - this is a social worker who is provided by the responsible local authority to work with a child and to plan for their care. They are also responsible for visiting the child to ensure that their needs are being met.

Contact - Now referred to as family time.

Continuing Care - allowing young people who have reached the age of 18 to continue living with their former foster carers until they are 21, or beyond if the young person completes an agreed programme of education or training being undertaken on their twenty-first birthday. Local authorities now have a legal responsibility to support these arrangements under the Children and Young People (Scotland) Act 2014.

Corporate Carer - Under the Children and Young People (Scotland) Act 2014 the role of the corporate carer was more clearly defined in law and is much wider than previously held, which was predominantly the Local Authority but now includes health, housing and police and anyone with a responsibility to and for the child.

Corporate carering as a concept exists to try and improve the outcomes and to improve the level of respect people have for the rights of care experienced and looked after children and young people. Corporate carer responsibilities are intended to encourage people and organisations to do as much as they can towards improving the lives of care experienced and looked after children, so that they:

- feel in control of their lives, and
- are able to overcome the barriers they face



Statutory Guidance on Part 9: Corporate Carering:

Corporate carering represents the principles and duties on which improvements can be made for these young people. The term refers to an organisation's performance of actions necessary to uphold the rights and secure the wellbeing of a looked after child or care leaver, and through which physical, emotional, spiritual, social and educational development is promoted, from infancy through to adulthood. In other words, corporate carering is about certain organisations listening to the needs, fears and wishes of children and young people, and being proactive and determined in their collective efforts to meet them. It is a role which should complement and support the actions of carers, families and foster carers, working with these key adults to deliver positive change for vulnerable children.

Children and Young People (Scotland) Act 2014

Deregistration of a Foster Carer – this is where a fostering service proposes to change the terms of approval of an existing foster carer without their agreement. If it is considered that a foster carer is no longer suitable to foster. The foster carers have 28 days in which to make representations to the fostering service. This also covers the resignation of a foster carer for their own personal reasons as they are also deregistered as foster carers when the panel is in receipt of their resignation.

Designated Teacher – all schools have a designated senior manager within the school who has an overview and a specific responsibility to support and promote the educational achievement of looked after children in a school. The senior manager should act as an advocate for the children, ensure the school has proper arrangements in place to work with the pupil, foster carer and social worker to make sure the child has a good quality personal education plan.

Emergency Placement – An unplanned placement made in an emergency where no other placement type has been identified by the local authority. (Under the LAC regulations 2009 an emergency placement must be reviewed by the LA within 3 days and may be extended for a period not exceeding 12 weeks.)

For a child this will mean that there are immediate concerns for their safety and wellbeing and they require to be removed from their home environment as quickly as possible while the care planning process establishes the best option for the child.

Family Time – the process whereby children stay in touch with people who have been important to them. These include relatives such as carers and grandcarers, as well as others such as former foster carers. There are differing types of family time, such as supported, supervised and unsupervised. You will become familiar with the notion of family time when you have children in placement. Some children may have no contact whatsoever for their own safety/wellbeing.

Foster carer / Foster carer – is a person who is approved as a local authority foster carer (this includes foster carers who have been approved by an independent fostering agency and foster carers who have been approved by the local authority).

Foster Carer Agreement – when a fostering service first approves a foster carer, they must enter into a written foster care agreement which covers a range of matters which are specified in the fostering regulations.

Fostering Panel – fostering panel brings together a group of suitably experienced, knowledgeable and independent people, drawn from a central list held by the fostering service, who make recommendations on the approval of prospective foster carers and usually any changes to the approval of existing foster carers. The Looked After Children Regulations, 2009 cover the functions of a fostering panel and who can sit on one. Fosterplus also has one representative on each panel.

Fostering Panels, Regulations 17 to 20

- The panel should have a gender balance and individual panel members should be aware of equality and diversity issues. Issues of gender, ethnicity, religion, sexual orientation, family structure and disability may all emerge in relation to both those who wish to foster and to the children and families using the fostering service.
- The panel may be drawn from: staff within the social work service ... existing experienced foster carers; adults who have experienced the care system, especially through foster care; ... and independent individuals with relevant professional or specialist experience or knowledge.

Guidance on Looked After Children (Scotland) Regulations 2009 and the Adoption and Children (Scotland) Act 2007

Health and Social Care Standards – foster care and family placement services – Fostering services are subject to Health and Social Care Standards. They are used during inspections to check the regulations are being met. They are important as a guide to what fostering services should provide and do as a minimum, but the standards are intended to be qualitative, in that they provide a tool for judging the quality of life experienced by children in foster care. As such, services should always seek to exceed the minimum standards.

Host Authority – this is the authority that the foster carer lives and they may have a child from a different authority placed with them.

Interim Placement – A placement which has been in place for less than 24 months, not secured by a Permanence Order. There must be differentiation between interim placements which are:

- Part of a concurrency plan
- Working towards rehabilitation with birth carers or foster carers (not part of a concurrency plan)
- Working towards a Permanence Order with a different foster carer
- Working towards an Adoption Order or Permanence Order with current foster carer (as per definition above)

For a child this means that the care planning process has concluded that they will benefit from spending some time being cared for away from home and there is a time linked plan for rehabilitation with carers or an alternative care placement is being sought.

Long Term Placement – A placement which has been in place for longer than 24 months but not secured with a Permanence Order. (This should be an exceptional situation and an indicator that the placement requires close scrutiny). There must be differentiation between long term placements where:

- An adoption order is being sought
- A Permanence Order with authority to adopt is being sought
- A Permanence Order is being sought
- The child's care plan indicates that the placement will be maintained into adulthood (18+ years of age) without a Permanence Order being sought
- The child's care plan indicates that alternative placements are being sought (including with the birth family)
- The child's care plan gives no indication of the placement objective or expected duration and therefore requires close scrutiny

Looked After Child – a child is looked after if they are in a local authority's care because of a care order (including an interim care order) or if the child is provided with accommodation under Section 25 of the Children's (Scotland) Act 1995, for more than 24 hours, with the carers' agreement, or with the child's consent if they are over the age of 16 years. Children who are placed away from home under an emergency protection order, made the subject of police protection or remanded into the care of the local authority by criminal courts are also looked after.

Looked After & Accommodated Review – also sometimes referred to as a 'LAAC' review. Purpose of this is to assess how far the care plan is addressing the child's needs and whether any changes are required to achieve this. The frequency of reviews is set down in regulations, but, can be no less frequent than 6 monthly.

Matching – The process of linking an individual child with a particular foster carer who can best meet the needs of the child.

Carer – in regulations, this is a person who is the carer of the child, a person who is not the child's carer but who has careral responsibility for the child or, where the child is in care and there was a residence order in force with regard to the child immediately before the care order was made, a person in whose favour a residence order was made.

Careral Responsibility – this is a concept introduced by the Children (Scotland) Act 1995 which describes the rights and responsibilities of carers towards their children. A court can also grant careral responsibility to others through legal orders – whereby it is shared with the carer/s, or in the case of adoption it transfers to the adoptive carer/s.

Carer and Child – placements for children with one or both carers (this will require the Form F Carer and Child Addendum).

Placement – an agreement for a child to stay with a particular foster family.

Placement Plan – the placement plan forms part of the child's overall care plan and lays out how the placement will meet the particular child's needs, in particular the day to day arrangements for his or her care, including delegated authority to the foster carer/s. This is usually contained within the child's Care Plan rather than a separate plan. Throughout this document please note that the placement plan will not be separate document but form part of the care plan.

Permanent Placement - A placement secured by a Permanence Order for a child this means that the care planning process has concluded that they will thrive best if they are cared for away from home on a permanent basis. A Permanence Order, which is applied for by the Local Authority through the courts, can provide the local authority, child and their foster carer with legal security, the stability and the time for strong relationship bonds and a sense of belonging to develop.

PVG Check – (Protecting Vulnerable Groups); this is a check that is undertaken to discover if a person has an existing criminal record in the UK. PVG checks can include ‘soft’ information where no criminal charges have been brought but where there have been serious concerns raised. All foster carers will undergo a PVG check but members of your support network will undergo either an enhanced disclosure or basic disclosure. These checks are undertaken by Disclosure Scotland. Even although you may have a check in place that is required by your place of employment, Fosterplus will still ask for an updated to check to be undertaken.

Registered Fostering Services (RFS) – registered fostering services, such as Fosterplus, assess and approve foster carers in the same way as the local authority. In Scotland these services must operate as ‘not for profit’. Before a RFS can provide a fostering service to a local authority it must have formal arrangements with the local authority in place under the Looked After (Scotland) Regulations as amended by the Public Services Reform (Scotland) Act 2010. RFS are subject to external inspection by the Care Inspectorate and must take account of the Health and Social Care Standards for foster care and family placement services, as they will be inspected against them.

Definition of a Registered Fostering Service

It must be a voluntary organisation, in terms of section 7(6) of the Regulation of Care (Scotland) Act 2001. Section 77(1) of that Act says that “voluntary” means it is not operated for profit. The requirement for a registered fostering service to be a voluntary organisation is repeated in section 59(3) of the Public Services Reform (Scotland) Act 2010. Guidance on Looked After Children (Scotland) Regulations 2009 and the Adoption and Children (Scotland) Act 2007.

Regulations – These are the Looked after (Scotland) Regulations 2009 and outline the legal requirements for foster care and all fostering services must comply with them. Failure to do so is a breach of the law.

Residential Children’s Home – for some children who need to be looked after, a family environment may not be suitable; in which case they will be cared for in a residential children’s home which provides 24 hour support and supervision.

Responsible Authority – this is the local authority that has responsibility for ensuring that the child is looked after appropriately while in its care. Sometimes referred to as the Placing Authority.

Scottish Government (SG) – The devolved government for Scotland has a range of responsibilities which include: health, education, justice, rural affairs, housing and the environment. Some powers are reserved to the UK government and include: immigration, the constitution, foreign policy and defence. Therefore all legislation in respect of children and young people for care, health and education and employment are devolved to the SG. The Scottish Government has a minister for Children and Young People.

Short Break - A placement which forms part of a planned series of short breaks (including emergency placements with a foster carer who is already providing planned short break placements to the child or young person).

For a child this will mean that because of special circumstances they and their foster carer will benefit from therapeutic services or periods of respite.

Supervising Social Worker - This is your allocated, qualified social worker who will support you and your family in every aspect of your fostering career with Fosterplus, whether you have a child in placement or not. They will carry out formal supervision sessions with you, visit the children you have in placement and ensure you are receiving all the necessary support to undertake your role fully and effectively.

Throughcare and Aftercare - As of 1 April 2015 local authorities have a statutory duty to prepare young people for ceasing to be looked after ("Throughcare") and to provide advice, guidance and assistance for young people who have ceased to be looked after ("Aftercare") on or after their 16th birthday. There is a duty on local authorities to provide this support up to the age of 19 and a duty to assess any eligible needs up to their 26th birthday, or beyond at their own discretion. This is embedded in legislation: The Children (Scotland) Act 1995 (as amended) and the Children and Young People (Scotland) Act 2014.

Unaccompanied Asylum Seeking Children (UASC) – a child under 18 who has entered the country without an adult who has careral responsibility for them and so is accommodated under Section 25 of the Children (Scotland) Act 1995 unless they have been made subject of any other legislation via the Children's Hearing system.



Chapter 1 – Fostering Services and the Role of Foster Carers

THE LEGAL FRAMEWORK

How do children and young people get placed in foster care?

All children and young people living with Fosterplus foster carers have been placed with us by a local authority. All of these children are 'looked after' by the local authority (sometimes referred to as 'in care'). This 'responsible authority' has a legal responsibility to plan for the child's care and to review it regularly.

The local authority's care planning, placement and case review responsibilities

The legislation and regulations governing these processes are the Children (Scotland) Act 1995, The Children's Hearing Act 2011, The Children and Young People (Scotland) Act 2014 and the Looked After Children (Scotland) Regulations 2009.

All of these can be found uploaded onto CHARMS or by going on the [Scottish Government Website](#).

How do children and young people come to be looked after children?

A child is defined as looked after when they are in a local authority's care because of a compulsory supervision order (including an interim supervision order); or if the child is provided with accommodation for more than 24 hours, with the carer/s' agreement, or with the child's consent if they are over the age of 16 years.

Children who are placed away from home under an emergency protection order, made the subject of police protection or remanded into the care of the local authority by criminal courts are also looked after. A child subject to a supervision order who is placed at home with their carers or other significant person is still looked after.

What are Fostering Services?

Under the Looked After Children (Scotland) Regulations 2009 local authorities must make available sufficient accommodation to meet the needs of children and young people who may need to be looked after, either by agreement with their carer/s (or those with careral responsibility) or through a care order.

Fostering services can be provided by fostering agencies (often known as independent or voluntary fostering providers or IVPs) and by local authorities. Legally they are collectively known as 'fostering service providers'.

What laws govern fostering?

All fostering service providers have to comply with requirements set by Looked After Children (Scotland) Regulations 2009 as well as Health and Social Care Standards for foster care and family placement services.

The main legislation governing looked after and accommodated children are:

Children (Scotland) Act 1995

Sets out many of the duties, powers and responsibilities local authorities hold in respect of their looked after children and care leavers.

Regulation of Care (Scotland) Act 2001

Enhances the provision of services to children and young people who cease to be looked after or accommodated.

Support and Assistance of Young People Leaving Care (Scotland) Regulations 2003

Sets out the aftercare services for young people who have been in care. Also provide for throughcare preparation for young people leaving care.

Adoption and Children (Scotland) Act 2007

Sets out the law relating to adoption.

Looked After Children (Scotland) Regulations 2009

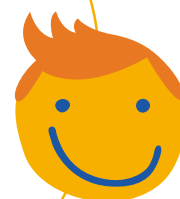
Sets out what should be included in a child's plan. Also includes legislation around foster and kinship care.

Children's Hearings (Scotland) Act 2011

Governs the children's hearing system. The Act updates the old system and strengthens the place of children, ensures better support for families, and ensures consistency across Scotland.

Children and Young People (Scotland) Act 2014

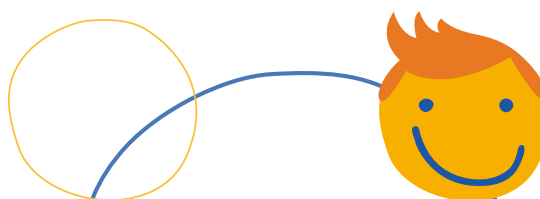
Updates the law on creating a child's plan, corporate carering, aftercare, continuing care, kinship care and the adoption register. This was enacted in April 2015 although there are still some parts of the act which have not yet been implemented for example the named person.



| Fostering – the Main Types of Legislation | | |
|---|--|--|
| Type of Legislation | Purpose | Most Directly Relevant to Fostering Services |
| Act of Parliament | Most childcare legislation is delegated by the UK parliament to the Scottish Government. Acts debated and passed in the Scottish Government, are known as primary legislation, and must be complied with. | <ul style="list-style-type: none"> • Children (Scotland) Act 1995 • Support and Assistance of Young People Leaving Care (Scotland) Regulations 2003 • Children's Hearing (Scotland) Act 2011 • Children and Young People (Scotland) Act 2014 |
| Regulations | Acts of parliament make provision for the relevant Secretary of State to lay down regulations. Regulations are legislation in the same way as acts of parliament, and must always be complied with. | <ul style="list-style-type: none"> • The Looked After Children (Scotland) Regulations 2009 |
| Statutory Guidance | Issued by government and explains what local authorities must do, as well as complying with acts of parliament and regulations, when they are delivering services or buying them from other organisations. | <ul style="list-style-type: none"> • Guidance on the Looked After Children (Scotland) Regulations 2009 and Adoption and Children (Scotland) Act 2007 |
| Health and Social Care Standards | Describe the absolute minimum standards that the government requires of organisations delivering services. Used by the Care Inspectorate to judge the quality of services and whether or not these comply with regulations. Also useful for carrying out self-assessments of services, as a basis for induction, and to guide staff and foster parents through their work. | <ul style="list-style-type: none"> • Health and Social Care Standards (2018) |

Where to find copies of regulations, guidance and standards

All of these documents are uploaded to CHARMS but can also be found on the [Scottish Government](#) or the [Care Inspectorate](#).



THE ROLE AND STATUS OF FOSTER CARERS

What is a foster carer?

Foster carers care for the majority of children in Scotland who are looked after by local authorities. Foster carers have to be approved to foster by a fostering service provider, following an assessment, recommendation by the provider's fostering panel and a decision by the provider's decision maker. All this is set down in law.

A foster carer cannot be approved by more than one fostering service at the same time. If a foster carer wishes to move to a different fostering service, their approval by the existing service must be terminated (which will usually be by way of the foster carer's resignation, but could be termination instigated by the fostering service) before a decision by the new service to grant approval can be implemented.

Policies and procedures

Fosterplus's policies and procedures can be accessed once you log into CHARMS by clicking on Download

Terms of approval

Approval of a foster carer always includes the terms of the approval, which are written into the foster carer agreement. There is no 'correct' formulation for terms of approval – the regulations and statutory guidance say only that a fostering service may set them and that, where they are set, placements should not be made outside of them. In Fosterplus we have adopted the designation of the government placement descriptors for children to describe the types of care a foster carer is registered to provide.

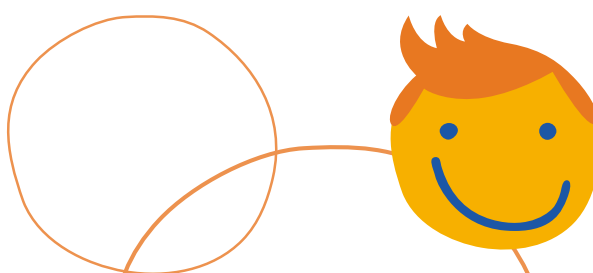
Terms of approval may specify suitability for a maximum number of placements, an age range, or one or more types of fostering – typically within Fosterplus, the latter will be drawn from: interim, long term, permanent, short break, carer and child. These will match the placement descriptors for children previously described.

Interim – this is defined as foster carer who will provide care for a child under 24 months and the intention is that children/young people will return to their family, be bridged to adoption or to other placements, in the case of older young people be bridged to independence etc.

Long Term – defined in relation to foster carers who will provide care for a child for longer than 24 months and up to several years including, for example, some teenage placements and unaccompanied asylum seeker placements, where permanent fostering is not sought

Permanence – defined as foster carers who will provide permanent care for children and young people who have a plan for permanence in foster care and the Local Authority have gained or are seeking a permanence order to secure the child, (this will always require completion of the Form F2 or permanency assessment and presented to the Fosterplus panel for approval).

Short Break Only – is a foster carer who will only be used for a limited time which will generally be no more than a few weeks.



Carer and Child – some foster carers will offer placements for children with one or both carers (this will require specific training and completion of the Form F Carer and Child Addendum).

Can children be placed with foster carers outside of their terms of approval?

The intention is that terms of approval should reflect the children it is appropriate for foster carers to care for. They should reflect foster carers' skills, experience and confidence. The ADM has the power to make a temporary change of approval, out with the terms of a foster carer's registration if they are satisfied that the proper safeguards are in place but this requires to be ratified at the first available panel.

Review of Approval

A foster carer will attend for a number of reviews at the fostering panel, these will routinely be at the end of their first year and thereafter every three years. The panel will review their service and either continue approval as it stands or recommend changes which will need to be ratified by the ADM. In the intervening years they will be subject to an internal review which will be chaired by a manager who does not have line management responsibility for them. If the internal review considers that the terms of their registration should be changed for any reason this would require to be referred back to a panel for consideration.

Outwith this it is possible for the foster carer to be referred back to panel if there are circumstances that require their consideration due to a significant change in circumstances or if there have been issues of practice that have caused concern e.g. a child protection referral.

The usual fostering limit

The Looked After Children (Scotland) Regulations 2009 (2014 amendments) limits the number of children who may be fostered by a foster carer (i.e. in a fostering household) to be no more than three with the exception of a sibling group being placed or an emergency placement of less than 4 weeks.

A child who is not looked after does not count towards the usual fostering limit. Nevertheless, the needs of all children within the household must be taken into account in deciding whether to grant an exemption from the usual fostering limit.

If the carer in a carer-child placement is not looked after (for example, if they are an adult) then they too do not count towards the usual fostering limit. However, they must be taken into account when considering the suitability of further placements. A foster carer will attend for a number of reviews at the fostering panel, these will routinely be at the end of their first year and thereafter every three years. The panel will review their service and either continue approval as it stands or recommend changes which will need to be ratified by the ADM. In the intervening years they will be subject to an internal review which will be chaired by a manager who does not have line management responsibility for them. If the internal review considers that the terms of their registration should be changed for any reason this would require to be referred back to a panel for consideration.

Outwith this it is possible for the foster carer to be referred back to panel if there are circumstances that require their consideration due to a significant change in circumstances or if there have been issues of practice that have caused concern e.g. a child protection referral.

Types of Placements

Fosterplus provides a range of foster placements to meet the differing needs of children and young people. The types of placements that foster carers offer should be consistent with their terms of approval in their foster carer agreement. Placement moves are highly disruptive for children, impacting negatively on their social, emotional and educational development. It is therefore operative that we match children and young people with carers who are best placed to meet their needs and your terms of approval is one indicator of how this match will be made. The different types of fostering are described in the Glossary.

Emergency Care

An unplanned placement made in an emergency, where no other placement type has been identified by the local authority. (Under the Looked After Children Regulations 2009 an emergency placement must be reviewed by a local authority within 3 days, and may be extended for a period not exceeding 12 weeks.)

For a child this will mean that there are immediate concerns for their safety and wellbeing and they require to be removed from their home environment as quickly as possible while the care planning process establishes the best option for the child.

Short Break

A placement which provides a series of short breaks (including emergency placements with a carer who is already providing planned short-break placements to the child or young person).

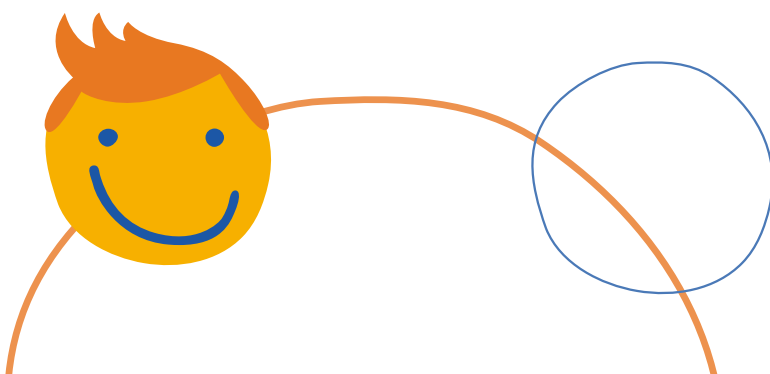
For a child this will mean that because of special circumstances they and their carer will benefit from therapeutic services or periods of respite. Fosterplus does not automatically build in respite for carers but will plan these based on need.

Interim:

A placement which has been in place for less than 24 months, not secured by a Permanence Order. Agencies must differentiate between interim placements which are:

- Part of a concurrency plan
- Working towards rehabilitation with birth carers or other carers (not part of a concurrency plan)
- Working towards Permanence Order with a different foster carer
- Working towards Adoption Order or Permanence Order with current carer (see definition above)

For a child this means that the care planning process has concluded that they will benefit from spending some time being cared for away from home and there is a time-linked plan for rehabilitation with carers or an alternative care placement is being sought.



Long-term

A placement which has been in place for longer than 24 months not secured by a Permanence Order. (This should be an exceptional situation and an indicator that the placement requires close scrutiny) Agencies must differentiate between long-term placements where:

- An Adoption order is being sought
- A Permanence Order with authority to adopt is being sought
- Child's care plan indicates that the placement will be maintained into adulthood (18+ years of age) without a Permanence Order being sought
- Child's care plan indicates that alternative placements are being sought (including with birth family)
- The child's care plan gives no indication of the placement's objective or expected duration and therefore requires close scrutiny

Permanence fostering

Permanence is long term foster care where attachments have been formed and it has been agreed through the care planning and review process that this is where the child or young person will remain until adulthood. In some cases, foster carers may choose to apply for a residence order. See section on Permanence below which explains it in more detail.

Placements for unaccompanied asylum seeking children (UASMs)

There are a number of unaccompanied children arriving in the UK seeking asylum. Their experiences have often been traumatising, having left their families, homes and familiar culture and arriving in a place where the language and customs are strange to them. Our aim is to provide the best possible care and support for these young people, so that their future offers greater opportunities to maximise their potential. At the same time, we must be mindful of their cultural and religious background.

Carer & child placements

Some foster carers provide accommodation for carers and their children where carering skills can be developed and assessed by the local authority. A foster home provides a non-institutionalised environment which promotes a feeling of safety and well-being. The child and carer/s may or may not be looked after (i.e. legally fostered), but either way the government is clear that taking a carer-child placement does not turn you into a residential home.

Usually, the placing local authority has concern for the carer/s' ability to carry out their carering safely and effectively. The main objective for the foster carer/s is to help carers to understand their children's development and respond to their changing needs. Foster carers will also need to record observations of carering and may be asked to contribute to any assessment. It is a requirement that foster carers offering these placements first attend the agency's Carer and Child Placements training and are assessed – using the Form F Carer and Child Addendum report – to prepare them for this specialist task. Our supervising social workers are also trained and able to offer practical advice and support on all aspects of carering and child development.

Placements for children with disabilities and complex health needs

Some children require carers with specialist skills to help them manage physical, emotional or learning disabilities and/or complex health needs. Children with disabilities and complex health needs are matched with foster carers who have the appropriate specialist training and experience. All placements are supported by our professional staff who continually assess the child's needs and develop support plans for their future.

Continuing Care

Once young people reach the age of 18 they are no longer looked after children or in foster care, but legislation requires local authorities to support them to remain living with their former foster carers if this is what everyone wants. Each continuing care arrangement is individual and local authorities may elect to deal directly with the carers around financial and other support, or to contract with Fosterplus to provide continued supervision and support services. In the latter case, a young person in a continuing care arrangement will not count as a fostered child or affect the foster carer's approval terms, but they will be regarded as a household member in relation to matching.

Permanence

What is permanence?

The objective of planning for permanence is to ensure that children have a secure, stable and loving family to support them through childhood and beyond. Permanence provides an underpinning framework for all social care work with children and families, from family support through to adoption. A placement secured by a Permanence Order for a child, this means that the care planning process has concluded that they will thrive best if they are cared for away from home on a permanent basis. A Permanence Order, which is applied for by the local authority through the courts, can provide the local authority, child and their foster carer with the legal security, the stability and the time for strong relationship bonds and a sense of belonging to develop.

Routes to permanence

There are several legal routes to permanence:

Return to birth family

For many children, permanence is achieved through a successful return to their birth family, where it has been possible to address the factors in family life which led to the child becoming looked after.

Family and friends (Kinship Care)

For other children routes to permanence may include family and friends care, particularly where such care can be supported by a legal order such as a residence order, special guardianship order or, in a few cases, adoption.

Permanent foster care

Another important route to permanence is long term foster care where attachments have been formed and it has been agreed through the care planning and review process that this is where the child or young person will remain until adulthood. In some cases, foster carers may choose to apply for a special guardianship order.

Adoption

For children who are unable to return to their birth or wider family, adoption offers a lifelong and legally permanent new family. An adoption order transfers full careral responsibility for the child to the adoptive carers. The child then usually takes on their adoptive carers' surname, is issued with an adoption certificate and legally becomes a full member of the adoptive family. They would cease to be looked after.

Residence Orders

Residence Orders were introduced in Scotland in 2007. A residence order would give the foster carers careral responsibilities and rights which, depending on the nature of the order applied for, or obtained, might or might not be shared with a carer or someone else with careral responsibilities and rights. This is a route that many kinship carers take to secure a child in their care.

Permanence Order

Under the Adoption and Children (Scotland) Act 2007(Section 80) a permanence order is a court order which will regulate the exercise of careral responsibilities and careral rights in respect of children who cannot reside with their carers but where contact or shared exercise of careral responsibilities and careral rights is or may be appropriate. A permanence order may remove some or all careral responsibilities and careral rights and grant them to other persons specified in the order.

What is the process if a foster carer is asked or wishes to consider permanency?

Any decision on the part of the foster carer/s to apply to be a permanent foster carer for the child must be properly considered as part of the care planning process for the child. If this is agreed then Fosterplus would undertake to assess the foster carers as permanent foster carers, and the local authority would apply to their fostering panel to approve the match.

If foster carers are directly approached by a local authority to be permanent foster carers for a child already placed with them, they should refer the local authority to their supervising social worker. Permanence decisions should not be taken in haste or because foster carers feel under pressure; there needs to be a real commitment for the long term care of children by foster carer/s wishing to consider permanence.

Can a foster carer who has a child placed on a permanent basis continue to foster other children?

Fosterplus will consider the foster carers' continuing status as a foster carer/s for other children as part of the foster care review process, just as we would any other significant change in family circumstances. The local authority for the child placed permanently would be consulted prior to any placement being made.

Health and Social Care Standards

Scottish Ministers developed the Health and Social Care Standards to ensure everyone in Scotland receives the same high quality of care no matter where they live. The Standards explain what you can expect from any care service you use, written from the point of view of the person using the service. They also help you raise concerns or complaints. There are five main principles behind the Standards:

- **Dignity and respect**
- **Compassion**
- **Be included**
- **Responsive care and support**
- **Wellbeing**

The standards cover, children, foster carers, staff and panel and outline the minimum that can be expected of a service. All services must comply with this and should go beyond the minimum.

The standards were reviewed and updated in 2018.



The Role of a Foster Carer

A foster carer is someone who is approved under the Looked after Children Regulations (Scotland) 2009 to provide an appropriate placement for a looked after child. Regulations and statutory guidance state that foster carers should care for any child placed as if the child is a child of the foster carer's family.

The Looked After Children (Scotland) Regulations 2009 state the duty of a foster carer amongst other things as outlined in Section 36 (3) is:

"To care for the child as if that child were a member of that person's family and in a safe and appropriate manner;"

Foster carers are expected to work as part of the 'corporate carer' team helping the child or young person. The role of the corporate carer is to act as the best possible carer for each child they look after and to advocate on their behalf to secure the best possible outcomes – in effect, to do exactly what they would do for their own child. It is the job of Fosterplus to help foster carers to provide the level of support that fostered children deserve.

Foster Carer Agreement

Once a foster carer is approved by Fosterplus, they will be notified in writing of this fact and of the terms of their approval as outlined in Regulation 24. They will also be required to enter into a signed foster carer agreement. By law, the foster care agreement must cover the following as outlined in Schedule 6 of the Looked After Children Regulations 2009:

- 1. The support and training to be given to the foster carer.**
- 2. The procedure for the review of approval of a foster carer.**
- 3. The procedure for handling of complaints against foster carers.**
- 4. The procedure in connection with the placement of children, and in particular**
 - The matters to be covered in foster placement agreements and the respective obligations, under any such agreements, of Fosterplus and the foster carer;
 - The financial arrangements which are to exist between Fosterplus and the foster carer, including any special financial arrangements in relation to particular categories of children who may be placed with the foster carer;
 - Fosterplus's arrangements for meeting any legal liabilities of the foster carer arising by reason of a placement; and
 - The procedure available to foster carers who wish to make representations to the local authority which placed the child.
- 5. The foster carer's obligation to give written notice to Fosterplus forthwith, with full particulars, of**
 - Any intended change of address;
 - Any change in the composition of the household, any other change in personal circumstances, any other event affecting either the foster carer's capacity to care for any child placed or the suitability of the household and any criminal convictions arising between approval and subsequent reviews; and
 - (Any further request or application of a kind mentioned in paragraph 11 of Schedule 3.

6. The foster carer's obligation

- Not to administer corporal punishment to any child placed with them;
- To ensure that any information relating to a child placed with them, to the child's family or to any other person, which has been given in confidence in connection with a placement is kept confidential and is not disclosed to any person without the consent of Fosterplus;
- To comply with the terms of any foster placement agreement, to care for the child placed with the foster carer as if the child was a member of that person's family and in a safe and appropriate manner and to promote the child's welfare having regard to the local authority's immediate and longer-term arrangements for the child;
- To notify Fosterplus immediately of any serious illness of the child or of any other serious occurrence affecting the child; and
- Where the placement is terminated, to allow the child to be removed from their home by the local authority.

Foster Carer Agreement

A full copy of your Fosterplus foster carer agreement can be accessed from going to your charms account and looking at progress notes to see the Agreement relevant to you which requires to be digitally signed.

Foster carers and data protection

In addition to the clause on confidentiality required by fostering regulations, since the General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA2018) Fosterplus has included the following expectations of foster carers in the foster carer agreement:

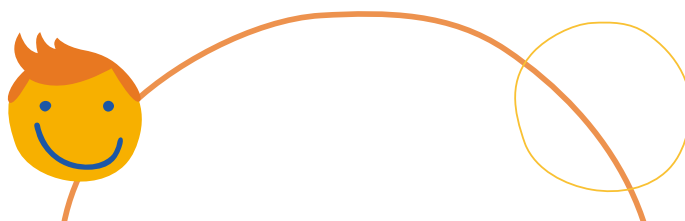
- To hold and keep all information securely and to comply with Fosterplus' Information Governance and Data Protection policies.
- To use the CHARMS system and/or encrypted e-mails and/or other secure forms of delivery for recording and communicating personal data about a child placed with them.
- When an individual child's foster placement with them ends, to ensure that any information held by them about the child is returned to Fosterplus.

Significant changes to the foster carer/s' household

The foster carer agreement states that foster carers must immediately inform Fosterplus where there is any change in the foster carer(s) personal circumstances (or that of a significant other household resident), which affects or might reasonably be expected to affect the foster carer(s) capacity to care for any child placed, or the suitability of the household, [for example changes in employment status, health issues, marital/relationship difficulties, financial difficulties, serious child management issues/concerns]. This will usually trigger a review of the circumstances, normally in the form of a Foster carer Review.

What happens if a foster carer has a new partner?

The fostering regulations refer only to approval of individuals, not households. Statutory guidance makes it clear that where two people will be sharing the care of a child, whether they be a couple or any other partnership, they should be jointly assessed but each will be approved as a foster carer. Fosterplus has a Significant Relationship Policy which outlines the stages of our involvement and what needs to happen depending on the status of the relationship. If you enter into a new relationship or intend for any other adult to become part of your household, which does not necessarily mean they intend to move in, you should talk with your supervising social worker before this happens and at the earliest possible time. This policy can be accessed via Downloads on CHARMS.



What if foster carers want members of their extended family or friends to move into the household?

The foster carer agreement requires that foster carers inform Fosterplus of any proposed changes to the household, such as adult children or elderly relatives moving in. Advance notice will allow sufficient time for reflection and discussion about the impact this may have on currently fostered children and future capacity to foster and whether any safeguarding checks – such as a Disclosure check – should be undertaken.

Fosterplus may place a foster carer ‘on hold’ from undertaking any fostering activities in circumstances where any adult joins the foster carer household without prior agreement.

Fosterplus has a Significant Relationship Policy and Guideline which outlines at what stage certain things require to happen to ensure we are within the law and also safeguarding children and foster carers.

What if a foster carer becomes pregnant?

Fosterplus regards pregnancy as another ‘anticipated significant change in your circumstances’ and we would expect to be advised as early as possible that a foster carer is pregnant. As well as bringing joy, both pregnancy and the arrival of a baby can place great demands on a family. Pregnancy can have a major impact on a foster carer’s feelings about fostering. For some foster carers it can signify a time when they choose to stop fostering, at least temporarily, in order to concentrate on the needs of their own family. For others, a new baby can simply be a wonderful addition to their family which has little impact on their fostering activities.

Some foster children will feel anxious and worried that they will be moved from their foster family when a new baby is born. These fears can be very powerful when a foster child is in a long term placement. We do not believe foster children should be moved from a successful and stable placement simply because of pregnancy. However, it is important that foster carers discuss their feelings and views with their supervising social worker from early in their pregnancy so that proper arrangements can be made to support the whole family and each individual member in making the right decision.

In all cases, we would want to review with the foster carers, as sensitively as possible, their capacity to continue fostering both in the immediate and longer term, without making any assumptions.

Foster carers and child minding

Separate to their fostering activities, some foster carers choose to provide child minding services. Child minding is subject to registration and (for minding children under 8 years old) regular inspections from the Care Inspectorate. The two roles are not necessarily incompatible, but inevitably one activity will have an impact on the other: for example, being available early each morning to welcome the ‘minded’ child for the day may mean being unavailable to take a foster child to school. Importantly, some foster children may present a risk to young children because of certain dangerous behaviours.

Foster carers considering offering child minding services must always discuss this with their supervising social worker before applying to the Care Inspectorate.

Foster Carer Reviews

What are foster carer reviews?

Fostering regulations require that every foster carer's approval must be reviewed within a year of approval, at Panel every 3 years following and internally every year and whenever the fostering service thinks this is necessary. The review must consider whether the foster carer/s and their household continue to be suitable to foster and whether their terms of approval are still appropriate.

Fosterplus expects foster carer reviews to look closely at the fostering undertaken by the foster carers, including successes and challenges, as well as the services and support provided by the agency. First reviews and then every third review thereafter will be always brought to a fostering panel and foster carers are expected to attend.

Foster carer reviews are not to be confused with the foster child's LAAC review or child's attendance at the Children's Panel.

Foster Carer Reviews Policy

A copy of the Fosterplus policy for foster carer reviews can be viewed on CHARMS under policies and procedures.

[Go to: Downloads](#)

Process for Internal foster carer reviews

The local Fosterplus office is responsible for arranging and overseeing each internal foster carer review, which will normally involve preparation of reports, obtaining people's views and a meeting with the foster carer/s. Each review meeting will be conducted by a reviewing officer who is another Fosterplus Service Manager which allows for a more independent eye to review the work of the foster carer and the support in place.

Information collected for the review

As part of the review process, Fosterplus must make whatever enquiries it considers necessary to inform a judgement about continuing approval. This may include checks, such as disclosures, in relation to any new members of the household.

We are required by law to take into account the views of the foster carer/s, any child placed (if they are able to contribute) and any social worker responsible for a child who has been in placement since the last review (or since approval, if it is the foster carer's first review). In addition, we invite comments from children of the foster carers and anyone else professionally involved with the foster carers; for example, schools. Supervising social workers prepare a report that takes into account all the gathered views. Foster carers will have sight of this report prior to the review.

Matters covered by the review

The focus of a foster carer review is on the foster carers – to acknowledge both achievements and difficulties, and note any specific fostering work carried out by the foster carers, and any training undertaken. The review will involve discussion and consideration of the views that have been collected. The review will identify any learning and development needs and how these are to be met. It will consider the impact of any support which has been provided and whether any additional support is required. However, these matters will also be addressed when they arise and not just saved until the next review.

In effect, the review will provide an “overview of the year”, and will act as an annual update of the circumstances of the foster carers as well as planning for future placements. The review will update the health and safety standards checklist, as well as confirm insurance arrangements are in place. The review will place a big emphasis on the training requirements and whether foster carers have attended mandatory/core training and if not the reasons for this and identify further training needs. The review will make recommendations as to the continued registration of the foster carers.

The review reports

The agency decision maker will consider the review reports, and the recommendation/s (of the review) and make their decision as appropriate.

Foster Carer Review Report Forms

A copy of the review report forms can be downloaded from CHARMS, along with all the other forms used to collect people's views:

Go to: Download – Foster Carer Review Documents

Proposals to change foster carers' terms of approval

If having considered the review reports the Fosterplus decision maker thinks it is appropriate to change the foster carer/s' terms of approval and the foster carers are not in agreement with this, the foster carer has 28 days to make representation and request a review of the decision.

If the foster carer is in agreement with the proposed change to their approval terms, then as long as Fosterplus identifies in writing any additional support needs, the decision maker can proceed to an immediate decision.

Role of the supervising social worker in relation to foster carer reviews

The supervising social worker is responsible for:

- Ensuring all records in the foster carer/s' case record on CHARMS are up to date;
- Meeting with each foster child to ensure they know of the child's wishes and feelings and act accordingly;
- Inputting into the review process through discussions with the service manager or reviewing officer;
- Supporting fostered children/young people to complete their review forms, where requested;
- Completing the supervising social worker's review report;
- Attending the review meeting;
- Arranging circulation of the review reports to the independent reviewing service manager and foster carers
- Noting from the completed reports any recommendations about the support needs of the foster carers and ensuring that these are implemented;
- Liaising with the Learning and Development Team to ensure training needs are met.

Fostering Panels

Every fostering service must convene fostering panels to carry out the functions listed below. Fostering panels play a very important quality assurance role, providing objectivity and the ability to challenge practice which is felt to fall short of the regulations or health and social care standards, or not to be in the interests of children. They bring a degree of independence from the fostering service and cannot make decisions themselves, but rather make recommendations which the agency decision maker (ADM) must take into account. They are also required to give feedback to Fosterplus following every panel. This feedback is considered and acted upon if appropriate.

Who sits on a Fostering Panel?

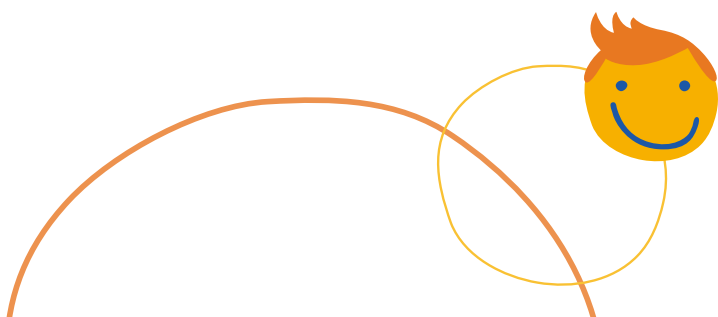
Fosterplus fostering panels generally meet monthly in both Glasgow and Edinburgh Fosterplus offices (or online). Foster carers are given the opportunity and encouraged to attend and be heard at all panel meetings at which their approval is being discussed and to bring a supporter to the panel if they wish.

The fostering panel includes a mixture of professionally qualified, foster carers and lay people who are independent of the service. There is one Fosterplus representative who sits on all panels. The chair of the panel is independent. The panel also has a medical adviser who advises on health issues and a legal adviser if required. The medical advisor and legal advisor do not sit on the panel. There will generally be 6 people on each panel. A full list of panel members can be requested. An annual report of the previous year's business is published each year and this contains information about panel members. This can be requested if you wish to see a copy.

Core Functions of a Fostering Panel

1. To consider applications for approval and recommend whether or not a person is suitable to act as a foster carer and, if so, the terms on which they should be approved e.g. number, age and gender of children to be placed;
2. To consider the first review of approved foster carers, thereafter 3 yearly panel reviews and any subsequent reviews referred to it by the fostering service, and recommend whether or not they remain suitable to act as foster carers, and if the terms of the approval remain appropriate;
3. To consider any representations from applicants or foster carers in relation to matters of approval;
4. To oversee the conduct of assessments carried out by the fostering service;
5. To monitor and advise on the procedures for undertaking reviews of foster carers;
6. To give advice and make recommendations on any other matters relating to the panel business.

A copy of the Fosterplus Fostering Panel Policy can be accessed on CHARMS / Download



Chapter 2

Support and Supervision

The Role of the Supervising Social Worker

Each approved fostering household is guided and supported by a named and qualified supervising social worker. The supervising social worker works in a holistic way with all family members, as appropriate, including birth children. This means getting to know everyone in the family and being available to them for advice and support. They will also spend time with the child/ren in placement to ensure that the child's wishes and feelings are captured regularly and to ensure they are seen and heard by a qualified worker.

What is a 'supervising social worker'?

It is the supervising social worker's role to supervise the foster carer's work, to ensure that they are meeting the child's needs, and to offer support and a framework to assess the foster carer's performance and develop their skills.

The supervising social worker fulfils the role laid down in national minimum standards and fostering guidance:

- Ensuring each foster carer they supervise is informed in writing of, and accepts, understands and operates within, all regulations and standards and with Fosterplus policies and guidance.
- Supervising foster carers' work to ensure that they are meeting the child's needs (taking into account the child's wishes and feelings).
- Making regular visits, including at least one unannounced visit a year.
- Providing emotional and practical support.
- Assessing foster carers' performance and supporting their skills development.

Supervision

What is supervision?

Regular supervision meetings provide the opportunity to reflect upon the foster carer's work, to offer support and to further develop their competencies and skills. Some foster carers may feel that the supervising social worker does not have the right to question them too closely, either about their approach to fostering, or to offer comment or constructive criticism. The role of the supervising social worker is embedded within the Health and Social Care Standards. Looking after other people's children is such an important and valuable job, and the children and young people are often vulnerable, so foster carers must be prepared for regular evaluation of the care they provide and the progress made by a young person.

It can be reassuring to remember that supervision is a two way process. The allocated supervising social worker also has responsibilities towards foster carers that they should be meeting. Supervision is an opportunity for foster carers to comment constructively on the service they are receiving from Fosterplus. The supervising social worker should fully explain the arrangements for supervision, specifying the purpose, frequency and duration of meetings, and where the meetings will be held. Foster carers care for the majority of children in Scotland who are looked after by local authorities. Foster carers have to be approved to foster by a fostering service provider, following an assessment, recommendation by the

provider's fostering panel and a decision by the provider's decision maker. All this is set down in law. A foster carer cannot be approved by more than one fostering service at the same time. If a foster carer wishes to move to a different fostering service, their approval by the existing service must be terminated (which will usually be by way of the foster carer's resignation, but could be termination instigated by the fostering service) before a decision by the new service to grant approval can be implemented.

When and where should supervision take place?

All foster carers should have supervision meetings on a regular basis. Where partners are jointly approved as foster carers, they should both attend meetings. On occasions where this is not possible, the supervising social worker should see the home-based or principal foster carer, but both foster carers should be seen at least every 3rd supervision meeting.

The Fosterplus standard for supervision is fortnightly or more frequent if required, and will be in addition to other forms of contact, including phone calls, e-mail and home visits. For permanent placements supervision will take place monthly or more frequently if required. It is good practice to book supervision meetings in advance, so that they are in people's diaries and can be planned around, and for both parties to give high priority to these meetings. Inevitably, there will be occasions when dates have to be changed, but this should be avoided whenever possible. On the rare occasions when a meeting has to be postponed, an alternative date should be identified.

It is important that supervision takes place in an environment which is comfortable for both the foster carers and their supervising social worker. If possible, meetings should happen at a time and place where interruptions are less likely to happen.

What is discussed in supervision meetings?

These are formal meetings, and because both foster carers and supervising social workers need to use the time effectively, they should agree in advance of each meeting any specific items to be discussed. Foster carers should remember that supervision is a two way process, and therefore make sure they put forward items for the agenda that they want to explore.

If there are too many things to discuss, matters of the highest priority should be scheduled for the forthcoming meeting. If appropriate, follow up dates should be arranged to discuss the remaining items. A typical supervision agenda will include:

- Matters arising from the last supervision meeting.
- Placement considerations - matters for discussion could include aspects of the child's secure base – e.g. their self-esteem, emotional/behaviour management, level of trust, effectiveness and sense of belonging – and the foster carer's impact on these, including strategies for the coming period.
- Consideration should also be given to any safeguarding concerns arising and identifying whether the child's risk assessment is still valid.
- Contact, health, education, working with the child's social worker, identity issues.
- The use of child allowances and foster carers' savings for the child.
- Any matters relating to the foster carer's recording on CHARMS, including daily or weekly Logs, which will have been checked and verified by the supervising social worker.
- Review of medication administered.
- Written information/documentation - this could be a check that foster carers have received all the documentation or information they need for any child in their care. It could also be a check that foster carers have been given the information that they need, e.g. any new guidelines that would have an impact on fostering, or new fostering allowances rates.
- Fostering household matters - does the foster carer need to discuss any significant areas that are

affecting the rest of the household? For example, these could be financial concerns, or issues related to their own children and the effect fostering may be having on them.

- Discussion of any other pieces of work that foster carers may have undertaken for their Fosterplus office – they may have helped with a recruitment campaign, or training session and will want to feedback their thoughts.
- Training, development and support considerations – foster carers should have the opportunity to review any training they have had, any literature they may have been given, videos loaned etc. How useful were they? What were the key learning points? The discussion should not just focus on training courses. But should also be discussion about opportunities to help foster carers develop their skills further, or learn new skills. It is about being creative with the resources available to assist.
- Care standards – for example, compliance with health and safety procedures. Are there any concerns or complaints that need to be addressed?
- Any other business. The date and time of the next supervision meeting.

Written records of supervision

Supervising social workers complete a written record of supervision meetings, which you will be able to access on CHARMS and digitally sign. These will then be used as the basis of the next supervision session. Having written records of supervision discussions is useful for a number of reasons:

- They provide foster carers and supervising social workers with a reminder of any agreements reached, or action required, and by whom.
- They will help monitor a particular situation or difficulty over time. For example, whether any strategies for helping foster carers cope with difficult behaviour are having an effect.
- They will form the basis for the foster carer's review. All foster carers will have reviews at least annually, to assess whether their home, and the care they provide, is still suitable for fostered children. Like supervision meetings, foster carer reviews will also give foster carers the opportunity to comment on the service they have received over the previous year. The process of having regular supervision meetings therefore feeds naturally into the review process, and should ensure that reviews do not raise unexpected issues.

A record of supervisory meetings is held on the foster carers' CHARMS case record.

Unannounced Visits and Inspections

Supervising social workers are required by law to make unannounced visits to foster homes. At least once a year, foster carers can expect a Fosterplus worker to call round outside of the agreed schedule of meetings. Foster carers are obliged to allow them access to the home. If a child is in placement and at home during the unannounced visit, the worker may want to speak to them alone and inspect their bedroom. If the child is not at home arrangements should be made to visit within the next 3 months in order to spend time alone with the child.

Foster carers should also understand that they may be interviewed as part of the Care Inspectorate inspection process. Care Inspectorate inspects each fostering service, checking against the national minimum standards and for compliance with regulations, as well as making a judgement about quality of care and organisation of the service.

These matters are covered in the foster carer agreement.

Out of Office Hours Service

Outside of normal office hours and over weekends and bank holidays, Fosterplus operates an OOH service that is available to foster carers for advice and support in an emergency. A supervising social worker (duty worker) and a manager (duty manager) will be on duty out of office hours to respond to foster carers. The OOH service operates through the mobile telephone network. This is usually reliable, but coverage cannot always be guaranteed. If foster carers receive the message 'We cannot connect your call' or, after a number of rings, the telephone is apparently unanswered, it may be that the line is engaged. Foster carers should attempt to redial after a reasonable period, and keep trying.

Remember that the person on duty or the duty manager may not know as much as you about your situation and the child you care for. They will be able to access case records on CHARMS and will certainly offer advice and support and take urgent action until the crisis can be dealt with during office hours by your supervising social worker, another member of the local office's staff, or the child's social worker. Some examples of emergencies are: a child running away; a serious accident; admittance or attendance at hospital; illness or death; trouble with the police or with carers, any matters that affect your ability to care for the child safely.

Out of Office Hours Scotland: 0333 220 5041

Learning and Development

Learning and Development Team

The Polaris Community has an experienced and skilled Learning and Development Team that works together with each individual fostering agency and the registrations within it to design local training and development programmes.

Training and development for staff

All supervising social workers are registered with the Scottish Social Services Council (SSSC) and are required to undertake continuous professional development activities, in order to maintain their knowledge base and to ensure that they are up to date with current research findings, especially in relation to fostering.

Each year, a training calendar is put together for all social work staff which covers topics of relevance to practice development. All staff are also encouraged to participate, where appropriate, in the training programme for foster carers.

Managers, support workers, administrators and all other supporting staff each have the opportunity to advance their skills through tailor-made training where necessary in their particular area of development.

Foster Carers Mandatory and Core Training

Some elements of training for Fosterplus Carers are mandatory or core training. All Foster Carers are expected to meet these training requirements and it is incumbent on you to make yourself available to attend. Fosterplus has to comply with The Looked After Children (Scotland) Regulations 2009 and as such you are required to take part in the mandatory and ongoing training. This will be reviewed regularly and will always form part of your review. This applies to both foster carers when you are fostering as a couple. As a Fosterplus foster carer you will have completed the Fosterplus 'Skills to Foster' initial training

course prior to approval by the Panel. The only exception to this rule is when the appropriate Service Manager and the Panel are satisfied that an applicant has already received up-to-date training of an appropriate level and quality from a reputable agency.

Mandatory/Core Training

It is your responsibility as a foster carer to ensure you are completing all mandatory & core training. The courses are available on the “Foster Carer Training Pathway Plan” and show the expectations of what will be completed.

Some courses are only completed once in your fostering career, unless you or your Supervising Social Worker would feel it would be beneficial for you to redo a course. Other courses are repeated annually, however, a new subject is chosen by you each time. The courses are made up of e-learning courses which can be done at any time of your choosing or classroom/ virtual based training which you need to register on and then choose an available date for.

The mandatory & core training pathway is regularly reviewed to ensure we as an agency and you as foster carers are meeting the expectations of the regulations, the Care Inspectorate and agency standards. You will be made aware of any changes to the expectations of training requiring completion.

Ongoing Training

As Fosterplus foster carers, whether new or experienced, you will be expected to spend a minimum of 25 hours per year on study activities related to your role as foster carers. You have access to the training platform Learnative where you can do online training modules. Alternatively, this may be achieved through attending courses provided by Fosterplus, in-house, or by trainers commissioned by Fosterplus. Training should be focussed primarily on enabling the foster carers to improve the outcomes for the child/young person as outlined in Getting it Right for Every Child embracing the SHANARRI wellbeing indicators.

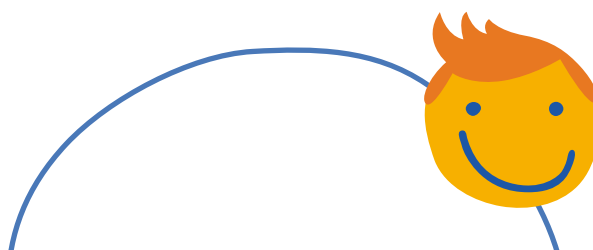
As part of the training requirement, Fosterplus will also fund attendance at training days provided by FosterTalk, BAAF, or other such agencies provided the Head of Operations agree that the course is relevant to the foster carers role.

‘Study Activities’ could take a number of forms including reading and personal study agreed with the Supervising Social Worker.

YOUR COMMITMENT TO TRAINING

Commitment to continuing professional development is an essential part of a foster carer’s role within fostering. Your foster carer’s allowance contains a sum each week to allow for your time; travel and childcare costs to participate in learning and development activities. Your achievements are documented during your Review and consideration is given at the time of the Review if you have failed to meet the requirements, not only your registration as foster carers with Fosterplus, but also the financial payments that have been made. It is a requirement of The Looked After Children (Scotland) Regulations 2009 that you attend and take part in training as part of your continuing approval as foster carers.

If you do not have placements it is still an important part of the registration as foster carers that you keep up-to-date with learning and development and you should speak to your Supervising Social Worker at Fosterplus about being reimbursed for any travel costs that are out with the element of your fee which covers this.



NON ATTENDANCE AT TRAINING

All Foster Carers are expected to attend mandatory & core training. Where there are gaps in undertaking this training, this will be discussed within supervision in order to review supports. An action plan may be implemented to support the foster carer(s) to attend training. Foster carers may be requested to return to Panel if mandatory & core training has not been completed within agreed timescales.

Training Policy for Foster Carers

The Fosterplus training policy for foster carers can be downloaded at: On CHARMS /Download

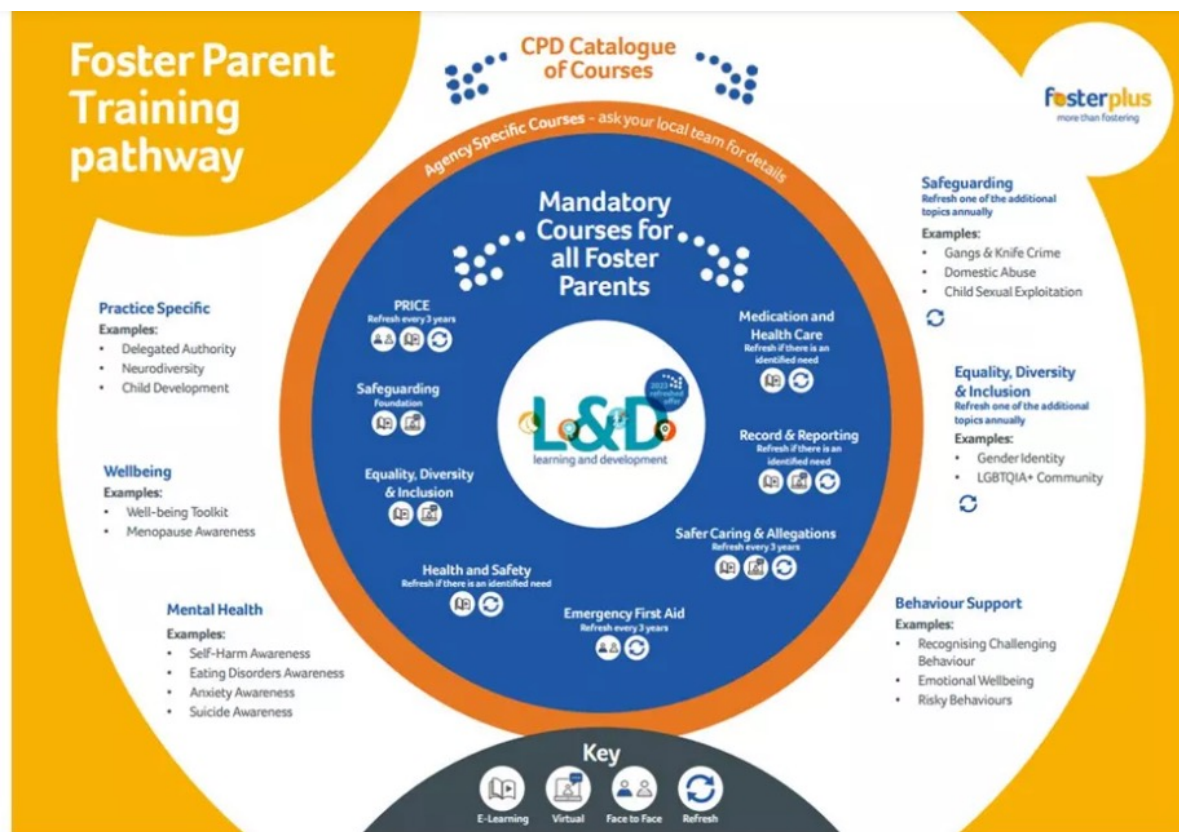
What is the purpose of training?

Foster carers, especially those with many years' experience, sometimes wonder why they need to attend training. There are lots of good reasons why it is useful to attend.

For example:

- There are often changes to national policy or practice guidance that affect the role of foster carers.
- New areas of knowledge or need arise, such as working with asylum seekers, child sexual exploitation and radicalisation in recent years.
- National Minimum Standards that apply to agencies such as Fosterplus, as well as local authorities, place an expectation on foster carers to attend training and undertake development opportunities.

Training is an opportunity for foster carers to consolidate their knowledge and skills, recharge their batteries, share ideas and socialise with other foster carers. Newly registered foster carers can meet up with other more experienced foster carers, and begin to develop a range of skills in all the main areas of the fostering task.



Training records and foster carer reviews

Training records are kept on all foster carers, held on their Learnative record, and made available for consideration at foster carer reviews. Foster carers can access a copy on Learnative through their foster carer login.

Each foster carer's review is a good time to look back on any training they have attended and to plan which courses to attend in the coming year. Foster carers who have been fostering for many years still need to attend some courses in order to regularly update their knowledge. The foster carer review can also identify learning and development needs outside of the Fosterplus programme.

Foster carers with specific training needs – for example, if they are caring for a child or young person with a disability – may be funded to attend whatever training is appropriate to ensure the foster carers can fully meet the needs of the child or young person concerned, this must be agreed by the Head of Operations prior to any bookings.

Learning and Development – Contact Details

If foster carers have any other training or development needs not met by the current programme, then they should speak to:

1. Their Supervising Social Worker
2. The Service Manager
3. The Training Assistant

What training methods are used?

Some foster carers may feel apprehensive about their participation or feel a lack of confidence about their communication or literacy skills. No assessments are made about foster carers on courses. A training day is a place to learn, to practice and to ask questions, and we actively encourage this. It is also an opportunity to meet with other foster carers and to share experiences.

Good quality training should enable foster carers to do the job to the best of their abilities. It should also encourage foster carers to develop and build on their fostering experiences and skills to the benefit of the children who are entrusted to their care.

How to apply for training courses

All mandatory & core training will be notified to you when you are required to attend. However, there is an expectation that you will complete e-learning courses in a timely manner as we do not book these for you. Any additional or developmental training will be offered to foster carers and this will be discussed with you by your supervising social worker.

If there are any practical difficulties that prevent you from attending training then do not hesitate to raise these with your supervising social worker. It is best that these are raised as early as possible.

It is very important that foster carers let us know if they cannot attend a training day they have been invited to or signed up for, no matter how short the notice. Your place can be given to someone else.

With an E Learning course, you will receive an email direct to you. Your Supervising Social Worker and the Training Administrator based in the Learning and Development Team is able to monitor progress.

Training attendance records

Your training record is kept up to date on Learnative. This will provide a record for your continuous professional development and help in planning training and to assist you with your development plan. You can add details of any external training carried out to your own Learnative account by uploading your certificate to the “other evidence” tab on your record of Learning.

Evaluation of training courses

At the end of a training course you will be asked to complete an evaluation form. Your feedback, thoughts and constructive criticism is truly valued and central to the development and quality of the training service we provide to you.

Learnative will create a certificate for every course you complete and this is available within your Learnative record.

Foster Carer Support Groups

Foster carers are encouraged to attend the regular meetings of their local foster carers support group. Meetings are organised for foster carers who come under one local office, or a defined geographical area. They provide foster carers with the opportunity to:

- Meet other foster carers in their locality and to share experiences.
- Develop friendship networks with other foster carers, if they wish, to support one another.
- Keep up to date with information on changes and developments within Fosterplus and the national fostering scene.
- Participate in informal workshops on specific topics.

Foster carers are expected to make every effort to attend support group meetings, which take place at a time and venue suited to the majority of foster carers in the group.

Foster Talk

All Foster Carers will be registered with Foster Talk. The aim at FosterTalk is to ensure that Foster Carers receive the correct support and training to feel safeguarded in their role. The membership packages include legal insurance to protect against allegations, helplines to give daily advice and guidance, counselling at any time of the day or night, savings on family days out and holidays and much, much more.

“WE BELIEVE THAT BY SUPPORTING THOSE WHO CARE WILL MAKE A POSITIVE DIFFERENCE TO THE LIVES OF CARED FOR CHILDREN ACROSS THE U.K.”

The benefits and services available include:

- Fostering Helpline
- Legal insurance
- The Fostertalk awards
- 24/7 legal helpline
- Tax benefits and NI advice
- Shopping and lifestyle discounts
- Financial advice
- 24/7 counselling service

- 24/7 medical helpline
- Education advisory service
- Free online events

Short Break Care

On occasions, foster carers who have children or young people in placement may need a break from fostering and someone else will need to care for the child/ren for a short period. This should not be common practice and many foster carers will never need to ask for short break care. Short break care must always be carefully planned with Fosterplus and the responsible local authority. We will work closely with the child and foster carers to find the most suitable short break placement. This may be with other Fosterplus foster carers who are approved specifically as short break foster carers. After the short break, the child returns to their regular foster placement.

Fosterplus does not offer a set amount of short break but it is based on the needs of the child. We have a policy outlining the way in which short break works which you can access on CHARMS/Download.

Allegations Against Foster Carers

Unfortunately there are occasions when an allegation is made against a foster carer. Fosterplus has procedures which outline the process involved and how we are required to respond. However we will always deal with the matter sensitively and in a way that provides effective protection and support for children and the person making the allegation and at the same time supports the person who is subject to the allegation.

What is an allegation?

An allegation against a foster carer or member of their household involves someone – be it a child or adult – saying that the foster carer or household member has or may have:

- Behaved in a way that has harmed a child or may have harmed a child; or
- Possibly committed a criminal offence against a child; or
- Behaved towards a child in a way that indicates they are unsuitable to work with children.

The law is clear that any allegation made by or in relation to a child must be taken seriously and investigated, although we know that sometimes false allegations are made. Our procedures are in line with the legal requirements, including the duty to refer information to statutory bodies.

Child Protection Policy and Guidance

Fosterplus's policy and procedure in relation to allegations against foster carers or staff can be downloaded on CHARMS/Download.

Who will deal with the allegation?

All allegations or concerns about foster carers will be reported to the local Fosterplus Service Manager, who has a duty to inform and consult with the local authority responsible for the child concerned, including those that on the face of it may appear relatively insignificant or that have also been reported directly to the police or local authority. We also have a responsibility to notify the Care Inspectorate of any allegations immediately.

As well as being responsible for managing Fosterplus' response to the allegation, the Service Manager

will, wherever possible, ensure that the person against whom an allegation has been made is kept informed of the progress of the investigation.

The Head of Operations and the Service Manager will consult on how to proceed. This may involve child protection procedures, criminal procedures only, standards of care procedures or no further action. Fosterplus will have to consider whether the foster carer should be 'on hold' from fostering while the above process takes place. Foster carers will not be placed 'on hold' automatically or without careful thought. The safety of other children must be considered and immediate advice may be sought from the investigating local authority and the child's placing authority.

How will the investigation be handled?

It is important to understand that any formal child protection investigation is undertaken by the local authority responsible for the child. The Service Manager will liaise with the local authority but will also inform the host local authority, i.e. the authority the foster carer is living in, if this is different, that such an investigation is taking place.

We understand that it can be very distressing for a foster carer or member of their household to have an allegation made against them. We will hold an internal planning discussion within two working days and will agree on the immediate intervention plan and support to be made available to the foster carer/s, including:

- Supervising social worker involvement.
- Information as to legal and emotional support services.
- Sources of advice and information about the process.
- Whether any fostering payments will be made, in line with guidance in the Foster Carer Finances Handbook, if children have been removed from the foster carers while an investigation is undertaken.
- Whether placing foster carers 'on hold' from fostering is required pending the outcome of any investigation.

The planning discussion will also consider any changes needed to the placement plan and the support to be made available to the foster child/children.

The Service Manager or supervising social worker will inform the foster carer of the outline situation, in person or by telephone, as soon as possible. This will include:

- Discussion about who is best placed to support them (including the option of independent support).
- A summary of the content of the allegation (subject to the agreement of the investigating local authority).
- How to access copies of Fosterplus' and the relevant local authorities' child protection and allegations procedures.
- Clarification of which procedures are being followed and where the foster carers are in the process.



- Who will visit and when, and their roles within the procedures.
- How their views and responses to the allegation will be heard, including if needed, the availability of mediation between the foster carer and Fosterplus and/or advocacy (including attendance at meetings and panel hearings).
- Information as to sources of advice and information, including access to legal services through FosterTalk.
- Confirmation about fostering payments.
- Guidance on implications for foster children, and other children in the household.

During an investigation

One of the Service Managers, or supervising social worker will be named to be the foster carer/s link and to keep them up to date with developments. The Service Manager will identify the person who will provide follow-up support to the foster child/children.

Where appropriate, the Service Manager or supervising social worker will identify strategies for intervention to reduce the future risk of incidents, concerns or risk of abuse and agree a review period with the foster carer/s. Such interventions may include therapeutic support, risk assessment and risk management, safer caring advice, review of matching, or further training and development.

At the end of the Investigation

The Service Manager will ensure that the content and outcome of any investigation is recorded in the relevant progress action on the foster carer/s' case record. Outcomes for investigations into allegations should be recorded as substantiated, unsubstantiated, unfounded or malicious.

At the end of the investigation, Fosterplus will produce a summary of the allegation, investigation and outcome and provide a copy to the subject of the allegation. The foster carer's suitability to continue to foster will then be reviewed, taking account of our written policy on the circumstances in which a foster carer's approval should be terminated in the interests of children.

We make a distinction between an investigation into an allegation of harm and discussion about standards of care. If an investigation finds no evidence of harm, we would not automatically consider that care standards had been breached. Standards of care concerns are treated quite separately from Child Protection Investigations and may or may not follow on from an investigation. A summary of any allegation and its resolution will be kept on a foster carer's records, but unsubstantiated, unfounded and malicious allegations will be clearly recorded as such.

The Service Manager will report quarterly on the content and outcome of any child protection investigations involving foster carers, and may make recommendations to the Agency.

What can foster carers do if they are unhappy with the outcome?

In general, if foster carers are unhappy about decisions taken by Fosterplus following an investigation, they have access to the Fosterplus complaints and representation procedure. In the event that Fosterplus proposes to change their terms of approval or terminate their approval, this will be considered by the Fosterplus fostering panel and there will be the opportunity for a foster carers to appeal any decision made by them.

In relation to the actions and decisions of the investigating local authority, and of the responsible local authority for any child placed, the foster carer/s will have recourse to these authorities' own complaints procedures.

Standards of Care

What are standards of care?

All foster carers have a contractual duty to provide high quality care to the young people placed, including their own children. These standards are defined within:

1. The foster carer agreement
2. The Health and Social Care Standards

Concerns may arise when there is:

- Misuse of a position of trust e.g. intimidation, humiliation, threatening behaviour, undermining of children, making sexual remarks, promoting sexual relations with young people.
- The misuse of drugs or alcohol.
- Misuse of internet, email, texting and/or social network sites.
- Inappropriate intimate care/invasion of privacy e.g. showering with children, adults sharing a bedroom with placed children, sharing changing rooms with placed children etc. There may, of course, be times and situations when one of the above is necessary or appropriate. This needs to be discussed and agreed with the supervising social worker or Service Manager.
- Inappropriate and disproportionate physical intervention or restraint.
- Inappropriate intimate photographic and video images, secret images, images appearing in a public arena where the whereabouts of children may be disclosed and put them in danger. Sensible use of photography and images can of course help a child to be part of the foster family and are not discouraged. If there is any doubt discuss with the supervising social worker or Service Manager.
- Contravention of safer caring guidelines.
- Irresponsible behaviour.
- Failure to understand how behaviour can adversely impact on the safety and wellbeing of a child and failure to change such behaviour.
- Inability to make sound professional judgements.
- Failure to follow policy or procedure relating to safeguarding and promoting the welfare of children.
- Failure to adhere to appropriate boundaries.
- Behaviour in personal life which can put children at risk.
- Behaviour that seriously undermines the trust and confidence placed by the foster agency.
- Secret liaisons with children.

- Medical conditions that raise the possibility of risk to the safety and welfare of children.

Investigations into standards of care

Fosterplus must exercise judgement as to the seriousness of any such allegations or concern. Where it appears on the surface that a foster carer has breached the terms of these requirements and in so doing would have jeopardised the safety and/or wellbeing of a child, an investigation should be held.

Foster carers may fail to meet the standards for a variety of reasons. This may be, for example, through a momentary lack of forethought, or ignorance, in ways that do not place a child in danger. In such circumstances, the supervising social worker, in consultation with their Service Manager and if necessary Head of Operations should exercise a professional judgement as to how to address this directly with a foster carer, without the need for a formal investigation. The use of ongoing formal supervision, or further training and development, may be appropriate methods of clarifying any difficulties and facilitating positive changes in the way foster carers maintain high standards.

The decision as to whether a formal investigation should begin rests with the Head of Operations. They will also consider if the breach of care may have crossed the threshold for child protection procedures to be implemented and, if so, these procedures must take precedence.

In other cases a decision may be made that the concerns may best be addressed via a complainant using the complaints and representation procedures.

In serious cases, the Service Manager, in discussion with the Head of Operations will decide whether a foster carer needs to be placed 'on hold' or, if not, whether there are conditions that need to be put in place for the foster carers to continue to foster, until the investigation can be completed.

The primary purpose of the investigation is to establish if the foster carer has breached the required standards of care. A second purpose is to define and obtain agreement on what steps need to be taken to ensure a breach of standards does not re-occur.

A wide variety of options should always be considered that would facilitate the required changes such as: advice giving, additional information and guidance, additional or different support systems, additional training, changes to registration criteria.

There will be occasions when it is not possible or desirable to reach such an agreement with a foster carer/s. In such circumstances, the termination of the foster carer/s' approval may be considered as the appropriate resolution.

What can foster carers do if they are unhappy with the outcome?

In general, if foster carers are unhappy about the actions taken by or process followed by Fosterplus following an investigation into standards of care, they have access to the Fosterplus complaints and representation procedures. In the event that Fosterplus proposes to change their terms of approval without their agreement or terminate their approval, foster carers also have the option to appeal and the Head of Operations will consider arranging an independent fostering panel to consider this.

Complaints and Representations



Representations and complaints

"I know how, and can be helped, to make a complaint or raise a concern about my care and support."

"If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me."

Health and Social Care Standards: 4.20 and 4.21

Principles of the complaints and representations procedure

Disagreements between individuals will occur from time to time and often, through a process of discussion and negotiation, a resolution is found that both parties are comfortable with. The capacity to resolve disagreements satisfactorily is part of each person's interpersonal skills and social development. However, occasions will arise when people are unable to resolve their disagreements or dissatisfactions between themselves.

For example, this may be because:

- They feel very strongly about an issue.
- They don't feel they have been listened to properly.
- They have had a 'solution' imposed on them against their wishes.
- They don't feel they have been treated fairly.

Fosterplus provides a compliments, complaints and representations procedure for people who feel their dissatisfactions have not been resolved through conversations with the person(s) with whom they are in conflict. The Agency welcomes the opportunity to reflect on practice and service provision to provide a safe and positive experience for children and young people with our foster carers. The complaints procedure should offer a useful tool for indicating where our services may need improving – conversely, compliments can indicate to us what we are doing well.

The Compliments, Complaints and Representations Procedure

Can be found on CHARMS Download

Fosterplus aspires that concerns, representations and complaints are resolved swiftly. We will ensure that the person making a complaint is kept informed at all times of the progress of the procedure throughout, and that they are consistently treated with dignity and respect, with all staff members being open and courteous in their communication with the complainant.

Fosterplus will take account of the rights of the complainant, of their culture, disability, gender and method of communication when undertaking an investigation.

The Agency will manage all complaints in accordance with information sharing and data protection requirements. Records will be kept securely, with consideration to the importance of confidentiality.

All Complaints and Representations will be monitored by the Complaints Officer. No person subject to a complaint or representation shall take part in its consideration, unless considered appropriate by the Head of Operations. Should a complaint or representation be received concerning the Head of Operations or Senior Manager, an independent person will be appointed to undertake an investigation.

A written record shall be maintained for all complaints or representations, recording the nature of the complaint, the action taken in response to the complaint, and the outcome of the investigation.

The Complaints Officer

Formal complaints about Fosterplus should be sent, in writing, to:

Chrise Grundy Hoban
Head of Operations
Fosterplus
Unit 7
The Arc
25 Colquhoun Avenue
Hillington Park
Glasgow
G52 4BN

Representations/Pre complaints

Representations are matters other than complaints, which give rise to some level of concern, which requires consideration. This process can be followed prior to the formal complaint process.

Fosterplus hopes that many of the issues that someone may be concerned about can be settled and resolved at the earliest opportunity and responded to by the local manager prior to embarking into the Complaints process, through discussion with the person they would ordinarily have most contact with, or through discussion with their line manager.

It is strongly recommended that the Service Manager/Head of Operations endeavours to resolve any concerns or issues raised at the earliest opportunity preventing the need for it to be considered as a complaint and investigated via the complaints process.

Any issues dealt with without the need to escalate to a complaints process must still be recorded along with any actions and outcomes.

Where a concern has been raised, in the event that such discussion does not resolve the matter a copy of the Procedure will be provided to the complainant.



Definition of a Complaint

‘A complaint is defined as ‘the expression of dissatisfaction concerning the service provided by the service, or of the actions of an individual providing that service’.

We recognise that sometimes raising a concern may not be enough and that you may wish to take the matter through our complaints procedure.

If feedback or comments indicate that, the service may not have followed correct procedure or regulation this will be considered as a complaint.

An allegation may relate to a person who works with children who has:

- behaved in a way that has harmed a child; and/or
- possibly committed a criminal offence against a child or related to a child; and/or
- Behaved towards a child in a way that indicates that they may pose a risk of harm to children.
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

Eligibility and Timescales

Who can make a complaint or representation?

- Children, young people and adults who are in receipt of services from any service within Fosterplus
- In addition to the above, their advocates, anyone with careral responsibility or their representatives including local authorities that commission services.
- A complaint can be made up to 12 months from the event giving rise to it. This time limit can be extended at the discretion of the Head of Operations.

Factors which will be taken into account in this decision include:

- Whether or not it was reasonable to expect the complainant to have made their representations within this timescale, and
- Whether or not it is still possible to consider the complaint effectively and fairly, despite the passage of time.
- This decision and the reasons for such a decision will be provided in writing to the person making the complaint.
- Where the complainant is a child, or was a child at the time of the matters cited, the discretion to refuse to consider the complaint is unlikely to be applied.

If the complainant wishes to remain anonymous, then the service may be unable to investigate the situation. If there is any indication of a child being at risk, the information will be passed on to the relevant Local Authority and to the Care Inspectorate.

Stages of complaint

Fosterplus will work to find a resolution to your complaint as quickly as possible. There are three potential stages to the investigation or resolution of any complaint.

Stage 1: Local Problem Solving

A complaint is considered as made on the date on which it is first received by the service. Complaints may be submitted in writing or given verbally. Where given verbally, this must be recorded in writing by the recipient, dated and a copy sent to the complainant and this action recorded.

The recipient of the Complaint is required to immediately inform the Head of Operations who will take a decision whether to accept the complaint and within 3 working days of being informed will provide written acknowledgement to the complainant about their complaint and of their decision to take the complaint forward or not.

Complaints will in the first instance be investigated within the service in an attempt to resolve the complaint informally. The Head of Operations for the service will identify the most appropriate person to respond to the Complainant (if not themselves) and that person will then lead on the complaint at this stage and will keep the Senior Manager updated.

The Head of Operations or other appropriate manager should conclude complaints being dealt with at Stage 1 within 10 working days of being notified of the complaint. This timescale may however be extended by mutual agreement by a further 10 working days if it is felt the Complaint can be satisfactorily dealt with but more time is needed.

The Head of Operations or other appropriate manager will provide a clear written response to the complainant this should, as far as possible, answer all issues raised by the complainant, be as helpful as possible and apologise for any shortcomings in the service found and what action the service intends to take as a result of the investigation into the complaint.

If the complaint cannot be resolved at Stage 1 the complainant will be informed of their right to pursue the matter further through the Head of Operations and asked to do so within 20 working days.

Stage 2: Formal Investigation

The complainant should contact the Head of Operations or appropriate manager for the service in writing or verbally, providing reasons why they are not satisfied with the outcome of Stage 1 of the Complaints procedure and that they wish to proceed to Stage 2 (this must be requested by complainant within 20 working days).

The Head of Operations would then make contact with the complainant to explain their role, advise on the process and agree next steps within 5 working days of receiving the request. They will also identify the appropriate person to act as the 'investigating officer'. This will be somebody who has had no previous involvement with the matter concerned. This may be an appropriate manager from within the service or an external contracted individual with relevant qualifications and experience.

The chosen Investigating Officer once appointed will respond to the complainant within 5 working days to establish the specific detail of the complaint and to agree the specifics of their complaint as a **'statement of complaint'**. They will also advise the complainant of their right, in some circumstances, to have their complaint investigated under this procedure. The beginning of the 'Stage 2' timescales begin when the 'statement of complaint' is agreed by the complainant. If a complainant raises new aspects to be considered these can be considered at stage 2 if appropriate without the need to return to

Stage 1.

The complainant may bring a support person to any meeting convened and they should confirm in advance that they will be doing so providing details of who they will be bringing. The role of the support person is to listen and provide support to the complainant and not to ask questions. In the case of a child, they may attend with an advocate. The Head of Operations should ensure that the person leading the investigation is briefed to ensure that the complainant is adequately supported in the meeting and that notes are taken and kept.

All persons relevant to the complaint should be informed of the complaint and interviewed by the investigating officer in order to provide explanation of their account of the matters complained against. On conclusion of the investigation a written report will then be prepared by the person undertaking the investigation (the investigation & report completed within 20 working days where possible from the agreement of the statement of complaint), and sent to the Head of Operations which will incorporate the process of the investigation, findings of each point of the complaint (i.e. whether upheld or not upheld) recommendations of any actions required and learning outcomes.

The Head of Operations will then provide a written response to the complainant outlining the findings and summarising outcomes and recommendations within including a copy of the investigation report (this should be completed within 7 working days from report being received from the investigating officer).

This should, as far as possible, answer all issues raised by the complainant, be as helpful as possible and apologise for any shortcomings in the service found and what action the service intends to take as a result of the investigation into the Complaint. The response to the complainant will state whether each aspect of the complaint has been **upheld, partially upheld or not upheld**.

Stage 3: Review by Senior Leader

If the complainant continues to feel that their complaint has not been dealt with to their satisfaction, Stage 3 may be implemented. The Head of Operations should explain the option of progression to Stage 3 to the complainant. The complainant should inform the Head of Operations preferably in writing, that they wish to progress their complaint to Stage 3, within 20 working days of receipt of written confirmation of the outcome of Stage 2, providing reasons why they are not satisfied with the outcome of Stage 2 of the procedure.

The Head of Operations will acknowledge this request within 10 working days, with an explanation of the Stage 3 process.

A Senior Leader will review the Complaint within 20 working days. The complainant will need to be kept informed by the Head of Operations of any delays in responding to the complaint should more time be required by the Senior Leader to consider the information provided.

The Senior Leader reviewing the complaint will complete a written report of their findings, which will include:

- The process and adequacy of the investigation prior to Stage 3;
- Findings on each of the complaints being investigated;
- Conclusions / outcomes reached;
- Recommendations of actions required / learning outcomes to be considered.

Following completion of the review by the Head of Operations will inform the complainant.

What to do if you are still not satisfied

If you are still not happy after exhausting the complaints and representations procedure, you may take your complaint to:

Care Inspectorate

How to make a complaint can be found on their website at www.careinspectorate.com. Complaints can be made by using their online form or telephoning 0345 600 9527 or contacting one of their local offices directly. Addresses can be found on their website.

In addition if you are unhappy with the outcome of the Care Inspectorate, you have the right to ask the Scottish Public Services Ombudsman (SPSO) to look into their decision. The SPSO website has information on making a complaint and the types of complaints it looks at. They are the final stage for handling complaints about public services in Scotland. Information can be found on their website at www.spsso.org.uk.

Information for children or young people who want to make a complaint

Information for children on how to resolve any difficulties that may arise in their foster placement is included in the 'Children's Guide', given to each child on placement. This outlines the steps to take if making a complaint and also how to access an independent helpline.

The complaints and representations policy can be downloaded from CHARMS

Formal complaints about Fosterplus should be sent, in writing, to:

Chrise Grundy Hoban
Head of Operations
Fosterplus
Unit 7
The Arc
25 Colquhoun Avenue
Hillington Park
Glasgow
G52 4BN

Conflicts of Interest

General principles to guard against conflicts of interest

Fosterplus expects foster carers to adhere to the following general principles:

- Foster carers must not use their role as a foster carer for personal gain. This includes the use of confidential information, as well as the use of their status or Fosterplus standing to promote an activity for personal gain.
- Foster carers must declare any personal interest which may impinge, or might reasonably be judged by others to impinge, on their impartiality in carrying out their role.
- It is possible that a foster carer is asked to foster a child who is related or otherwise known to them, without realising this at the outset. Equally, a supervising social worker could find that they are related to a child. In the event of a potential conflict of interest arising, those involved must inform the supervising social worker or manager immediately. This would not necessarily mean the end of the placement, but there would be a discussion about any extra safeguards that might need to be put in place.
- Knowledge or evidence of impropriety, including those related to purchasing and contracting activities, must be declared. It is the duty of both an employee and a foster carer to report any concerns about another employee or foster carer's activities, if those actions could affect Fosterplus' reputation.
- No personal business activity must be undertaken using Fosterplus' name or resources. This includes work for voluntary organisations.
- All foster carers should declare to Fosterplus any relatives or partners who are engaged in a business which might provide services to the agency.
- If a foster carer wishes to tender for a contract from the agency they must declare such an intention at the earliest possible opportunity.

Foster carers (or household members) who are also employees of Fosterplus

Any foster carer or household member employed by Fosterplus should regularly review in supervision whether, for example, their access to records, ability to influence a placement or approval decision, or to influence inappropriately any matters relating to their fostering task, creates any conflict of interest. Where individuals have dual roles within the organisation, these roles must be clearly separated in the interests of children's safety, and additional safeguards put in place. No child should be expected to live with a foster carer who has a dual role in relation to that child e.g. as their therapist or teacher.



Chapter 3

Record Keeping and Information

RECORDS KEPT ON FOSTER CARERS

What records are kept by Fosterplus?

All fostering services are required by law to keep certain records. Records in relation to each foster carer, including their assessment, approval and details of children placed with them, must be kept for at least 25 years after the foster carer's approval has ended or until their death if earlier. Every service must also keep a register of foster carers, and of children placed with foster carers.

Fosterplus still retains in archived files which predated our computer storage facility of CHARMS. Any files will now be retained on CHARMS for the required period.

Retention and confidentiality of case records for foster carers

A case record for a foster carer or prospective foster carer compiled under Regulation 31 must be retained by the local authority [RFA] for at least 25 years from the date the foster carer's approval is terminated or until their death if earlier.

The requirements of paragraph (1) may be complied with either by retaining the original written record or a copy of it or by keeping all the information from the record in some other accessible form (such as by means of a computer).

Looked after Children Regulations (Scotland) 2009 section 32 (1) & (2)

Fosterplus holds the following information about approved foster carers on its secure CHARMS system:

- The current foster carer assessment forms and related papers.
- The signed foster carer agreement.
- Foster carer reviews and related information e.g. health and safety checks.
- Records of the supervising social worker's supervision meetings with foster carers.
- Dated records of all conversations and contacts by staff with foster carers which relate to their fostering activities.
- A record of any complaint or allegation made about a foster carer or a member of their household, the investigation of any complaint or allegation, and its outcome.
- Records of any training attended.

How does a foster carer access the records held about them?

All information held by Fosterplus (apart from personal references and, if applicable, confidential “third party” information) in relation to the individual foster carer is available to that foster carer, under the terms of Access to Information and Data Protection legislation. Foster carers who wish to see their records should make a written request to their supervising social worker or Service Manager who will make arrangements for the records to be made available. A SAR should be discharged within 1 month of receiving the request (or 1 month from the point at which the identity of the data subject is confirmed). This can be extended by a further 2 months if the request is complex or multiple requests have been received.

Who else can access a foster carer’s records?

Some records may be shared with other organisations and professionals, but only if there is a clear and justifiable reason. For example, a current foster carer assessment form, their foster carer profile and their latest foster carer review reports would be made available to a local authority as part of the process of matching a child with a foster carer.

Children’s Case Records

Looked after and accommodated children’s records are retained by the Local Authority until the 100th anniversary of the child’s date of birth or for 25 years following the death of a child before the age of 18, (Sec 43 of the LAAC regulations). Fosterplus keeps information stored confidentially on charms on records produced by the Foster Carer and staff members in regards to children. This is retained if in the future the person wishes to read about their time in care.

Case records on children are held securely in our CHARMS database. Key documentation, records of contact with the children, their families and other professionals, and all other relevant information relating to fostered children is uploaded to and securely stored on the CHARMS system. Only those staff or foster carers with permissions can access this information.

CHARMS

What is CHARMS?

CHARMS is a complete secure database system designed for care providers. All the fostering services that are part of the Polaris community use CHARMS to record information and store documents in relation to fostered children and foster carers. CHARMS can manage the entire process from initial enquiry, through assessment and training, to the placement of children and post-placement support. The complete record of placement episodes (including disrupted placements) can be viewed at any time. Placements in foster care are all recorded in CHARMS.

CHARMS is a fully online system, offering full access for everyone that needs it.



CHARMS Foster Carer Login

All foster carers receive a user name (your email address) and login details for CHARMS and are expected to record their weekly logs and records of any specific information about a fostered child/young person. There is a CHARMS User Guide 'Foster Carer login' on the main page of CHARMS – this is to be found, with the other CHARMS guides under 'Download'.

CHARMS works best using the Microsoft edge browser; however, you can use Google Chrome, especially if you are using an iPad.

If you ever forget your password you can click on 'Reset Password'. This will send a link to your email address or alternatively you can call Social Care Network Tech support on: 0161 237 1872. The opening hours are Monday – Friday from 9am to 5pm.

There are two stages to login to CHARMS. First you will be asked to enter your username (which is your email address) and then your password. The second stage of the login will ask you for three characters from your passphrase (it is important to keep a record of your passphrase as you will need this if you have to reset your password).

You will be sent the web link to CHARMS via email.

Guidelines on recording

All contacts by e-mail, telephone, visits, meetings or appointments made in relation to children and young people must be recorded, stating who made the contact, who was present and/or seen, the relevant discussions which occurred, actions or decisions taken and by whom; the reasons for taking any decisions should also be recorded.

Foster Carer Recording on CHARMS

There is a CHARMS User Guide 'Foster Carer login' on CHARMS under Download.

How to record

Ideally, foster carers' logs should be recorded on a weekly basis and as soon after a specific event, or incident, as possible. If giving evidence in Court, it is particularly important that any notes referred to were made as soon as possible after the event that is recorded. Foster carer logs and progress actions will show the date they were entered on CHARMS, but content relating to key events should also be dated and, if appropriate, a time recorded. It should always be clear who has made the recording (e.g. which foster carer). This will help to ensure the accuracy of recording.

Separate records should be entered for each child or young person, even where siblings are placed together. It is possible to link progress actions from one child on CHARMS to a sibling, ensuring the recording appears in both their records.

Recordings should be simple and concise. Recordings should be factual and expressions of opinion kept to an absolute minimum. Foster carers need to be aware that their recordings may be made available to a Court, for examination during care proceedings for example.

When significant incidents occur, the foster carer is also **expected to ring their local office** to advise that

information has been uploaded.

Content of recording

The log entry facility and progress actions available to foster carers on CHARMS allow for recording of information in such areas as:

- Any positive improvements, achievements, and happy events for a foster child.
- Details and observations of contact with own family (including the child's reactions). Failures to visit and reasons given, together with telephone calls and letter box contact.
- Details of contacts with other professionals e.g. school teachers, doctor, dentist and optician appointments.
- Comments by a child or young person which cause the foster carer/s concern. Always try to record the child's actual words.
- Details of a child's behaviour which cause the foster carer/s concern. What happened before it started, how it was dealt with, and the child's response?
- Details of any occasion when it was necessary for the foster carer/s to physically intervene with a child. What happened before the event, when did it happen, how was it dealt with, who else was present, how did the child respond?
- Details of any injury, accident or serious illness involving a foster child.
- Dates when the foster child is away from the foster home – with family, friends, school trips or missing.
- Details of any theft or damage caused by the foster child.
- Details of any specific incidents, events or changes in circumstances in the foster carer/s' household.

Foster carers should exercise sensitivity in what information they record, and they should aim for it to be factual and free of their own personal views. Where they include personal views, this should be clearly stated.

Records on Medication

Foster carers are required to keep a record of any illnesses or injuries sustained by a fostered child and of any treatments undertaken whether they are undertaken by the foster carer or a health or medical professional. Details must be recorded using the CHARMS progress actions 'Monitoring Event – Accidents, injuries and illnesses', 'Monitoring Event – prescribed medication' or 'Monitoring Event – Non-prescribed medication'.

Most medication is prescribed for short term treatment of minor infections. In such instances, foster carers should record in the Notes box and using Start/End dates:

- Circumstances in which the medication has been prescribed;
- A description of the medication e.g. Penicillin;
- The daily dosage e.g. twice daily;
- The dates on which the treatment started and finished.

Email and SMS

Fosterplus uses electronic communications, particularly email and SMS, as a way of relaying information to and from foster carers about support groups, training and other services. Foster carers should not send and receive information about the children they foster via e-mails or SMS, but should enter and

access this information on CHARMS. If e-mail is used by foster carers in urgent situations and contains identifying information about children, the e-mails should be encrypted. Any e-mails received from other professionals should not be stored on foster carers' own computers unless they are securely encrypted. Fosterplus uses the Egress e-mail encryption software.

Storage and Confidentiality

Fosterplus seeks to comply fully with data protection legislation. In light of changes to data protection legislation in 2018 and advice received from the Information Commissioner's Office (ICO), Fosterplus holds the view that foster carers are not data controllers in their own right as they do not determine the means and purpose of processing personal information of individual children, being identified more so as an employee in this respect. The Agency therefore has set the following expectations on foster carers, which are incorporated in the foster carer agreement.

- Foster carers should ensure that any information relating to a child placed with them, to the child's family or to any other person, which has been given to them in confidence is kept confidential and is not disclosed to any person without the consent of Fosterplus.
- Foster carers should hold and keep all information securely and comply with the Agency's Information Governance and Data Protection policies – these can be located on Charms. Foster carers can expect that confidentiality and data security will be addressed as necessary in supervision and at reviews.
- Foster carers should always use the CHARMS system and/or encrypted e-mails and/or other secure forms of delivery for recording and communicating personal data about a child placed with them. When an individual child's foster placement ends, they should ensure that any information held by them about the child is returned to Fosterplus.

CHARMS is a complete secure database system which Fosterplus uses to record information and store documents in relation to fostered children and foster carers. CHARMS can manage the entire process from initial enquiry, through assessment and training, to the placement of children and post-placement support. The complete record of placement episodes (including disrupted placements) can be viewed at any time.

Information about individual children is kept confidential and only shared with those who have a legitimate and current need to know the information.

Data Protection

Personal information held about children is subject to a legal duty of confidence as adults, and should not normally be disclosed without the consent of the subject.

The legal framework for confidentiality is contained in common law, the Human Rights Act 1998, the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

How should foster carers store any records outside of CHARMS?

The law requires fostering services to ensure that all records are kept under conditions of confidential and secure storage so as to prevent their loss or destruction. Premises must be suitable to enable secure storage of records, both paper and electronic. Within the foster home, this means that any paper records, such as copies of legal documentation about the child, should be kept locked in a filing cabinet or other suitable place. No e-mails that contain identifying information about a child should be sent from or



stored on foster carers' own computers unless they are securely encrypted. Fosterplus uses the Egress e-mail encryption software.

Confidentiality

All information provided about a child who is or who has been placed with a foster carer is confidential. This applies equally to information given as part of a written record, accessed electronically or given verbally during meetings and discussions concerning the child or family. In the same way, all information collected by a foster carer, in whatever form, about a child they are looking after, or have looked after, is confidential.

The basic principle of confidentiality is that personal or confidential information about a child, young person or their family should only be provided to another person if it is for the purpose of the child or young person's protection or welfare. This might include a doctor needing to know past medical details, a teacher needing to know educational history or an organisation needing to know date of birth. Disclosure of confidential information to someone who has a need to know that information must be restricted to the information they need. Where there is doubt about a person's need for knowledge, advice should be sought from the supervising social worker before any information is disclosed.

Discussion about the child's personal and confidential information, including their history, their family connections etc. with a foster carer's family members, friends and others who do not need to know of such details is contrary to the Data Protection Act and is therefore illegal. Positive aspects of a child's day to day life and progress can, of course, be shared with friends and family members in general terms. No matter concerning a fostered child should be discussed in a public place under any circumstances whatsoever. This includes the foyers of Children's Services offices, school entrances and doctors' surgeries, as members of the public have access to these settings.



Chapter 4

When placing Children and Young people

Placements Service

Referrals for placements come via our referral officer based in Scotland. The referral officer has a direct phone line for this purpose and has built up a relationship with each local authority. However no placement will go ahead without the prior agreement of the Service Manager of the team. In addition local authorities have direct access to the Polaris Vacancy Hub which is online and gives an up to date picture of vacancies across the group.

Vacancy Hub

The referral officer will regularly update the Vacancy Hub which is accessible to all Local Authorities showing our current vacancies and, by clicking on the name of the foster carer, it will open up their foster carer profile giving a lot more information about you and your family.

Matching and Risk Assessments

Foster Carer Profile

As part of the initial assessment of foster carers, a foster carer profile is prepared which is a brief document describing the family and their circumstances, experience and skills, which is then sent by the Referrals officer to local authorities when an initial match with a child is identified. Foster carers and their supervising social workers should regularly review and update the foster carer profile, to ensure that it accurately represents the foster carers. The profiles are also sent to Local Authorities to promote specific skills as well as being forwarded on a weekly basis to give an up to date picture of our availability.

Child Friendly profile

All foster families should have prepared either a 'welcome book' or a 'child friendly profile' that can be shared with a child as part of the matching process, to tell them about the foster carers in child-friendly language.

Planned Placements

The Referrals Officer is the point of referral for potential placements from local authorities, during normal working hours. Referred children may already be in a foster placement and needing to move, or they may be new to foster care. The Referrals Officer will be provided with information by the local authority regarding the child and will use this information to match with possible foster carers. The team will consider the child's needs, including factors such as gender, culture, language, religion, ethnic origin, disability, sexuality and legal situation. We may decide that, given the child's needs, we do not

have a suitable family with a vacancy. If so, we will advise the local authority that we cannot help on this occasion. The Referrals officer details are:

Margaret Glen
Referral Officer
Fosterplus
Email: ScotlandReferrals@fosterplus.co.uk
Tel: 0845 835 2585

If they identify a potential foster family, the referrals officer will usually consult first the supervising social worker who in turn will discuss with the foster carer. This will enable the foster carers to form a view of the child's circumstances and to consider the child's identified needs in terms of their own strengths and capacities. It is fine at this point for foster carers to decide that they do not think this is a suitable placement for them to take. The SSW will keep the referrals officer updated.

If everyone is in agreement that this might be a suitable placement match, the referrals officer will provide the referring local authority with full information regarding the foster carers, including their profile and welcome book (which should be made available to the child by the placing authority's social worker before any placement is made). Foster carers need to understand that for any placement, details of several potential families may be considered by the placing local authority. The local authority will try to ensure that the child's racial origin, cultural and linguistic background is met, so far as is practicable. The child's religion, likes and dislikes should also be taken into account.

Consultation will also take place with other fostered children who are members of the (potential) foster carer's household and their placing authority to ensure they are in agreement with any new placement arrangement.

Once the match has been agreed, the referrals officer will refer the local authority to the supervising social worker for further discussions, including planning arrangements for introductory meetings and further sharing of information. If possible, the Child Friendly Profile should be shared with the child prior to meeting the foster carers and the Family Safer Caring Plan shared during an introductory visit so they are familiar with the household 'rules'. A judgement will be required if the child can deal with this information at the initial meeting, but if not it should happen as soon as possible thereafter. As part of the planning process, arrangements are put in place to resolve any gaps or shortfalls which are identified which could jeopardise the successful outcome of the placement. These could include additional training for the foster carer or practical arrangements such as transport.

Matching and risk assessment

Ensuring the safety of foster children and all members of their foster family is of paramount importance. It is therefore essential that the matching process includes consideration of any potential risks to the safety of individuals. This will determine whether there are any known risks that a child may present, either to themselves or to others.

The accuracy of the initial assessment will depend on the quality of information made available to the referrals officer about a particular child. We should be made aware of identified known risks a child may present, but this should always be viewed with some caution. It is quite possible that a child will



show behaviours that can be identified as risks, only after a placement has taken place. Where there is evidence for concern, Fosterplus will robustly request copies of any existing up to date written risk assessments or initiate the completion of a new Risk Assessment within five working days of placement.

The Individual Safeguarding Risk Assessment

The Individual Safeguarding Risk Assessment is a specific written, caring strategy tailored to the needs of a particular child. There are two version of the Individual Safeguarding Risk Assessment template:

- One for use for children aged 4 and over
- One for use babies and infants from birth up to their 4th birthday, which includes detailed information and compliance with Safer Sleeping guidance

Risk Assessments

Each placement is individual and different from any other and therefore a child's Risk Assessment needs to be considered in a flexible and adaptable approach. However, some core factors should always be considered namely:

- Is the child subject to a child protection plan?
- Are there any suicidal/serious self-harming issues?
- Any significant bullying of others or being bullied?
- Does the child present a risk to other children in terms of abuse?
- Are there known behavioural difficulties?
- Is there a likelihood the child may go missing?
- Is the child at risk of sexual exploitation? (This may trigger completion of a Child Sexual Exploitation Risk Assessment)
- Do substance and/or alcohol abuse create any vulnerability?
- Does online behaviour indicate a vulnerability to grooming/grooming others or accessing unsuitable sites/posting inappropriate images?
- Any risk from birth family or others, including abduction, honour-based violence or radicalisation?
- Are there any specific health issues?
- Is the child at risk of being trafficked?
- Is there any threat of violence to foster carers?
- Any risk of allegations against foster carers?

The supervising social worker and foster carers should complete an Individual Safe Care Agreement for the child and any risks identified in the risk assessment should be reflected in both the child's Individual Safe Care Agreement and the Foster Family Safer Caring Plan, which should always be reviewed whenever there is a change to the household composition.

Where issues relating to the safety of any of the household members (including the foster child) are identified, Fosterplus will ensure the conclusions are acted upon.

Risk Assessments and Risk Management

Fosterplus's policy on Risk Assessment and Risk Management can be found on CHARMS uploaded files

Review of risk assessments

Once an initial risk assessment has been completed it needs to be reviewed at least annually and more frequently if new significant information comes to light or if significant incidents occur which should influence the calculation of risk or the interventions required to manage the risk. New significant information or significant incidents need to be shared with local authorities and other relevant agencies and a copy of the reviewed assessment should be sent to the child's social worker.

Supervising social workers will ensure that risk assessments are discussed as a set agenda item in supervision with foster carers. It may be at this point that subtle changes or concerns can be picked up through discussion, the meaning interpreted and the level of risk reviewed. It is also an opportunity to ensure that no new information has been lost and that the current assessment of risk remains accurate.

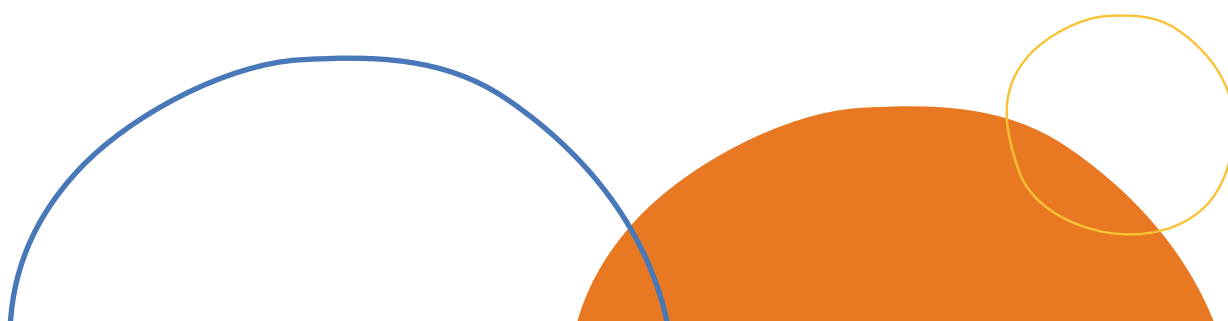
Safer Sleeping

Safer Sleeping Arrangements

Fosterplus has a Safer Sleeping Procedure, which provides clear and consistent evidence-based information regarding safer sleep. It provides guidance on how to safely sleep a baby to reduce the risk of sudden infant death syndrome (SIDS) which is commonly known as cot death. The procedure includes links to The Lullaby Trust and NHS guidance which must be routinely accessed to ensure that the latest information is obtained. The guidance must be followed for all sleep periods, not just at night.

The procedure has been shared with all foster carers who provide care for babies and infants and the staff supporting them. Supervising Social Workers have talked through all of the safer sleeping guidance to ensure that foster carers, and themselves, are confident that foster carers and / or carers have or are able to implement safer sleeping practices.

The Referral Officer will email links to the procedure and the Lullaby Trust safer sleep guidance to foster carers prior to any baby or infant being placed.



At the start of any new arrangement for the placement of a baby or infant, the Supervising Social Worker will ensure that the foster carer(s) have received this information and understand the safer sleeping procedure. For Carer and Child placements, the Supervising Social Worker will ensure that the carer(s) receives this information and understands how to follow the Safer Sleeping guidance. If a placement begins 'out of hours' or in an emergency the on-call social worker will take responsibility for this.

Sleeping arrangements, including the responsibility for, and the frequency of, checks on baby sleeping day and night will be documented as part of the placement planning and agreement process.

All arrangements will be fully detailed in the child specific safer caring plan and any associated risk assessments.

The following key pieces of guidance are an excerpt from the Safer Sleeping Procedure. Foster carers must refer to the procedure for the full guidance, which also includes specific guidance in relation to twins and co-bedding and bedroom safety advice for infants:

- Babies must sleep in the same room as their care giver for at least their first 6 months (for premature babies it is 6 months from their due date and it may be even longer for low birth weight babies.
- The safest place for babies to sleep is in their own moses basket or cot; care givers must never fall asleep with baby (sofa, chair, beanbag, caregivers bed etc.).
- Babies must be laid on their backs for every sleep
- Babies environments must be kept smoke free day and night
- Walkways around adult beds and cots / moses baskets must be clear and allow airflow to circulate
- Babies must not be allowed to get too hot whilst sleeping
- Lightweight bedding that is well fitted, not loose and tucked in
- Babies heads must never be covered
- Bedrooms must be kept at the correct temperature (always check the Lullaby Trust for the very latest advice)
- Cots / moses baskets must not be positioned under a window or near a radiator
- Cots / moses baskets must be compliant with British Safety Standards
- New mattresses that are firm, waterproof and well fitted with no raised or soft sides for all babies
- Babies sleep spaces must be flat and clear - no pillows, quilts, bumpers, pods, nests, sleep positioners, cords that baby could grab
- Cot mobiles must not be used for babies 4 months and over, or babies who are starting to become mobile
- Neck cords (used for dummies and biccie pegs) must not be used

- If there is a need to use portable sleep spaces such as Moses baskets / travel or carry cots extra padding must not be added and the guidance regarding mattresses must be followed
- Travel cots must not be used in place of a standard cot for permanent or long term use
- Babies must not sleep for long periods in swings or bouncers
- Babies must not sleep for long periods in car seats (maximum of 2 hours)
- Particular care must be taken in relation to premature babies travelling in car seats

If foster carers have any concerns or are unsure about any aspect of safer sleeping then they must seek advice from their Supervising Social Worker, Local Authority Social Worker and / or Health Visitor.

Supervising Social Workers will review sleeping arrangements for babies and infants on the date of placement and during supervisory visits. This will ensure that arrangements continue to be compliant with the very latest guidance.

Foster carers must ensure that any proposed changes to sleeping arrangements are fully discussed and agreed by the Supervising Social Worker, Local Authority Social Worker and Health Visitor, or in an emergency, with the Out of Hours Social Worker. Foster carers and Supervising Social Workers must ensure the detail of the arrangements and evidence of the agreement of all parties is recorded on the child's record on Charms.

Short Break Sleeping Arrangements

All arrangements for short break care of a baby must continue to be in line with the safer sleeping procedure. All bedding and travel cot/crib must be provided by the baby's substantive foster carer and transported to the short break foster carer. The Supervising Social Worker of the short break foster carer will view the sleeping arrangements in accordance with the same process as with all new placements i.e. that the sleeping arrangements have been viewed and are in line with the safer sleeping procedure. The Supervising Social Worker of the short break foster carer will ensure that all parties understand and implement the safer sleeping procedure, taking into account any particular needs of the baby as advised by the Supervising Social Worker, the Local Authority Social Worker or the substantive foster carer.

Safer Caring

Family Safer Caring Plan

Children who have experienced abusive relationships within their own family may think all families function in the same way. Therefore, they are likely to replicate the same behaviours when they join a foster family. One of the ways such children can begin to re-learn healthier family relationships is by using the Family Safer Caring Plan which should be shared with a child at the beginning and during their placement. All families live by a set of rules, some of which are set by carers and some which are negotiated between family members. Usually, everybody knows what the rules are even though they may not be spoken about very often. For a young person joining a foster family this can be bewildering; the Family Safer Caring Plan help foster children understand the rules of the foster family they are joining.

Family Safer Caring Plan

Every foster family should have a relevant family safer caring plan. The template for this can be located on CHARMS Download.

Emergency Placements

Not all placements can be planned and children are sometimes taken into care quickly, usually late at night, when it is essential to remove them immediately from a particular situation of neglect or danger. The duty supervising social worker will directly contact a family in this situation. Foster carers who are willing and able to offer these short notice placements must be available to give immediate and unreserved comfort and support to children and young people in what can be a frightening and extremely distressing situation. Foster carers may also have to work with limited information for a period. Emergency placements may only last for a few days, but may extend into interim placements of several weeks or months. They are subject to the same placement planning requirements as other placements and therefore lack of information should be a temporary situation only. Please note that Fosterplus does not make emergency Carer and Child placements.

Making a Placement

Information to foster carers

Foster carers should feel reassured that essential information for providing safe care to the child will be available to them at the start of the placement.

We know that a placement is much more likely to succeed if foster carers know in advance about behaviours that have been a cause for concern in the past and how these have been successfully (or unsuccessfully) managed. The local authority should inform foster carers of past behaviours such as fire setting or sexually abusive incidents which might put their home or their family at risk. Knowing that a previous placement has broken down and why is also important information for foster carers who have to try to understand how a child is attempting to make sense of difficult and confusing experiences.

Fosterplus will collect the information initially, as well as ensure there is an initial risk assessment and we will pass all this information on to the foster carers. We will also regularly follow up with responsible authorities any gaps in information. These are duties placed upon us by fostering regulations and national minimum standards and we take them very seriously.

What information should you ask for?

There is some essential information that foster carers should have before the placement takes place. The care plan and placement plan will provide these details, but these documents may not be available at the outset. Foster carers should make sure that they have been given answers to most if not all of the following questions by the Placements Team or their supervising social worker:

- Child's Name.
- Gender.
- Date of birth.
- Ethnicity and religion of child.
- How long the placement is expected to be for.
- Whether the child is subject to a legal order, or accommodated.
- Whether the child is subject to a child protection plan.
- Why the child is looked after or needing to be looked after.
- Is this the child's first experience of being looked after?
- Where are the child's carers, brothers and sisters?
- Whether there will be contact with relatives.
- What the child's health is like - are they on any medication or do they have any medical conditions?
- Whether the child has any special needs.
- What school the child attends. Do they need to change school?
- Whether there are any specific behaviours which may be of concern.
- Whether there are any activities, clubs, sports or talents that it is important to support and encourage.
- If the placement requires children to share a bedroom are there any known risks?

Information to children/young people

Unless an emergency placement makes it impossible, we aim to provide children and young people with information about foster carers before arrival, in a format appropriate to their age and understanding. This will be a Child Friendly Profile and may include photographs of the proposed foster carers, their children and pets, as well as the bedroom.

Introductory meetings

Wherever possible, children are assisted to visit the foster carer's home and to talk with the foster carers in private prior to a placement decision being made. Whilst a foster child and foster carer should receive written and verbal information about each other from the local authority social worker before a placement is arranged, a face to face meeting is a much better opportunity to find out about each other and can dispel fears and anxieties for all the people involved. Depending on the nature of the placement, it may be appropriate to organise a number of introductory meetings before all involved feel comfortable to proceed.

Bedrooms

Fosterplus has a policy which states that, as a general rule, each child will have their own bedroom:

1. A birth child of the foster carers will not share a bedroom with a foster child.
2. Fostered children should not share a bedroom with other fostered children, unless they are siblings.
3. Children in care under the age of two years may share the same bedroom as their foster carers, if appropriate.

These general standards apply to all families who foster for Fosterplus. Any exceptions will apply to specific children and specific relationships, following a risk assessment, and on condition that the sharing of a bedroom is agreed by each child and their responsible authority, and that each child has their own area within the bedroom.

Before approaching responsible authorities to seek agreement for the sharing of a bedroom, Fosterplus will take into account any potential for bullying, any history of abuse or abusive behaviour, the wishes of the children concerned and all other pertinent facts. A bedroom risk assessment will be carried out as part of this process. The final decision as to whether fostered children share a bedroom rests with Fosterplus and the responsible authorities.

Placement Planning

Placement Planning Meetings

When a final decision has been agreed for the placement to take place, a placement planning meeting will usually be arranged by Fosterplus with the placing authority. The purpose of the meeting is for all the participants to provide and receive information so that the foster foster carer/s, foster child, carer/s, child's social worker, and supervising social worker have a clear understanding of the purpose and likely duration of the placement.

It is best for this meeting to take place in the foster home, as an important part of the meeting is for the foster foster carer and foster child to agree on the day to day living arrangements once the placement starts. The meeting will contribute in a key way to the placement plan.

This meeting is also an appropriate opportunity to share the Family Safer Caring Plan.

What is a placement plan?

The child's placement plan is part of their care plan. Each time a child or young person has a new placement, they should have a new placement plan and it should be regularly reviewed. The placement plan should clarify the foster foster carer's role, and how the day to day carering tasks will be shared between the foster foster carer, the local authority and the child's carers, as well as the financial arrangements for the child's upbringing. It sets out in detail how the foster placement is intended to contribute to meeting the child's needs as set out in the care plan.

The placement plan should ensure that the foster foster carer understands the child's likes, dislikes and routines, and reduce the potential for disputes around decision-making on behalf of children. A lack of clarity, about who does what, can lead to confusion, frustration and placement breakdown.

The placement plan should also ensure that the foster foster carer receives essential information about the child, including details of their health, educational and emotional and behavioural needs, how these may affect the child day to day and appropriate strategies for responding to them. In particular, it is important to identify any behaviour which has been of concern to a child's previous foster carer and which has contributed to the breakdown of a previous placement.

Timescales for the placement plan

The child's social worker is responsible for ensuring that a placement plan is drawn up before a child is placed. Where it is not possible to do so, regulations state that a placement plan must be made within five working days of the start of the placement.

The foster carer should be involved in this process as they have to agree to the plan and be given a copy. The best way to achieve an appropriate plan is to hold a placement planning meeting which involves the foster carer, supervising social worker, the child's social worker and the child and their carer/s.

Fosterplus will ensure that the foster carer is given a copy of the written placement plan as soon as this is provided to us by the responsible authority. If provision of any elements of the care plan is delayed, we will actively follow this up with the responsible authority.

Contents of the placement plan

Most local authorities have developed their own format for recording a placement plan. The basic requirements are laid down in regulations and the placement plan should cover at least the following information:

Current Placement Details – including the expected duration of the arrangements and the steps which should be taken to bring the placement to an end, including arrangements for the child to return to live with their own family.

Day to Day Care and Routines – as far as possible, the anticipated placement routines for the child/young person, including meal times, bed times, getting up in the morning, school attendance, staying out and coming in times. The expectations around smoking, drinking, household chores, visitors, use of mobile phones and computers. Whether there are any concentration and behaviour issues, including issues of control and restraint. The sanctions that will be used if basic expectations are not met. Whether any specialist equipment is required e.g. for a child with a disability.

Health and Diet – the arrangements made for health (including physical, emotional and mental health) and dental care, including the name and address of the child's registered medical and dental practitioners (current and proposed), and dietary needs; any arrangements for the giving or withholding of consent to medical or dental examination or treatment.

Education and Training – the arrangements made for education and training, including the name and address of any school at which the child is a registered pupil, the name of the designated teacher at the school, the name and address of any other educational institution the child attends, or of any other person who provides the child with education or training, and - where the child has a coordinated support plan in place - details of the local authority that maintains the plan; the role of the carer/s and foster carer/s regarding communication with the school.

Identity – the arrangements to meet the child/young person's identity needs, including consideration of gender, religious, cultural, language, disability, communication and racial origin needs; if the placement is trans-racial, how it will meet the child's needs; the impact of diet, clothing and lifestyle; religious observance, festivals, holidays; personal identity needs arising from gender and sexuality. Social and Leisure Activities – details of the child/young person's current hobbies, special interests and leisure activities and how they will be supported in the placement.

Family Time – the arrangements made for contact between the child and any carer and/or person who is not the child’s carer, but who has careral responsibility for them, and any other connected person – type, frequency, timing, venue, transport and supervision; restraining or other relevant Court orders; arrangements for notifying any changes in the arrangements for contact.

Placement Support – the arrangements made for the child’s social worker to visit the child, the frequency of visits and the advice, support and assistance to be available between visits; if an independent visitor is appointed, the arrangements made for them to visit the child; the name and contact details of the IRO, the child’s independent visitor (if one is appointed), the child’s social worker and, if the child is an eligible child, their personal advisor.

Decision Making for Children who are Looked After and Accommodated – Studies and surveys have shown that children in care want to grow up just like everyone else and that means to be able to experience the same things as other children – friendships, activities, holidays and family times. Decision making should support this and not be exercised with such caution and risk-aversion that the child’s experiences are restricted and controlled beyond what is reasonable and compatible with their needs. However decision making regarding the day to day life of a young person must always take account that the rights of children and the rights and responsibilities of carers are respected and supported, while the welfare and wellbeing of children in care is safeguarded and promoted.

Foster carers will be advised at the outset of a placement as to the day to day decisions that they can make and those that require the approval of the local authority as these may vary from child to child depending on the legislative framework a child is subject to.

Draft Guidance on Decision Making for Foster Carers in Scotland

This draft guidance is intended to provide foster carers with an understanding of decision making about children: who can make decisions and why, what decisions a child can make, and the powers of foster carers to make decisions about the children they are caring for. It is not intended to be a definitive guide to the law and practice. It is a tool to ensure that the rights of children and the rights and responsibilities of carers are respected and supported, while the welfare and wellbeing of children in care is safeguarded and promoted. It is intended to provide foster carers with the confidence to participate effectively in planning and in the care of the child.

This draft guidance can be found at <http://www.gov.scot/Resource/0048/00488249.pdf>
N.B. this guidance may change following the consultation.

Financial Arrangements – the arrangements for the financial support of the child/young person during the placement, including pocket money/personal allowance, clothing, savings arrangements etc.

Consultation – details of who has been involved in the making of the plan.

Beginning a Placement

When the child arrives

We all feel nervous meeting new people. Children are usually wary of strange adults and it may be more concerning if they are not. For a child having to leave their home and meet foster carers may be extremely stressful. When we think in terms of the secure base model, it is easy to see how, not knowing you at all, a child may find it difficult to trust you, or be unsure about what to expect and how to behave. Foster carers need to remain very sensitive and patient, continuing to be available and affirming of the child and mindful of what the child may be thinking and feeling.

It is important that you try to understand how confused and frightened a child may be. Your home may be very different from the child's own home, or previous placement, and things which you take for granted can be bewildering to a child. Meals and other occasions when family members are together may be tense. It will help if you can do the following:

- Start the way you mean to go on.
- Be understanding.
- Accept the child or young person for who they are.
- Be super aware.
- Make sure you have checked the information given to you by the social workers telling you about the child; ask if you need more information.
- Tell the other child(ren) about the new child and keep them involved.
- Have a welcoming tea where everyone can meet each other.
- Remember all children's needs are different.
- Do not treat one child with favouritism.
- Remember the child has carer(s) - talk to the child about them if appropriate and not detrimental or distressing to the child – seek advice from the LA social worker
- If you know them, continue with the routines which the child is used to, such as bedtimes, and use similar words and languages if appropriate.

The first few days

Little things can be initially important in helping a child to relax and start to get to know you. For example, what do they like to drink and eat? Do they have a favourite television programme? What was the child's routine at home? This is a good starting point to understanding the foster child joining your family and how routines may differ.

A tatty teddy and dirty clothes should not be discarded or immediately washed, because they remain the child's link with their home and family. Smells are particularly important to some children and they usually hate their comforters or soft toys to be washed. Older children may have a comforter, but may be

embarrassed about anyone knowing. Never throw away any clothes or possessions that a child brings with them before discussing this with your supervising social worker.

Some ideas to help children adjust to their new home

- Ask what was their lunch box like - would they like a similar one, or a different one?
- Find out whether Mum or Dad, or their previous foster carer, walked them to school or did they go on their own?
- What about jobs around the house - are they used to helping? Would they like to help?
- Did they get any pocket money?
- Did they have a pet? Do they like pets?
- Were they used to noisy play? Did they go to play at friends' homes?
- Has the child a comforter? What is it called?
- If the child is old enough, let them help to choose what to wear and to select new clothes.
- Do not cut the child's hair or change their appearance without discussing this with their carer(s) (this would be via the local authority social worker) and getting their consent (for some families, e.g. Sikhs, there are religious prohibitions on cutting hair).
- A child may be uncomfortable bathing/undressing in front of a stranger - be sensitive and find out what the child is used to.
- Enable them to continue at the same school if at all possible, and discuss any difficulties in doing this with the social worker.

What if I have doubts?

During this initial period, foster carers should be realistic about the child and clear if they have any doubts. If you do, please keep a careful record of what concerns you and discuss this with your supervising social worker, who will listen carefully and talk to you about whether any more support can be offered to enable the placement to continue. We all know that frequent changes of placement can be very damaging to children's overall wellbeing and we should try to avoid unnecessary moves. New placements often go through recognisable stages.

New placements – stages of adjustment

The honeymoon period – this can refer to the first few weeks or months. The child may be trying to make a good impression. Sometimes they feel so bad they are afraid that if they show how they really feel their foster carers might send them away. They may be so depressed they do not care anymore. Even children who seem contented may not be able to express their feelings.

Withdrawal – as they relax the child may need time to get their thoughts together. Try not to intrude at this time. This may be the hardest behaviour to manage because the child is not able to give you anything on which to develop your relationship or help them. You need to remain physically and emotionally available to them, so that they can learn to trust you.

Acting out – the child may now become more challenging; they will take the lid off their feelings and spill them in all directions. No one will know how long this will last. Try to remember that your job is to help them develop a secure base in your family home and to find safe ways to express these feelings and reassure them. This means being sensitive to the emotions that may underlie their behaviour. Children will need to feel accepted before they can develop self-esteem and learn to trust you. Their behaviour may make you angry and you need to find a safe way of expressing your feelings too.

What do we call each other?

Most children you care for will have carers. It is very rare for a child not to have known a mum or a dad or both. In temporary placements, it is not appropriate for the child to call a foster carer 'Mum' and/or 'Dad' because it can be confusing to the child and insensitive to the birth carers.

Some children struggle to know what to call foster carers and may choose not to call them anything at all, at least in the early stages. Foster carers should suggest to the child what they could call them; this may be a first name, 'aunt' or 'uncle' or anything else that is appropriate in your view.

It is vital for a child to be aware of their identity and their birth name is a major part of that identity. Please ensure you have the correct spelling of a child's first name and surname, and please do not change or adapt it to call them something else. Foster carers are not allowed to change the surname or the first name of a child placed with them. Where a child is old enough to make this decision for themselves and wishes to do so, foster carers should seek advice from the child's social worker.

Belongings and Suitcases

Foster children may bring items of clothing, toys or other possessions with them when they come to stay. These belongings may not seem very valuable, but they may be precious to a child and therefore should be treated with respect. Any toys the child brings along, whatever condition they are in, are regarded as the child's belongings. They should be looked after and go with the child when they leave. This also applies to any toys bought for the child whilst living with you or any toys given by relatives for birthdays and at other celebrations.

When a child first arrives in the foster home having left their own home in a crisis, they may have few belongings and may not have a suitcase or holdall. Foster carers should purchase a suitable bag which is solely the property of that child and will go with them if they leave the placement. This bag should be purchased irrespective of the child's length of stay in the foster placement.

Moving Children On

Why do children move on?

Ideally, children and young people should only move to another placement by agreement following a statutory case review. Such moves should clearly be in the child or young person's best interests, the decision should take into account the child or young person's wishes and feelings, and the move be properly planned. For example, foster children may return to their birth family, usually back to their carers, but sometimes to grandcarers or other relatives. If children can live successfully and safely within their own family, this is the preferred choice. Foster children may also move to a new family for a permanent placement, through adoption or permanent foster care. Older foster children may move to live independently.

In some situations, a move is not planned. This can happen when carers decide to resume the care of an accommodated child immediately or when a foster placement breaks down or is disrupted. There will be cases when remaining in the foster placement is clearly impractical, or significantly compromises the welfare or safety of others in the household. In some cases, placements can break down because people find they are not well matched and do not get on well – but it is important not to assume that if a placement does break down it means that the child or foster carer is at fault.

Arrangements for ending placements

When it appears that a placement is ending, foster carers and Fosterplus workers should work with the child's social worker and others to help the child to understand why they are moving, and we should support the child through their transition to a new living situation, whatever that may be. Even in situations where moves were not planned, our aim is that Fosterplus and foster carers will work together to ensure sufficient time for planning and arranging the next placement, in order to avoid moving a child as a result of a crisis or emergency.

Where foster carers wish to end a placement, we expect a 28-day notice period. We will never move a child on the same day, other than in very dangerous circumstances, where serious harm will occur if the child is not moved.

Can I maintain contact with the child when they have moved on?

It is very important for a child or young person not to just move away and have no further contact. The longer the placement has been, the more important this is. Children need to know that important people who have looked after them have not just 'disappeared' from their lives, even where placements ended unhappily. It can often happen, however, that once placements are finished no arrangements are made for future contact.

Fosterplus will try to ensure that placement planning includes arrangements for the type and timing of future contact in line with the needs of the child. Contact may be by letter, phone or in person. Foster carers should be prepared to discuss and review the planned contact arrangements with the carers, the new foster carers and/or the social workers involved. The child's needs come first.



Chapter 5

Care Planning and Case Reviews

The Framework for Care Planning

Wellbeing

Wellbeing sits at the heart of the GIRFEC approach and reflects the need to tailor the support and help that children, young people and their carers are offered to support their wellbeing.

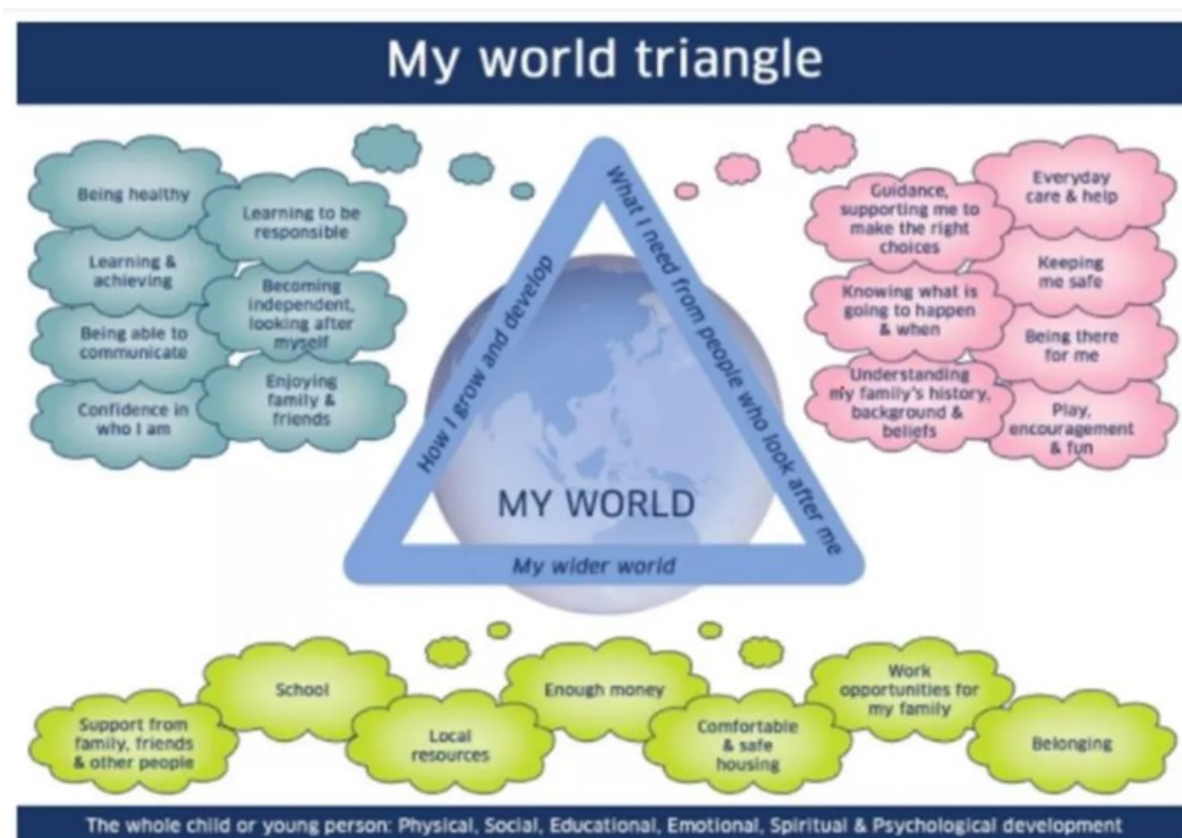
A child or young person's wellbeing is influenced by everything around them and the different experiences and needs they have at different times in their lives.

Eight indicators of wellbeing or as they are often referred to SHANARRI

- **Safe**
Protected from abuse, neglect or harm at home, at school and in the community.
- **Healthy**
Having the highest attainable standards of physical and mental health, access to suitable healthcare and support in learning to make healthy, safe choices.
- **Achieving**
Being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community.
- **Nurtured**
Having a nurturing place to live in a family setting, with additional help if needed, or, where possible, in a suitable care setting.
- **Active**
Having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.
- **Respected**
Having the opportunity, along with foster carers, to be heard and involved in decisions that affect them.
- **Responsible**
Having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision, and being involved in decisions that affect them.

- **Included**
Having help to overcome social, educational, physical and economic inequalities, and being accepted as part of the community in which they live and learn.

My world triangle is used to think about the whole child world of the child or young person and can be helpful to gather information from other sources to identify the strengths or wellbeing concerns of the child or young person's world.



Contents of a Care Plan

What is a care plan?

Every child that is looked after has a care plan. It should contain information about how the child's developmental needs – for example, in relation to health and education - will be met, as well as the arrangements for their current and longer term care. It should provide clarity about the allocation of responsibilities and tasks, in the context of shared carering between carers, the child's foster carers and the corporate carers (i.e. the responsible local authority).

What's in a Child's Plan?

Every plan, should include and record:

- information about the child's wellbeing needs including the views of the child and their carer(s);
- details of the action to be taken;
- the service(s) that will provide the support;
- the way in which the support is to be provided;
- the outcome that the plan aims to achieve; and when the plan should be reviewed.

- A Child's Plan will also record who will coordinate the support. This person is known as the Lead Professional for the plan who will work with the child and their carer(s) to keep them informed.

Timeframe for drawing up a care plan

The Looked After Children (Scotland) Regulations 2009 state that whenever practicable, the plan for the immediate arrangements for the child should be drawn up before the placement is made. Otherwise it should be drawn up as soon as practicable after the child is placed. It should be reviewed, and where necessary adjusted, at the first and at subsequent reviews and/or if the child changes placement. The initial plan will primarily address the immediate arrangements to meet the child's care needs. It may require further assessment within a time limited period, defined in local authority procedures and monitored through reviews, to complete a comprehensive assessment. This may then raise more detailed and specific matters which have to be addressed to meet the child's longer term needs.

Contents of a care plan

It is important that the care plan records information which will help the child, carer/s and foster carer/s understand why decisions have been or are being made. Although each local authority has its own format for the paperwork, there are specific requirements regarding the preparation of a care plan and its contents. It is best to think of the care plan as a range of information and plans about a child or young person that together go to make up the overall care plan.

The first LAAC review, which considers whether the care plan, should take place within six weeks of the placement and then at three months and thereafter no less frequently than 6 monthly. A number of local authorities may hold reviews at shorter intervals in the early stages of looking after children, especially where they are planning for young children with an intensive intervention or support programme, to establish if return home is feasible, and if so, followed by active planning for stability and permanence for the children.

The review should assess:

1. the child's needs and how those needs are being met;
2. the child's long term needs and how those needs are being or can be met;
3. whether the child's welfare is being safeguarded and promoted;
4. the child's development;
5. whether the accommodation is suitable for the child; and
6. the child's educational needs and whether those needs are being met.

The child's plan will be revised to take account of the outcome of the review.

The care plan should record the views of the child and other relevant people about the arrangements for the child. The purpose of an LAAC review is to monitor and update the child's care plan – it will be the responsibility of the child's social worker to update the child/young person's assessed needs prior to every case review.



Looked After Regulations

The duties of local authorities towards looked after children in relation to care planning are laid out in the Looked After Children (Scotland) Regulations 2009 which can be downloaded from:

<http://www.legislation.gov.uk/ssi/2009/210/contents/made>

Staying Put and Continuing Care

A 'Staying Put' Approach will enable young people to enjoy a transition from care to adulthood that more resembles that which is experienced by their non-looked after peers.

STAYING PUT SCOTLAND <https://www.gov.scot/publications/staying-put-scotland-providing-care-leavers-connectness-belonging/>

The aim of Continuing Care, a term introduced by the Children and young Person (Scotland) Act 2014, is to provide young people with a more graduated transition out of care, reducing the risk of multiple simultaneous disruptions occurring in their lives while maintaining supportive relationships.

Local authorities have a statutory duty to prepare young people for when they leave care, and to provide guidance and assistance for young people who have ceased to be looked after over school age up to eighteen, and a power to do so up to twenty six. Section 66 of the Children and Young People (Scotland) Act 2014 provides young care leavers with the right to request advice, guidance and assistance from the local authority up to twenty six years of age. In response to this request, the local authority will then be under a duty to conduct an assessment of the needs of that care leaver. If the care leaver has "eligible needs" then the local authority must ensure that support is provided to meet those needs.

The Child's Social Worker and Local Authority Responsibilities

What are the responsibilities of the child's social worker?

Each looked after child is allocated a social worker by the responsible local authority. The duties of the child's social worker include:

Preparation of the care plan

It is the role of the child's social worker to ensure that adequate arrangements are made for the child's care and that a care plan is made, in partnership with the child, their foster carer/s, their carers and other agencies.

Implementation and review of the care plan

The social worker is also responsible for ensuring that the care plan is implemented and reviewed, although many of the actions may be the responsibility of other agencies.

Monitoring the child's welfare

The child's social worker must exercise professional judgement, based on a good enough knowledge of the child and the foster carer/s, about whether the child's welfare is being adequately safeguarded. As children cannot always describe their feelings, the social worker needs to gain an understanding of what the child's daily life and routines in the placement are like. A child may also speak more freely if they can spend time with the social worker outside the placement.

Advice, support and assistance for the child

In between visits, the child's social worker must ensure that advice, support and assistance are available to the child, and that, appropriate to the child's age and understanding, s/he knows how to seek this. This will include information about the authority's comments and complaints procedures and how to access advocacy.

Advice and assistance to the foster carer/s

It is also part of the child's social worker's role to offer advice and assistance to the foster carer/s. With an independent agency like Fosterplus, this should involve close working with the supervising social worker to ensure that there is not a duplication of efforts.

How often should the child's social worker visit?

The frequency of visits to looked after children is laid down in the looked after regulations. Remember, these are visits to the foster home in addition to any that the supervising social worker may make. The child should be visited within one week of the start of any placement by their social worker, or someone designated by the local authority. After that, they must be visited at intervals of not less than three months from the date of the previous visit.

LOCAL AUTHORITY DUTY TO VISIT

The local authority must ensure that the child and their foster carer are visited on their behalf–

- (a) within one week of the placement being made; and
- (b) thereafter at intervals of not more than 3 months from the date of the previous visit.

Looked After Children (Scotland) Regulations 2009 download from:

<http://www.legislation.gov.uk/ssi/2009/210/contents/made>

However, these are minimum visiting requirements and the frequency of visits will normally be determined by individual circumstances. A very young child or a child who has been abused may be anxious about spending time with a person they do not know well. A social worker may decide to visit a child more frequently when they first starts to be looked after or when first allocated to them, to allow a relationship to develop.

Early on in a placement, the child's social worker should agree with the foster carer the frequency of visits and the times that are convenient for the foster family. Foster carers should be clear about their family needs and not allow visits to be scheduled at times that disrupt important routines.

The social worker should visit the child outside the statutory minimum intervals when reasonably requested to do so by the child or the child's foster carer/s. There are some obvious circumstances where more frequent visits above the minimum will be necessary. For example, where the role of the child's carers is changing, the child's needs have changed, or during periods when the foster carer/s or the placement may be under particular stress. The LAAC review will often stipulate the frequency of visits expected.

The law is clear that visits should not be neglected because a placement is going well. The minimum requirements help to ensure the child's social worker is equipped to identify and help with any difficulties, because care has been taken to establish a relationship with a child and foster carer. It is viewed as good practice for children's social workers to undertake joint visits with a supervising social worker to a foster home at least twice a year and more often where a placement appears unstable.

What should the child's social worker do when they visit?

The child's social worker represents the local authority responsible for the child and has a duty to make sure that the child or young person is being well looked after physically and emotionally. If the child's social worker asks to see where the child sleeps, for example, foster carers should not feel that this demonstrates that they don't trust them. Instead, it shows that the social worker is doing a thorough job, and takes their responsibilities towards the child seriously.

One of the social worker's statutory responsibilities is to make time to see the child alone. The exceptions to this are:

- Where the child refuses (and is of sufficient age and understanding to refuse).
- Where the social worker considers it inappropriate to do so (having regard to the child's age and understanding).

Foster carers can help by preparing the child for the visit and by allowing time and space for the child and the social worker to talk together. Some foster carers may feel that a separate interview and perhaps a trip out with the social worker emphasises the differences between fostered children and their own children. However, we all have to acknowledge that the position of a child in foster care is different - the child has a family with whom the social worker is a vital link and the child must be allowed to talk through any worries and concerns.

It is important, though, that foster carers do not feel that the child and social worker are secretly going to air grievances about the placement. The social worker should let the foster carer know what sorts of discussions take place with the child (without breaking confidences).

If a child has particular communication difficulties or requires specialist communication support, the child's social worker is expected to use specialist resources in order to ensure that the child has the opportunity to express their wishes and feelings.

What should foster carers discuss with the child's social worker?

The foster carer and the child's social worker will have significant information to exchange about the child or young person at every visit. The social worker should keep foster carers up to date on any developments within the child's family and any forthcoming legal proceedings. If changes to the placement plan are being considered, they should be discussed.

The child's social worker will want to hear about the child's day to day progress, and foster carers should keep a written record of this to jog their memory. The social worker will be particularly interested in the child's reactions to contact with carers, progress at school, relationships with other children and with the foster carer and their family.

Foster carers spend far more time with the foster child than the social worker does and are more likely to receive confidences about the child's state of mind, troubles at school and so on. Experienced foster carers will be able to judge when a confidence can be respected and when important information must be shared with the social worker. If in doubt, the social worker should be told and the reasons for this explained to the child. Foster carers can discuss this sort of thing with their supervising social worker. The child's or young person's behaviour will probably be discussed at every visit. If foster carers are experiencing difficulty with the child's behaviour, they should voice any concerns they have, and should not feel that they have failed by not being able to cope, nor that they are 'telling tales' behind the child's back. The social worker needs to know, and the foster carer's aim is to get the social worker to listen to what is being said.

Foster carers should keep a record of the child's behaviour; they will then feel confident about explaining exactly what is going on to the social workers. It is the job (the expertise) of both the child's social worker and the supervising social worker to recognise the feelings voiced by the foster carer/s, to consider what the child's behaviour says about the child and what effect it is having on the foster carer/s and their family.

There will be situations where the social workers can make positive suggestions for change, but there will be others in which they may simply not know how best to advise the foster carer. The social workers should say so and seek further help. It may be that the child's own carers can assist in interpreting difficult or puzzling behaviour. All those involved in foster care recognise that coping with behaviour problems within the foster home can be exhausting and traumatic. So in situations where foster carers are coping with difficult behaviour, it is particularly important that the social workers and the foster carer are able to communicate well.

Social workers are expected carefully to record the content and outcome of each visit to a looked after child. Information from the visit will be shared appropriately with carers and the child's foster carers and others who may need to know. The child's social worker should discuss with the child, subject to their age and understanding, what information should be shared with whom and why.

Role and Responsibilities of the Reviewing Officer

The regulations are clear about frequency of reviews, who to consult and the broad areas to address. They are not prescriptive about how they should be carried out. However, they are clear that chairing of the review is by someone who has no direct day-to-day responsibility for the case, to maintain the



objectivity and accountability for the management of the case. This should be laid out in local authority procedures. A significant number of local authorities have independent reviewing officers (IRO) who ensure a well-run reviewing process and have contributed significantly to the development of this important area of work. The differing sizes, structures and geographical aspects of local authorities in Scotland mean that some variation in the exact provision for carrying out reviews is possible, as long as authorities can demonstrate that they meet the requirements and fulfil their functions. There may also be some variation within individual authorities if these contribute to the effectiveness of reviews.

There are two clear and separate aspects to the function of the Reviewing Officer

- Chairing the child's LAAC review; and
- Monitoring the child's case on an ongoing basis, including whether any safeguarding issues arise.

If a foster carer has concerns that care plans are not being progressed as agreed at a LAAC review, you should first discuss this with your supervising social worker to ensure that everything has already been tried to resolve this with the child's social worker and manager/s.

Looked after Children Reviews

What is the purpose of the looked after and accommodated child's case review?

The purpose of a LAAC review is to assess how far the care plan is addressing the child's needs and whether any changes are required to achieve this. The focus of the first case review meeting will be on examining and confirming the plan. Subsequent case reviews will be occasions for monitoring progress against the plan and making decisions to amend the plan as necessary, to reflect new knowledge and changed circumstances.

Timing of case reviews

The minimum frequency for case reviews is:

- **First Review** – within 6 weeks of child becoming looked after
- **Second Review** – within three months of the first review
- **Subsequent Reviews** – not more than six months after any previous review

Reviews can take place more frequently than the minimum standard and should take place as often as the circumstances of a case require. Whenever there is a need for significant changes to the care plan these should be considered first at a case review, unless this is not reasonably practicable.

Child protection review conferences – timing in relation to LAAC review

Where a looked after child is also subject to a child protection plan, it is expected that there will be a single planning and reviewing process, led by the reviewing officer. The timing of a child protection review conference should be the same as the looked after child case review to ensure that information in relation to the child's safety is considered within the case review meeting, and informs the overall care planning process.

Preparation for looked after and accommodated child review meetings

Meetings should always be held at a time and place that will be most likely to provide a setting and atmosphere conducive to the relaxed participation of those attending. Particular regard should be paid to the needs of the child and the child's views about the venue should be sought. The timing should be appropriate to the child's needs and avoid requiring the child to miss school or other commitments.

The child's social worker must consult the foster carer/s first if it is proposed to hold a review meeting in the foster carer/s' home.

The child's social worker should consider the possibility of an advocate accompanying the child to the review meeting.

Subject to any agreed exclusions, the following people will normally be invited to a review meeting:

- The child.
- The carer/s and/or those with careral responsibility.
- The foster carer/s.
- The supervising social worker.
- A representative from the child's school/the Education Service
- LAC nurse and/or health visitor.

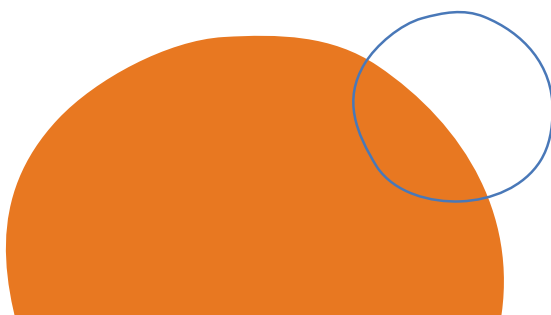
Other people with a legitimate interest in the child should only be invited if they have a contribution to make to the case review meeting, including Health representatives. Where it is considered that written views or reports will be adequate, these should be sought and obtained in time to be considered as part of the case review meeting. The emphasis should always be to maintain a child-friendly meeting and numbers kept to a minimum.

Where a permanence plan is in place, a small group (those consistently and constantly involved with the child) will normally be identified as essential attendees at the next and subsequent case review meetings. In the majority of cases, the group will consist of the social worker, the child, carers, foster carers, supervising social worker and the reviewing officer. This will vary according to the circumstances of the individual case.

The child's social worker must arrange for consultation papers to be sent out for the following participants:

- Child/young person.
- Foster carer/s.
- Carers/persons with careral responsibility (but not if the child is freed for adoption).

The foster carer/s may be asked to provide a written report for the case review meeting and should discuss this with their supervising social worker.



The LAAC meeting

The IRO will attend and chair the meeting, unless it is not practicable to do so.

The following are minimum requirements for matters to be considered at any case review:

- The effect of any change in the child's circumstances since the last case review.
- Whether decisions taken at the last case review have been successfully implemented, and if not the reasons for that.
- Whether there is a plan for permanence.
- The current arrangements for contact and whether there is a need to change these arrangements to promote contact between the child and their family or other relevant people.
- Whether the placement continues to be appropriate and is meeting the needs of the child.
- The child's educational needs.
- The child's leisure interests and activities and whether the current arrangements are meeting the child's needs.
- The child's health needs.
- Whether the identity needs of the child are being met and whether any changes are needed, having regard to the child's religious persuasion, racial origin and cultural background.
- Whether the child understands any arrangements made to provide advice, support and assistance and whether these arrangements continue to meet their needs.
- The child's wishes and feelings about their care plan including in relation to any changes or proposed changes to the care plan (having regard to their age and understanding).
- Whether the plan fulfils the responsible authority's duty to safeguard and promote the child's welfare.
- Whether there is a need to consider referring back to the Children's Hearing system.

The reviewing officer must ensure that a named person is identified as having responsibility for the implementation of each decision made at the LAAC review, within an agreed timescale. The decisions should be framed in such a way that the identified needs and planned outcomes are clear. The person responsible for implementing the decision and the timescale for implementation must be recorded.

Where disagreements or differences in opinion arise in the course of the LAAC review process between those present, every effort should be made to resolve the matter on an informal basis. Where agreement cannot be reached, the child's social worker should ensure that the child, carers, foster carers and others involved with the child are aware of the local authority's complaints procedure.

The reviewing officer is under a duty to advise the child of their right to make a complaint and of the availability of an advocate to assist the child in making a complaint.

The report of the LAAC review meeting

The child's social worker must ensure that copies of the report of the case review meeting are given to:

- The child (if appropriate).
- The child's carers.
- Anyone with careral responsibility.
- Anyone else considered relevant, including the foster carer/s.

A record of the discussion and the decisions are minuted and distributed to the same group.

Placement Stability Planning

Fosterplus strongly believes that children and young people should not experience further trauma of a placement breakdown and is fully committed to providing additional support to placements that are at risk of breaking down.

The Agency has a strong Learning and Development Policy which explores how to help and support foster carers in managing challenging behaviour. The Agency is also dedicated to retaining qualified, experienced staff supervising a small number of foster carers in order that support can be readily available. There is also an Out Of Hours system to ensure that no foster carer feels alone, and without support.

It will always be the aim of Fosterplus that every effort will be made to prevent the disruption of a placement. We maintain a RAG (Red/Amber/Green) rating system on children's CHARMS case records to flag placements that may be at risk and supervising social workers regularly review the placement stability plans with their managers. For all children or young people where there is an amber or red rating there should be an action plan agreed to address the issues being flagged. This should include the foster carer, the local authority social worker and the young person.

Where it appears that there may be a disruption, in the first instance additional support will be offered to address the issues of concern. This will be in the form of:

1. Consultation and support for the child/young person, initially with their social worker and or the agency supervising social worker, to enable them to express their views or to consider how issues can possibly be resolved;
2. Support for the foster carers from their supervising social worker and other professionals as required, to consider options where they could adapt their practice or how the child could be encouraged to adapt the behaviour that is likely to disrupt the placement;
3. Additional learning and development opportunities to further develop skills;
4. Ongoing monitoring of the issues of concern through effective sharing of information of professionals and foster carers;
5. If the responsibility for the disruption is considered to lay with the foster carer and their response to the child, a structured plan of work to improve responses to the child will be formulated along with an appropriate training programme. In these circumstances the issues of concern may lead to a foster carer review.



Ending Placements

Every placement should end in a planned and considered manner. Even if the placement has not gone well, the foster carers and the child or young person will feel better if the move is carried out calmly, giving everyone time to express their feelings. Most placements do end happily, with the child or young person returning home, or in some cases moving on to a new permanent family. However the placement finishes, foster carers will experience all sorts of mixed emotions and social workers need to allow time for foster carers to talk about how they feel.

Ideally, a LAAC review should take place before a placement ends in an unplanned way i.e. not as part of the care plan. The exceptions would be:

- Where the foster carer/s decide they are no longer able to continue with the placement and there is no time to organise a case review.
- Where a carer of a section 25 accommodated child wishes the child to be returned to their care and there is no time to organise a review.
- Where the child's social worker considers that there is an immediate risk of significant harm to the child or others.

When any placement is ending, foster carers and Fosterplus should work with the child's social worker and others to help the child to understand why they are moving, and we should support the child through their transition to a new living situation, whatever that may be.

Even in situations where moves were not planned, our aim is that Fosterplus and foster carers will work together to ensure sufficient time for planning and arranging the next placement. Where foster carers wish to end the placement, we expect a reasonable notice period. We will never move a child on the same day, other than in very dangerous circumstances, where serious harm will occur if the child is not moved.

Unplanned Ending Meetings

If the placement of a child or young person with foster carers breaks down, the responsible local authority will usually want to hold an unplanned ending meeting. However if the local authority do not hold an unplanned ending meeting within a reasonable time scale, Fosterplus will convene one inviting the local authority to take part.

Placement Disruption or Unplanned Ending Policy

Fosterplus Placement Disruption or Unplanned Ending Policy can be accessed on CHARMS/Download

The unplanned meeting should involve all those closely involved with the child and the family, including the child's social worker and supervisor, the permanent foster carers, the supervising social worker, and any other relevant parties.

The objective of the unplanned ending meeting is to examine the various elements of a match or placement and the reason for the disruption in order to ensure that:

1. The children's current and future needs can be met;
2. The foster carers can be helped to recover from the experience;
3. Practice can be improved.

Unplanned ending meeting -

The meeting will be recorded and foster carers should receive a copy of the minutes.

Chapter 6

Care of Children and Young People

The Child's Wishes and Feelings

Expressing your views

"My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions."

"If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my foster carer, independent advocate, formal or informal representative, are sought and taken into account."

Health and Social Care Standards: 2.11 and 2.12

Children's Guides

Every fostering service must produce a written Children's Guide, which includes:

- A summary of what the fostering service sets out to do for children
- How they can find out their rights
- How to contact Care Inspectorate, if they wish to raise a concern with inspectors
- How to secure access to an independent advocate

The supervising social worker ensures that every child (subject to age and understanding) receives an age appropriate copy of our Children's Guide, at the point of placement. It is the responsibility of foster carers to go through this with children and young people and to explain the contents. Where a child requires it, we will make the guide available in translation or through suitable alternative methods of communication, such as pictures, tape recording etc. If foster carers think this is required, they should discuss it with their supervising social worker.

Participation of Children and Young People

Listening to children and young people – what is the role of foster carers?

Fosterplus has since its inception had a commitment to participation at all levels of the organisation including, involving stakeholders in shaping the development of the service provided. We will talk and listen to the users of our services and make changes where possible in light of what we learn.

Fosterplus Participation Strategy – can be downloaded from CHARMS/Download

It is essential that children and young people are empowered to communicate their views on all aspects of their care and support. Within a foster home, children should receive personalised care and be allowed to exercise reasonable choice and independence in the food they eat and are able to prepare, clothes and personal requisites they buy etc. This should happen within reasonable limits set by each foster family.

Foster carers can play an important role in helping children and young people to take up issues with Fosterplus or their local authority, and can also help children understand how their views have been taken into account or to understand why their wishes or concerns have not been acted upon.

Fosterplus young people's participation groups

Each local Fosterplus office runs a range of structured activities for young people of different ages, usually during school holidays. There are also participation groups where young people can meet together to share experiences and contribute their ideas to the running of Fosterplus. Your local office will keep you informed of events being organised.

Independent Advocacy Services

"I am supported to use independent advocacy if I want or need this."

Health and Social Care Standards: 2.4

Why might a child need an advocate?

Foster carers are often the best champions for the children they care for and you should certainly see your role as that of a 'pushy carer' when it comes to dealing with services such as Education and Health; but sometimes you may not be in the best position to advocate for a young person. For example, a child or young person may wish to express dissatisfaction with their foster carer or their social worker and, in some situations, foster carers will feel unable to represent the child's wishes and views as they may conflict with their own.

Children also may feel that they are not being listened to and that adults are making major decisions about their lives without treating their views seriously. They may not feel confident enough to challenge adults on their own, or may not know the right way to make sure their views are heard and acted upon.

What does an independent advocate do?

The role of an independent advocate is to support young people in making sure their views are properly represented, either by enabling the young person to speak for themselves or speaking on their behalf. All

local authorities are required to provide independent advocacy schemes to which foster children must have access. It is very important that foster carers ensure that the children in their care are aware of their right to advocacy services and actively encourage them to use such services.

How does a child or young person access an advocate?

The welcome pack given to all young people when they come into the care of Fosterplus contains information regarding advocacy services such as the Children's Rights Officer and Who Cares? Scotland; there is also information on how to give feedback about the service; It is important to bring this to their attention. Their local authority social worker should also be ensuring they have the information they need.

Children and Young People's Commissioner

The role of the Children's Commissioner in Scotland has a duty to promote and protect the rights of all children in Scotland in accordance with the United Nations Convention on the Rights of the Child.

Children and young people from all over the Scotland helped choose Bruce Adamson as their current Commissioner. They interviewed him about how he would help young people know more about their rights and found out his plans for the job by asking him lots of questions.

It is his job to make life better for all children and young people by making sure their rights are respected and realised and that their views are taken seriously.

He and his team looks after the rights of

- Everyone in Scotland under 18
- Everyone in Scotland under 21 who has been looked after or in care

There are various ways of making contact with the Commissioner either on line, by phone or text. There is also a link on their website with **HAPPY TO TRANSLATE** which is a unique and innovative national scheme which bridges communication gaps between organisations and service users who struggle to communicate in English.

Children & Young People's Commissioner Scotland

Children and Young People's Commissioner Scotland

Bridgeside House

99 McDonald Road

Edinburgh EH7 4NS

Tel: **0131 346 5350**

Contact can be made by an online email service at

Web: <https://www.cypcs.org.uk/contact/>

Young People's Freephone: **0800 019 1179**

Or by Text **0770 233 5720** Texts will be charged at your standard network rate

In addition, there is the national CHILDLINE help line who can be contacted confidentially on **0800 1111** - the service is free and fully confidential and young people can contact them anonymously if they wish for information, advice or guidance.

Child's Identity

Promoting a positive identity and valuing diversity

Identity and Heritage

"I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect."

Health and Social Care Standards: 1.29

Many looked after children have low self-worth and a very poor sense of their own identity. Many come from families that are subject to multiple problems and marginalisation. The Human Rights Act 1998, the Equalities Act 2010, the UN Convention on the Rights of the Child, as well as the Children (Scotland) Act 1995 all require that every individual child who is looked after should be cared for in a way that respects, recognises, supports and celebrates their identity and provides them all with care, support and opportunities to maximise their individual potential.

UN Convention on the Rights of the Child

The UN Convention on the Rights of the Child can be downloaded via the UNICEF website at: <http://www.unicef.org/crc/>

Equal opportunities

Fosterplus is committed to a positive policy of equal opportunities in the delivery of its services to children and foster carers, employment of staff and recruitment of foster carers. We will actively oppose all forms of discrimination carried out on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

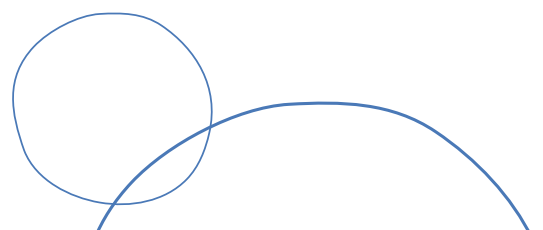
All foster carers and staff will receive training on equality and diversity practice and expectations.

Trans-racial and trans-cultural placements

Fosterplus believes that a child's racial and cultural background is fundamental to their identity and needs to be maintained and encouraged. Foster carers have a key role to play in enabling young people to feel secure in their sense of identity. This will often be best achieved through placements into families with same or similar racial and cultural backgrounds.

Where such placements are not available, it may still be in the child's better interests to place them with a family from a different racial or cultural background. We recognise that an important principle in working with children from different cultures is to acknowledge that this requires special commitment, knowledge and skills, which need to be developed if young people of differing ethnic and cultural backgrounds are to grow up with a positive image of themselves.

Fosterplus will offer training, support, information and guidance for foster carers and social work staff to enable them to meet the needs of each child, and to maintain a commitment to equal opportunities. Foster carers are expected to undertake the mandatory training course Equality and Diversity within their first year of approval by the agency.



We also record and monitor the ethnicity, religion and spoken languages of children referred to us and placed with our foster families, as well as those who enquire about fostering with us. This data is used to inform the continuing development of services that meet the cultural and racial needs of foster children.

Promoting cultural identity

The practical ideas that follow have four important aims:

1. To promote the child's cultural identity.
2. To give the child positive images of their identity.
3. To prepare the child for the society in which they will be growing up.
4. To learn about and share in the child's culture.

The following is a list of some of the ways in which foster carers and social workers can actively involve themselves in any foster child's culture, whether or not they share the same culture with them. The list is by no means definitive and each idea does not apply to all cultures, but it does include some important suggestions:

- Find out about special dietary rules.
- Find out about essential cultural customs, like hair and skin care.
- Make sure you have a stock of appropriate toys, books, etc.
- Find out about the rules of religious observance.
- Involve the foster family and the child with other families who reflect the child's heritage.
- Encourage the child to keep contact with members of their original community, (the foster carers and their family should also meet them, where this is appropriate).
- Learn about the historical foundations of the child's culture and share these with the child.
- Make contact with the local black or other minority ethnic community and attend social events with the child.
- Be aware of racism in the language you use and examine your attitudes to it. Help the child find ways of coping with it.
- Encourage the reading of black literature and the watching of television programmes directed towards ethnic minorities.
- Encourage mother-tongue speaking and learning.

Foster carers must respect carers' wishes and encourage all children to value their background. Foster carers should aim to care for the child in accordance with the carers' views. Birth carers may be greatly distressed if their child breaks food laws or the observances of religion.

Making these efforts will show children in care that their foster carer and their social worker value their culture, and that any differences between them are manageable. The efforts will be rewarded by a much more real understanding of the child in your care. Foster carers can probably think of many ways in which they can involve themselves in a child or young person's culture. On the other hand, if the culture is very unfamiliar to them it may feel daunting, and if foster carers are not sure about how to go about seeking advice and making contact with their local black African, Asian, or other minority ethnic community, they should expect help, advice and support from the child's social worker, and their supervising social worker.

Religion

We expect foster carers to care for a child's spiritual and moral well-being as well as their physical and emotional development. Foster carers must not impose their own religious beliefs upon children and young people, even where the child may not declare themselves to be of any particular faith; but making them familiar with different beliefs may help them to develop their own ideas as they get older.

Information about a child's religious beliefs should be provided by the child, his/her carers and/or social worker at the beginning of a placement and detailed in the placement plan, so that there is a clear understanding of expectations with respect of religion. This includes the religious background of a child's family, the rules of religious observance, and the expectations regarding attendance at a place of worship.

Foster carers may need to take a child to and collect them from a place of worship, and must be prepared to do this. Foster carers should actively familiarise themselves with the values and practices of the child's religious faith so that, for example, important dates in the child or young person's religious calendar can be observed.

Dealing with discrimination

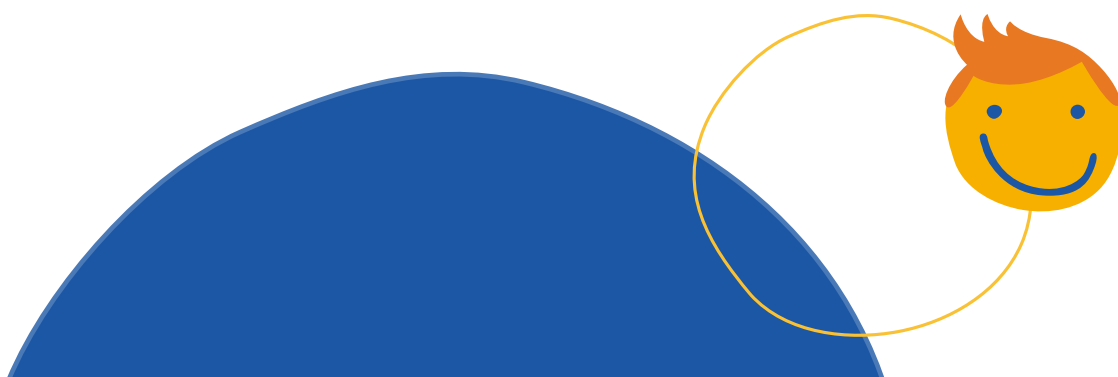
Children and young people may respond to prejudicial attitudes and discrimination by feeling ashamed, angry, rejected, and it may lower their sense of self-worth. For them to feel comfortable, foster carers and social workers need to feel comfortable too. Foster carers and social workers should help the child or young person to understand the nature of prejudice and prepare them to meet it and support them when they have to cope with it. It is a shared duty to take positive action to combat discrimination on the grounds of culture, religion, ethnicity or language.

Birth certificates

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

Passports

Many foster children do not have a passport at the point they are first looked after. It is important that the potential for holidays and other trips abroad (e.g. school trips) is covered in the placement plan and that there is clarity about how a passport is to be obtained. This will be the responsibility of the child's social worker and the [United Kingdom Passport Agency](#) provides guidance for social workers seeking to obtain a passport for a looked after child.



Where there are already plans in place for a holiday or other trip and the child does not have a passport, it is best to formally request that a passport be obtained as a matter of urgency. The written request should go to the supervising social worker to be passed on to the responsible authority, and should include:

- The reason for the request.
- The wishes of the child.
- The views of the carer/s, if known.
- The views of the foster carer/s.

The child's social worker should obtain and complete the necessary application for the child or assist the child to complete the necessary application form.

If the child/young person is accommodated, their carers must be consulted with a view to obtaining their agreement. In such instances, good practice would suggest that involving the carer in the passport application process is recommended. Should the carer/s refuse to give consent and this is deemed unreasonable, then the child's social worker may have to take advice from their Legal Services.

LIFE STORY WORK

What is life story work?

Children who live with their birth families generally have plenty of opportunity to know and learn about the events in their lives. These children generally grow up surrounded by their family members and they accept and feel secure about their place in the family. Their knowledge of who they are is built up from personal memories - good and bad - photographs, anecdotes and family folklore. All this is the foundation on which people build their self-image and become a secure adult.

All children are entitled to accurate information about their past and their family, but children separated from their birth families are often denied this opportunity. Many children come to blame themselves for being separated from their families and believe they are unlovable. Some children, particularly young children, can seem to live in the present and to forget the past. If a child has had a particularly unhappy time, foster carers and local authority social workers may also be tempted to try to protect them by encouraging them to forget the past. Though some memories will fade in the long term, curiosity - the deep need to know about their carers and understand their history in search of their true identity - will almost certainly surface, particularly when children are in their teens.

Compiling facts about their lives, and the significant incidents and the people in them, helps children to begin to understand and accept their past and move forward into the future. Life Story Work is a way of identifying and capturing the child's past both by collating material such as photos, videos, mementos and written records, but also writing down people's recollections of the child. Such information can be kept in a Life Story Book and Memory Box. The child's social worker usually undertakes the sensitive task of compiling a life story book with the child, often in collaboration with the foster carer who has an important role in gathering material for the book.

The other important task for foster carers is to talk with the child in a way they can understand, about the fact they are not living at home and the reasons for this. It will be important for the foster carers to give them words to help explain their present circumstances and to allow them to accept those circumstances. In summary, life story work can help the child feel comfortable with their past and reinforce their sense of identity and worth.

Ways to gather information for life story work

Written information – keeping regular records about the child's development: when they walked and talked; what toys they liked; what food they liked etc. When deciding on what information to store in trust for the child, it is a good idea to think about the sorts of things your own children asked you about when they were younger. Also record factual information, such as full address of the playgroup or school attended.

Photographs and/or videos – taking these on a regular basis and on special occasions. It is important that, however brief, you take pictures of the child's time in your family. Photographs of the foster carers and their family, foster home, child's school and friends, pets, and of the child's carers and family, may all be very important in the future. Take photographs of favourite activities, significant incidents, holidays, birthdays, weddings, parties and religious festivals. Write the date, location and names of people in the photo on the back. NB: Polaroid and computer generated photos fade. Use regular film and/or retain photos in digital format.

If children are reluctant to have their picture taken, then please respect this. Usually, with time and the excitement of an event, this self-consciousness passes. It is always possible that children may be reticent to have photographs taken because this was part of their previous abuse by an adult.

Mementos – keeping mementos of places visited, holidays shared, some playgroup pictures, school reports and so on. Retain certificates from school, sporting or educational awards, and anything else you or the child feel is important. These offer tangible evidence that the child had many experiences and provide a record of them.

Records of family time with birth families – keeping information about their family: from what they look like to what they were good and bad at. This is especially important if the child is not returning home, because it may eventually help them understand why this was not possible.

What happens to the life story book?

The life story book and other information in a memory box belongs to the child and should go with them when they leave a foster home. At the point a child or young person is moving on, you should discuss with the supervising social worker the best way to pass on information held in a memory box and/or life story book.

Children's Behaviour and Relationships

Self-Regulation and Behaviour Management Training

In addition to the Secure Base Model, Fosterplus has also introduced a positive behaviour support training programme called Self-Regulation and Behaviour Management:

- Support foster carers and other involved professionals in developing knowledge and skills in positively responding to challenging behaviour.
- Promote the on-going development of resilience, de-escalation skills and confidence in children, young people and their foster carers.

The importance of secure base

The Secure Base Model provides a positive integrated framework that underpins Fosterplus's practice, service delivery and learning. We have been running Introduction to The Secure Base Model programmes for both foster carers and support staff since 2016. This has included the senior leadership team, all managers, social workers and administrators, reflecting a shared vision and ambition to embed the secure base model throughout the organisation at every level. This is about building on and developing the foundations from which we all support, understand, share experience and improve the ordinary life experiences and chances of the children and young people who live within our service.

A secure base is at the heart of any successful caregiving environment - whether within the birth family, in foster care, residential care or adoption. A secure base is provided through a relationship with one or more caregivers who offer a reliable base from which to explore and a safe haven for reassurance when there are difficulties. Thus **a secure base** promotes security, confidence, competence and resilience.

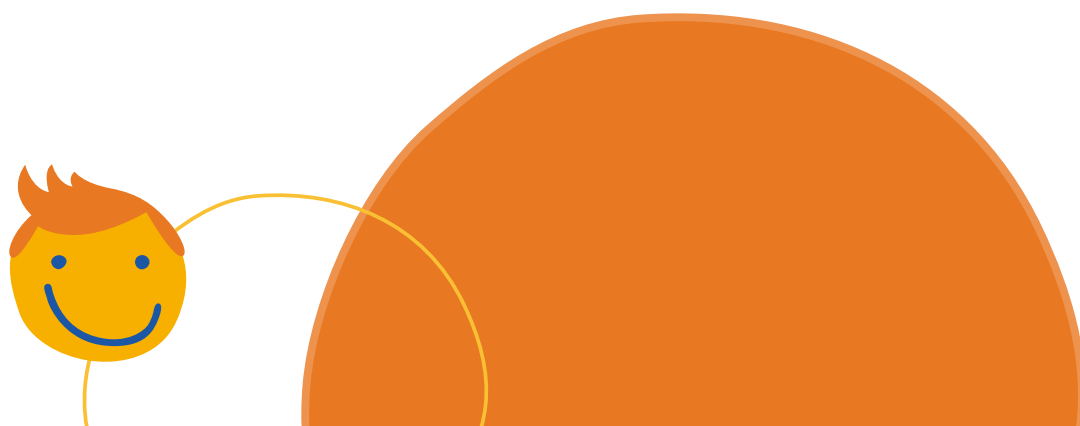
Understanding children's behaviour

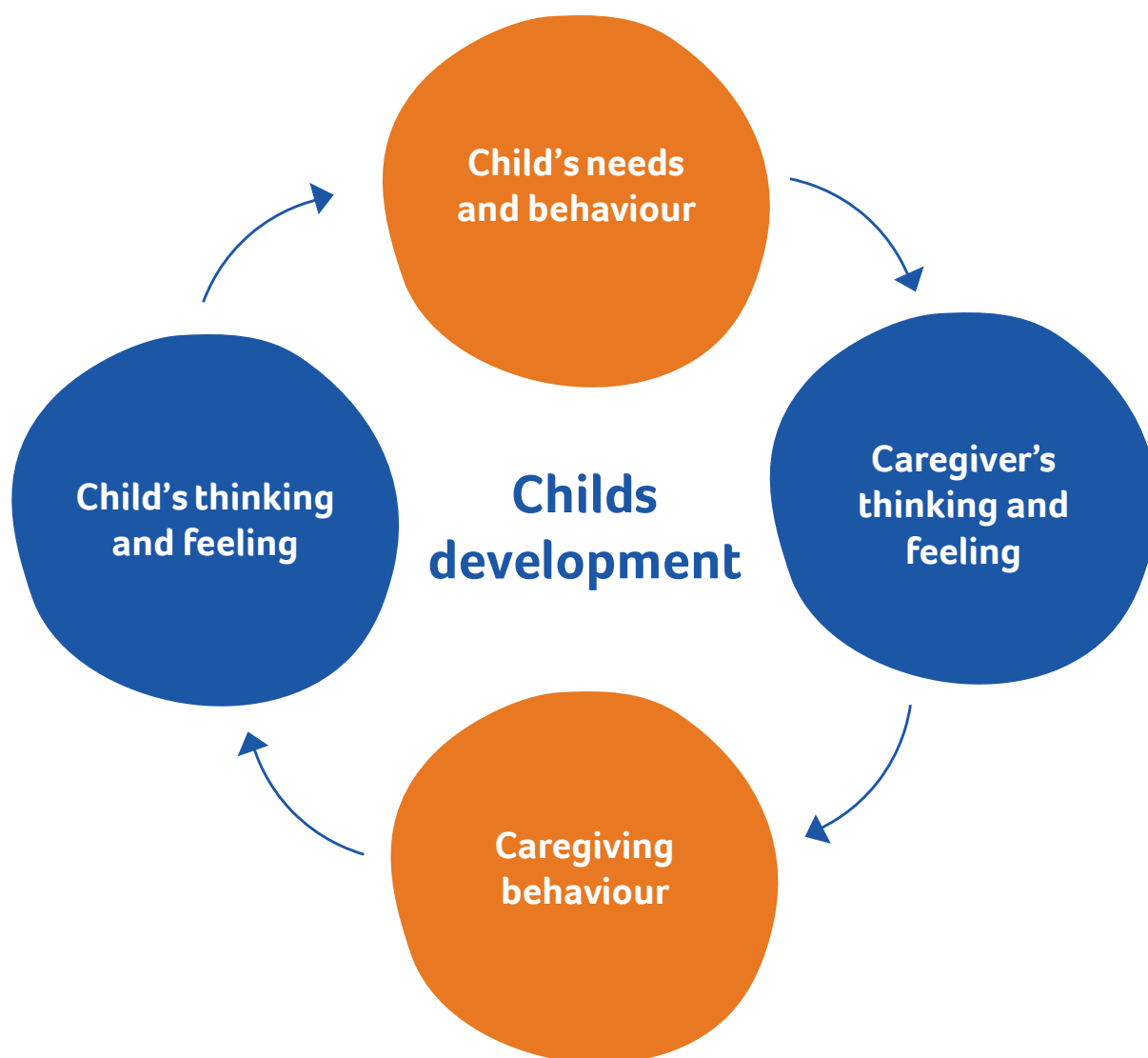
Many children who are fostered have had experiences that give them little reason to trust adults. They have developed behaviours based on a need to try to protect themselves and to control their relationships and environments. Attachment theory suggests that exposure to warm, consistent and reliable caregiving can change children's previous expectations, both of close adults and of themselves. The role of adults who can provide secure base caregiving, therefore, is of central importance.

The Secure Base Model provides a positive framework for therapeutic caregiving, which helps infants, children and young people to move towards greater security and builds resilience. It focuses on the interactions that occur between caregivers and children on a day to day, minute by minute basis in the home environment. But it also considers how those relationships can enable the child to develop competence in the outside world of school, peer group and community.

It can be helpful, first, to think about caregiver/child interactions as having the potential to shape the thinking and feeling and ultimately the behaviour of the child.

This cycle begins with the child's needs and behaviour and then focuses on what is going on in the mind of the caregiver. How a caregiver thinks and feels about a child's needs and behaviour will determine his or her caregiving behaviours. The caregiver may draw on their own ideas about what children need or what makes a good carer from their own experiences or from what they have learned from training. The caregiving behaviours that result convey certain messages to the child. The child's thinking and feeling about themselves and other people will be affected by these messages and there will be a consequent impact on his or her development. This process is represented in a circular model, the caregiving cycle, which shows the inter-connectedness of caregiver/child relationships, minds and behaviour, as well as their ongoing movement and change.





Information and support to foster carers around behaviour

Foster carers must be given all the relevant information about the child or young person placed with them to help them to provide a secure base, build positive relationships and manage behaviour. This must include information about previous challenging behaviour and advice about how this might be handled in the future. If this is not provided by the child's social worker, the supervising social worker will follow this up.

The child's placement plan must set out any specific behavioural issues that need to be addressed or approaches to be used.

Research tells us that it is of great importance for foster carers to realise and build on whatever strengths and abilities ('resilience') a child has. The Secure Base Model emphasises the critical role the foster carer ('caregiver') can have in creating the best possible environment for a child to build on and develop their resilience, by thoughtfully offering:

- **Availability** - Helping the child to trust
- **Sensitivity** - Helping the child to manage feelings and behaviour
- **Acceptance** - Building the child's self-esteem
- **Co-operation** - Helping the child to feel effective and to be co-operative
- **Family membership** - Helping the child to belong

Availability – Approaches for helping children to build trust

N.B. It is important to choose only activities that the child is likely to accept and enjoy.

- Day-to-day activities
- Establish predictable routines around mealtimes, getting up and going to bed.
- Ensure that the child always knows where to find you when you are apart.
- Manage separations carefully, with open communication about why it is happening, how long it will be and clear 'goodbyes' and 'hellos'.
- Use calendar or diary chart to help the child predict and anticipate events.
- Ensure that the child feels specially cared for and nurtured when ill, hurt or sad.
- Be 'unobtrusively available' if the child is anxious but finds it hard to talk or accept comfort (for example, suggest a ride in the car).
- Offer verbal and non-verbal support for safe exploration.
- Building trust when caregiver and child are apart.
- Allow child to take small item or photo from home to school.
- Use mobile phone or text to help child know that you are thinking of them.
- Place small surprise on child's bed when he is at school to show you have thought about them during the day.
- Keep a 'goodies tub' in the kitchen and put small treats in it for child to have in the evening.
- Activities that help children to think about trusting.
- Ask child to draw a fortress or make one in clay or sand. Child may choose miniature toys or animals to stand for the main people in his life. Ask child to show and talk about which ones he would let into his fort and which ones he would keep out and why (from Sunderland 2000).
- Ask child to draw a bridge with themselves on one side and someone they trust on the other. Ask them to draw a speech bubble coming out of their mouth and write in it what they are thinking or saying. Do the same with the other person (from Sunderland 2000).

Games and activities that help to build trust:

- Hand holding games such as 'ring a roses'.
- Clapping games.
- Reading stories with child on lap or sitting close.
- Leading each other blindfold.
- Face painting.
- 3-legged race.
- Throwing a ball or beanbag to each other.
- Bat and ball.
- Blowing and chasing bubbles together.
- Rocking, singing, gently holding child.
- Rub lotion onto each other's hands and arms.
- Brush and plait hair, paint nails.
- Teaching a new skill or learning one together.

(Source: Providing a Secure Base, Gillian Schofield and Mary Beek, University of East Anglia, Norwich, UK)

Sensitivity – approaches for helping children to manage feelings and behaviour

N.B. It is important to choose only activities that the child is likely to accept and enjoy.

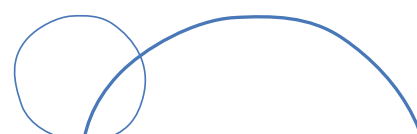
- Observe child carefully – perhaps keep a diary, note patterns, the unexpected etc. Try to stand in the child's shoes.
- Anticipate what will cause confusion and distress for the child and avoid if possible.
- Read cues for support and comfort – be aware of 'miscuing'.
- Express interest, at a level that is comfortable for the child, in his/her thoughts and feelings.
- Provide shared, pleasurable activity and a 'commentary' on the feelings experienced by self and child.
- Find time for interactions that promote synchrony of action, experiences, expressions of feeling (simple action rhymes and songs, clapping games for younger children, ball and beanbag games, learning a dance together, building or making something together, share an 'adventure' or new experience together, a game that involves a shared experience of both winning and losing).
- Make a 'me calendar' to help a child to see and remember what is going to happen next.
- Collect tickets, pictures, leaflets, stickers etc. and make an 'experiences book' to help a child to remember and reflect on positive events.
- Name and discuss feelings in everyday situations (happy, proud, sad, confused, angry, worried, peaceful, excited, guilty, lonely, pleased, etc. Also discuss mixed feelings and feelings that change over time.
- Play 'sensory' games (involving touch, sound, smell, observation).
- Use clay, paint, crayons to express feelings.
- Use play and real examples to make sense of the world, how things work, cause and effect.
- Encourage children to stop and think before reacting.
- Help children recover/repair the situation/make things better after losing control of feelings – praise them for doing this.
- Use stories or puppets to develop empathy in the child – 'poor owl, how does he feel now his tree has been cut down', etc.
- Use television programmes/films to focus on why people feel different things and how they can feel different things at the same time.
- Speculate on and give names to the possible feelings of others in everyday conversations.

(Source: Providing a Secure Base, Gillian Schofield and Mary Beek, University of East Anglia, Norwich, UK)

Acceptance – approaches for building self esteem

N.B. It is important to choose only activities that the child is likely to accept and enjoy.

- Praise child for achieving small tasks and responsibilities.
- Provide toys and games that create a sense of achievement.
- Liaise closely with nursery and school to ensure a sense of achievement.
- Use positive language. For example, 'hold the cup tight – good, well done', rather than 'don't drop the cup'
- Offer a brief explanation of why behaviour is not acceptable and a clear indication of what is preferred. For example: 'If you shout it's really hard for me to hear what you want to say. I want to be able to hear you, so please talk in an ordinary voice'.
- Help child to list and think about all the things they have done that they feel proud of.
- Help child to think about times, events, occasions when they felt valued and special. Use photos and other mementos to record these events.
- List alongside child, all the things that make you feel proud of them. Can include acceptance of limitations (e.g. a time when the child tried but did not succeed at something, was able to accept losing etc.).
- Encourage child to draw, paint, make a clay model or play in music how it feels when they feel good about herself. Do the same for yourself.
- Suggest that child lies on the floor, draw round the outline of the child's body. Encourage the child to make a positive statement about different parts of herself (I've got shiny brown hair, a pretty T



shirt etc.) and write or draw these onto the figure. Take this at the child's pace and ensure the child feels comfortable with the statement made.

- As a family group, suggest that each person in the family writes down one good thing about all other family members, so that each child gets given a set of positive things about themselves.
- Make a poster with the child of 'best achievements'.
- Ask child to teach you something that he is good at – such as a computer game or a joke.
- Buy a small treat and place it in the child's bedroom as a surprise.
- Discover and support activities and interests that the child enjoys and can be successful in. May need active support (liaison with club leader, becoming a helper at the club etc.).
- Use dolls, toys, games and books that promote a positive sense of the child's ethnic, religious and cultural background.
- Ensure that the child's ethnic, religious and cultural background is valued and celebrated within the household.
- Model the acceptance of difference in words and behaviour.
- Model a sense of pride in self and surroundings.
- Model within the family that it is OK not to be perfect, that no one is good at everything but everyone is good at something.

(Source: Providing a Secure Base, Gillian Schofield and Mary Beek, University of East Anglia, Norwich, UK)

Co-operation – approaches for helping children to feel effective – and be co-operative

N.B. It is important to choose only activities that the child is likely to accept and enjoy.

- Find individual activities that the child enjoys and that produce a clear result. For example, give the child a disposable camera to use on holiday or on a day out, help them to get the photos developed and give them a small album for the results.
- Within the house and garden, minimise hazards and things that child cannot touch and keep 'out of bounds' areas secure so that the child can explore without adult 'interference' when he is ready to do so.
- Suggest small tasks and responsibilities within the child's capabilities. Ensure recognition and praise when achieved. If they become an issue, do them alongside the child – a chance to show availability.
- Introduce toys where the action of the child achieves a rewarding result. For example, pushing a button, touching or shaking something.
- Make opportunities for choices. For example, allow child to choose the cereal at the supermarket,



a pudding for a family meal, what to wear for a certain activity.

- Ensure that daily routines include time to relax together and share a pleasurable activity.
- Respond promptly to child's signals for support or comfort or reassure an older child that you will respond as soon as possible. For example 'I must quickly finish what I am doing and then I will come and help you straight away'.
- Do not try to tackle several problem areas at any one time. Set one or two priorities and work on them gradually until there are sustained signs of progress. Ensure that these are acknowledged.
- Use co-operative language wherever possible. For example 'Would you like to come and have a sandwich after you've washed your hands', rather than 'Wash your hands before you eat your sandwich'.
- Find shared activities that the child enjoys and that produce a clear result. For example, baking cakes.
- Introduce games. State clearly when you have had enough and suggest alternative activity.
- Seek opportunities for the child to co-operate with other children – you may need to be present so that this is managed successfully.
- Help the child to identify a target that they would like to achieve, do, change etc. Settle on one where something done now will make a difference. Discuss what the young person can do and negotiate simple, relevant and achievable steps that they can take. When agreed, draw a simple staircase and write one task in each of the bottom steps of the staircase. For example, if the target is 'go to see Manchester United play at home', steps might be – use internet to find out dates of home games this season, settle on suitable date and put on calendar, find out train times, etc. Set a time to review progress and think about further steps needed.

(Source: Providing a Secure Base, Gillian Schofield and Mary Beek, University of East Anglia, Norwich, UK)

Family Membership – approaches for helping children to belong

N.B. It is important to choose approaches for helping children to belong that are suitable for the individual child and the plan for this child.

Belonging in an adoptive family, foster family or residential group

- Explain to the child from the beginning how the family/group works – its routines and expectations, its choice of food and favourite television programmes – so that the child can see how to fit in.
- Adapt those routines where possible and reasonable to accommodate the child's norms and help the child feel at home e.g. meal times or bedtime.
- Have special places for the child in the home e.g. a hook for the child's coat; a place at the table; the child's name on the bedroom door or in fridge magnets on the fridge; bedding and bedroom decoration (posters etc.) that reflect the child's age and interests.
- Promote family/group mealtimes and activities (e.g. going bowling) where the child can feel fully accepted as part of the family/group.
- Ensure extended family members and friends/all staff members welcome the child and treat the child as one of the family/part of the group.
- Have photographs of the child and of the child with the foster or adoptive family or residential caregivers on display – alongside photographs of other children who have lived in the foster or adoptive family or residential unit and moved on/grown up.
- Use memory and experience books of events and feelings about events during the child's stay to

build a family story to help the child be able to reflect on the meaning of family/group life and, if the child moves on, to take home to the birth family or to a new placement.

- Make sure the school knows (and the child knows that the school knows) that you are the family/residential unit caring for the child and need to be kept informed of any concerns but also of things to celebrate.
- Plan family/group life and talk about plans that will include the child, even if this is just an expectation that they will all go swimming together next week.
- Belonging to the birth family when separated.
- Develop or build on an existing life story book that contains information, pictures and a narrative that links the child to birth family members and birth family history. Ensure that it includes key documents e.g. copy of birth certificate, provides a full and balanced picture (see also Chapter 12) and is nicely presented, robust, valued and cared for. Even children who return to birth families benefit from making sense of complex family histories and their place in the family.
- Have photographs of the birth family where the child would most like to put them, e.g. bedroom or living room.
- Ensure that conversations about the birth family happen appropriately and are carefully managed within the family/group, so that the child does not have to make sense of negative, contradictory or idealised ideas about the birth family.
- Where direct or indirect contact is occurring, be actively involved in planning and facilitating contact so that the child's welfare is paramount and contact promotes security as well as roots and identity.
- Managing memberships of more than one family.
- Adults need to demonstrate their own flexibility about children's family memberships and what they might mean to the child.
- Both informally and in a planned way, talk with the child about the benefits and the challenges of having more than one family and help the child to understand and manage these relationships.
- Find models around the child of children who manage multiple families e.g. in friends' families, on television, in books.
- Help the child think about/talk about the inevitability of mixed feelings.
- Watch for possible pressure points e.g. Mother's Day, Father's Day, Christmas, and find ways of indicating (where appropriate) that it is OK to give cards to more than one carer or to choose one rather than the other at different times.
- If necessary and with the child's permission talk to the teacher about family issues that may disturb the child if raised in class, i.e. help others outside immediate family circle be aware of the child's task in managing their multiple loyalties/families.

(Source: Providing a Secure Base, Gillian Schofield and Mary Beek, University of East Anglia, Norwich, UK)



Allowing children to take risks

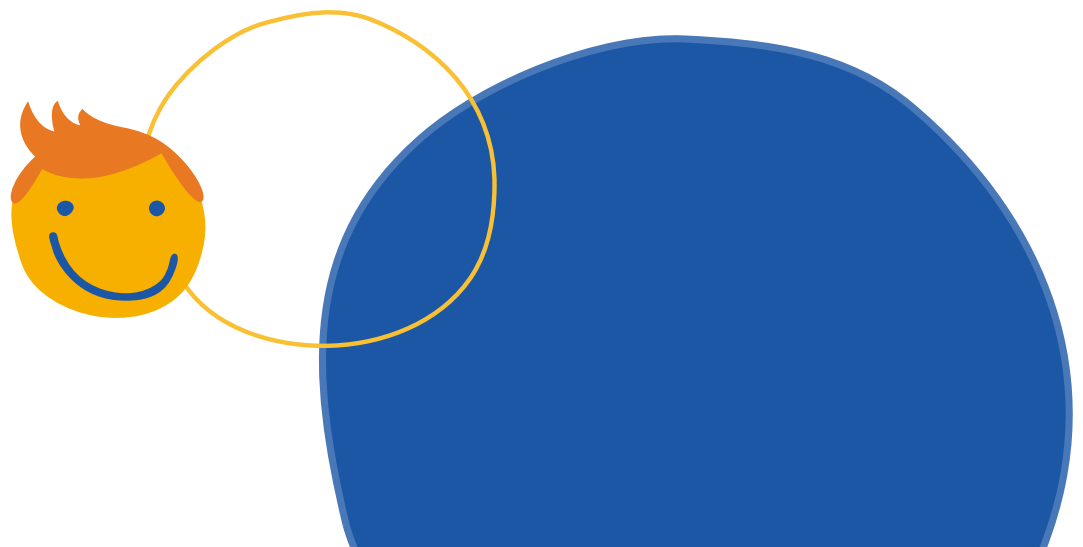
As well as promoting the safety and welfare of children in their care, foster carers have to support and encourage children to take appropriate risks as part of normal growing up and to learn from their mistakes. This includes allowing children to participate in every day rough and tumble activities and physical sports, as well as permitting them the opportunities to participate in organised activities through school, such as outward bound weeks, canoeing and kayaking etc.

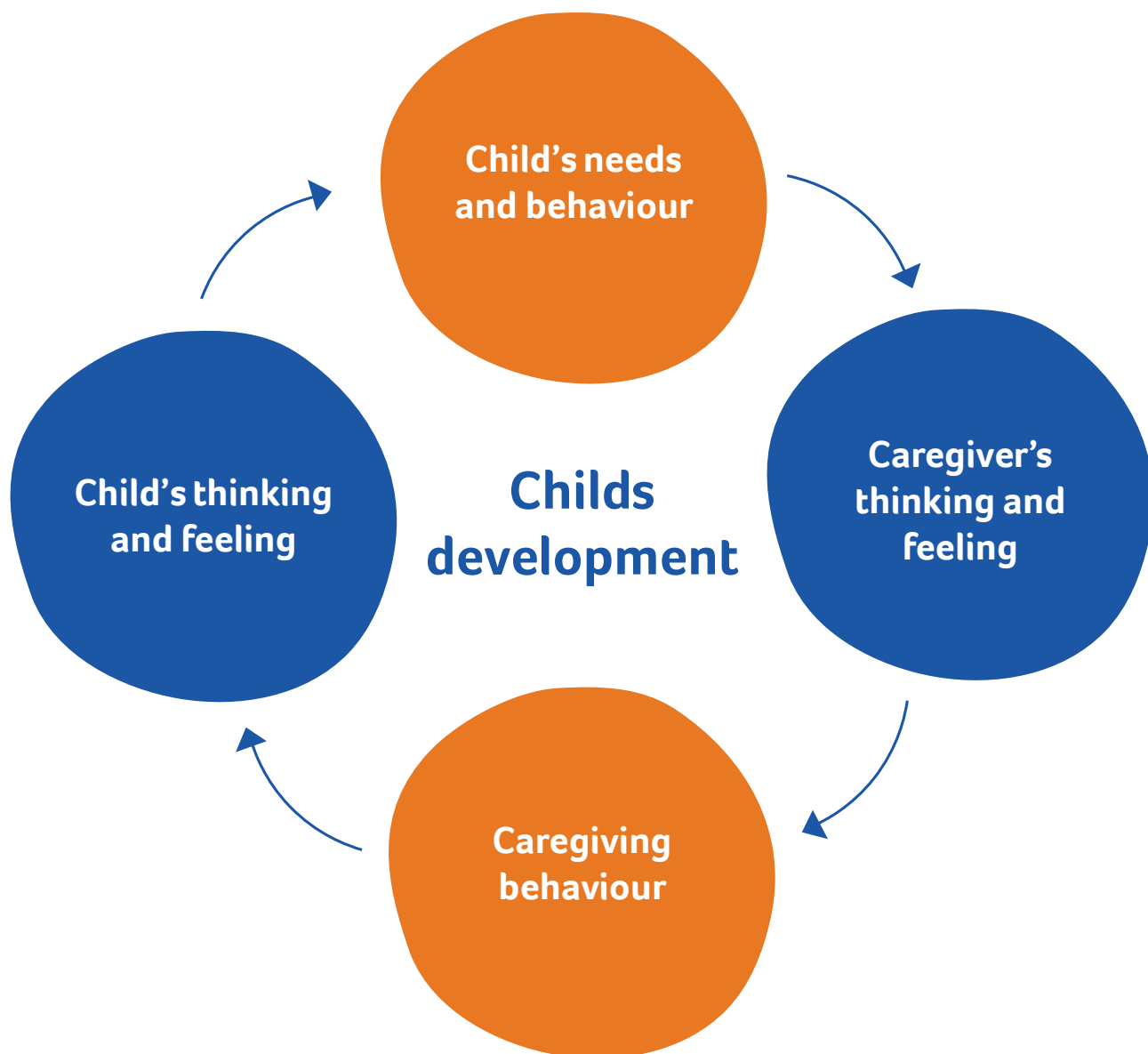
Decisions about what is an 'appropriate risk' will often be child specific and will relate to the child or young person's previous experiences, age, developmental stage, confidence and other attributes. Foster carers should consult about and review such matters regularly with their supervising social worker and ensure that they are reflected in the placement plan. The principle is that children and young people in foster care should have the same opportunities as other children to try out new activities, take risks and learn from them. Foster carers should feel supported in helping children to do this and not feel that they cannot agree to anything.

Understanding Behaviour

Disciplining children to develop an awareness of danger and respect for the rights, needs and feelings of others, as well as helping them to develop appropriate self-control, is a daunting responsibility for all carers and caregivers. Most carers use the experiences of their own childhood and family life as a basis for their approach to discipline.

Secure base theory and research into foster care tells us that foster carers need to be sensitive and try to identify and understand patterns of thinking and behaviour that reflect a child's coping or defensive strategies. The focus should always be on helping the child to express and talk about their feelings and the foster carer must have the capacity to 'stand in the shoes of the child', before approaches to discipline are routinely adopted. This caregiving cycle begins with the child's needs and behaviour but then focuses on what is going on in the mind of the caregiver. How a foster carer thinks and feels about a child's needs and behaviour will determine his or her caregiving behaviours. The foster carer may draw on their own ideas about what children need or what makes a good carer from their own experiences or from what they have learned from training. The caregiving behaviours that result convey certain messages to the child. The child's thinking and feeling about themselves and other people will be affected by these messages and there will be a consequent impact on his or her development. This process is represented in a circular model, the caregiving cycle, which shows the inter-connectedness of caregiver/child relationships, minds and behaviour, as well as their ongoing movement and change.





There is also a level of prescription about use of discipline and sanctions for fostered children and foster carers need to be aware of what the expectations are upon them.

Research indicates that looked after children on average are involved earlier and more often than other young people with the police and criminal justice system. Fosterplus is committed to trying to minimise the need for police involvement in dealing with challenging behaviour, and we wish to avoid criminalising foster children unnecessarily. You can contact your supervising social worker and/or our out of office hours service to discuss any concerns or issues that you may have concerning a young person's behaviour.

Acceptable sanctions and punishments

Wherever possible, foster carers should use constructive dialogue with the child or guide them away from a confrontational situation. The aim at all times is to try to think flexibly about what the child may be thinking and feeling and to reflect this back appropriately to the child.

Foster carers should also have an understanding of their own emotional response to a confrontation or threat, and know when to withdraw, concede or seek help. Where sanctions are used, it is important that they are:

- Relevant for the child and related to his or her care plan, age and circumstances.
- Realistic and sensitive.

- Understandable for everyone in the household.
- Used sparingly.
- Time limited.
- Justified.
- Follow the behaviour as quickly as possible.
- Follow good practice in the care of children/young people.
- Have been discussed during the placement planning meeting.
- Recorded by the foster carers on the child's CHARMS case record.

Sanctions/punishments may include:

- **Loss of/withdrawing privileges** – e.g. loss of staying up late on a special night of the week, or visiting friends. This can help the young person understand that the unwanted behaviour will not be tolerated.
- **Going to bed early** – This can be used alongside other methods of control, and is particularly useful when it is linked to behaviour in which the young person has been late home, been disruptive at bedtime etc. Young people should not be sent to bed more than one hour before their normal bedtime.
- **Paying towards damages** – Young people could be expected to pay a portion of their pocket money regularly until they have made amends, or made an agreed contribution towards damage. The whole of a child's pocket money must never be taken. They must always have some money that is their own each week. Any money stopped for reparation is clearly recorded by the foster carer in their diary sheets and should have prior agreement of the child's supervising social worker and local authority social worker.
- **Doing extra jobs** – Like tidying the living room each day for a week if they have been responsible for creating a messy environment for others.
- **Grounding for a time** – This should be used sparingly and linked to the behaviour which has been unacceptable e.g. the young person may have damaged trust by not returning home at the agreed time.
- **No television or treat** – A difficult punishment if it means that others in the family will also lose out, but possible to achieve if a young person has a particularly favourite programme, and it is possible to use another room while others watch TV.
- **Withdrawing attention** – This can be an effective means of decreasing unwanted behaviour in children by not giving any attention to the unwanted behaviour. Care should be taken to ensure that this behaviour would not result in the child being placed in any danger. Foster carers should also try to ensure that they do reward positive behaviour. Withdrawing attention should be for short impact periods only. A strategy could be to tell the child that if they sit quietly for ten minutes, then it will be time for a game.
- **Time out** – This gives everyone the opportunity to reflect on what has happened. Time out should only be used for very short periods, particularly if the child is young. Telling them to sit on a chair just outside the room that the foster carer is in for five minutes can constitute time out. Bedrooms where children have toys should not be used for time out.
- **Verbal disapproval** – A raised voice, or different tone, can signal to a child that the adult is displeased. Foster carers need to make clear to the child that it is the behaviour that is disliked, not the child. Children should not be reprimanded in public if possible.
- **Increased supervision** – Young people like freedom, and knowing that someone is taking a keener interest in their activities can help them re-consider how they behave.
- **Contracts** – These can be particularly useful for older children, or where a young person wants to work towards something. Contracts are a sophisticated measure which must be discussed with the Supervising social worker in the first instance.

Unacceptable measures of control and discipline

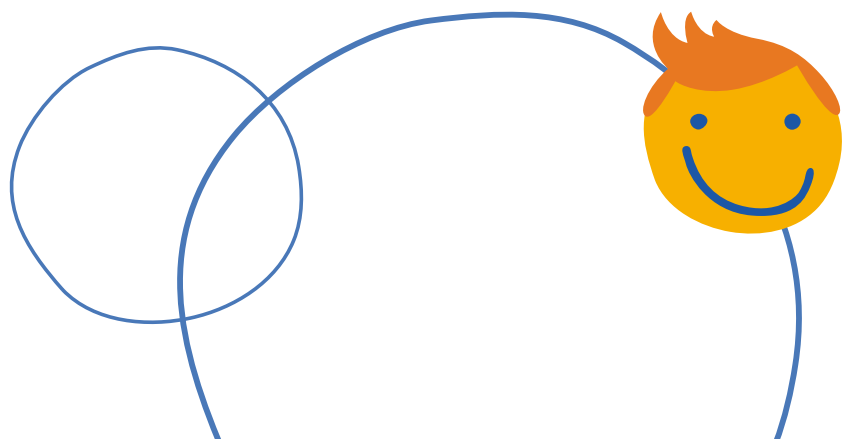
Unacceptable sanctions include those that intentionally or unintentionally humiliate a child or young person, cause them to be ridiculed, or have been experienced by a child or young person under different circumstances at home, and which may evoke past painful and traumatic memories.

Foster carers should **never** threaten to end a placement as a punishment for the child who is living with them. They may have previously experienced this threat being carried out in their own family, and it can seriously damage relationships in the foster home. There are a number of **unacceptable methods of control** that are forbidden by legislation. These include:

- **Corporal punishment** – any intentional application of force as punishment, including smacking, slapping, punching, rough handling, grabbing and throwing missiles.
- **Deprivation of food and drink.**
- **Restriction on visits** to or communication with carers, relatives, social worker, children's guardian, solicitor.
- Any requirement that a child wears **distinctive or inappropriate clothes.**
- Use or **withholding of medication** or dental treatment.
- **Locking a child in a room or building.** (This does not include time out in a child's unlocked bedroom, the use of which should be limited and used in a positive way).
- Intentionally **depriving** the child of sleep.
- **Imposing fines** other than for compensation or repayment.
- **Intimate physical examination of a child.**

There are other unacceptable methods of control which are not forbidden by legislation, but which we would not accept as good practice, including:

- Keeping a child in isolation because of their behaviour – if isolation is necessary because of other reasons, it must only be with close adult supervision.
- Excessive use of sending a child to bed early as a punishment – bedtime should be a pleasant experience, and a child's day should not end in an unsatisfactory way.
- Bribery or threats – this should not be confused with encouragement and praise as an incentive to promote appropriate behaviour.



Physical intervention by foster carers

Physical intervention on children should only be used in exceptional circumstances, where it is the only appropriate means to prevent likely injury to the child or other people, or likely serious damage to property.

In the event of a serious incident (e.g. accident, violence or assault, damage to property), foster carers should take what actions they deem to be necessary to protect children and themselves from immediate harm or injury. They must notify the agency **immediately** afterwards.

If there is a risk of serious injury, harm or damage to property, foster carers should not use any form of physical intervention, except as a last resort to prevent themselves or others from being injured, or to prevent serious damage to property. If any form of physical intervention is used, it must be the least intrusive necessary to protect the child, foster carer(s) or others. At no time should foster carers act unless they are confident of managing the situation safely, without escalation or further injury.

The agency will endeavour to deal with as many as possible of the challenges that are involved in caring for children without recourse to the Police, who should only be involved in two circumstances:

- An emergency necessitating their immediate involvement to protect the child or others; or
- Following discussion with the supervising social worker, Service Manager, Head of Operations, or the Out of Hours Manager (outside office hours).

If any serious incident occurs or the Police are called, the supervising social worker, Service Manager, Head of operations or Out of Hours must be notified without delay. They will then notify the relevant social worker(s) and arrange for a full report to be made of the incident and the actions taken.

Where there is significant evidence of patterns of violent or dangerous behaviours, the supervising social worker will liaise closely with the child's social worker and foster carer, in order to agree how such behaviours should be best managed.

Recording of sanctions

Foster carers should record, in detail, any sanctions that they have used with a child or young person, including why they were used, what led up to the incident, an account of the behaviour/incident, and the consequences/outcome of the incident. Any triggers to the situation for the child/young person should be noted.

The information should be recorded on the carer log. **Please inform your local office as soon as possible, by telephone, of any incident that you have recorded in CHARMS.**

Where foster carers have used sanctions that were not previously agreed, it is particularly important that they carefully record the events and the sanctions used for discussion later with their supervising social worker, the young person, and where appropriate, their carer. The appropriateness of the actions should be discussed, and alternative action explored for the future if necessary.

The use of sanctions should be monitored for their effectiveness by the foster carer and supervising social worker. Significant use of an inappropriate sanction, or continued use of inappropriate sanctions may be deemed as a child protection issue and be investigated accordingly.

Suicide and self-harm

Looked after children are at greater risk of committing suicide than other young people. We must treat all histories and incidences of suicidal thoughts, suicidal attempts and self-harm seriously and not be tempted to deny or minimise their significance. We must not allow ourselves to be over optimistic about a child's self-harming and assume that someone with a history of self-harming will not also attempt suicide. We must also be alert to recognising less common forms of self-harm such as refusal to take prescribed medication such as insulin. Dealing with a child who self-harms can be very frustrating, anxiety provoking and stressful. The trauma of the child can be transferred to the professional, who may react in a number of unhelpful ways, including intervention paralysis, drift or overreaction.

An intervention plan must be agreed with the local authority and foster carers must not act without the agreement and full knowledge of their supervising social worker. This area is one where individual, subjective thresholds play a very significant part in deciding whether we are concerned enough to intervene. The facts, history and risks must be established first, before decisions are reached about whether intervention or non-intervention is appropriate. Where there are differences in personal thresholds amongst professionals, we must work for consensus. When this cannot be achieved, we must establish and record clear accountability and decision making.

Confiscation of dangerous, illegal or unacceptable items

Any alcohol, illegal drugs, substances, solvents or weapons found in the possession of any child or young person should be confiscated by the foster carer and reported to, and handed in to, the child's social worker or supervising social worker. Possession of such items should be considered as a significant incident and reported immediately to the supervising social worker or out of hours service. Fosterplus may seek advice regarding legal issues to assist everyone in determining the right way forward.

If foster carers discover that a child or young person in their care has taken illegal drugs, they must immediately contact their supervising social worker, or use the out of hours telephone support number to seek advice and action. It is not appropriate for foster carers to try and deal with this situation on their own.

Safeguarding Children / Child Protection

What is child abuse?

It is generally accepted that there are four main forms of abuse. The following definitions are taken from National Guidance for Child Protection in Scotland 2014

Physical Abuse

Physical abuse is the causing of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a carer or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after. For further information, see the section on Fabricated or induced illness.

Emotional abuse

Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may involve the

imposition of age - or developmentally - inappropriate expectations on a child. It may involve causing children to feel frightened or in danger, or exploiting or corrupting children. Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a carer or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from "non-organic failure to thrive", where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children in particular, the consequences may be life-threatening within a relatively short period of time.

Sexual abuse

Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of indecent images or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways (see also section on child sexual exploitation).

Peer on Peer Abuse

The term 'peer on peer abuse' relates to various forms of abuse, where all parties involved are under the age of 18 years. The abuse can include violence and criminal activity, harmful sexual behaviour, sexual exploitation, relationship abuse and bullying (including cyberbullying) and is harmful to both the victim and the perpetrator due to their status as children.

The victims of peer on peer abuse are both male and female and particularly vulnerable groups include those with disabilities and those who represent minority groups (e.g. on basis of sexuality, race or religion). Peer on peer abuse is often a feature of gang activity, and a victim might experience a combination of different abuses and have multiple support needs.

Where does peer on peer abuse occur?

Young people in foster care might experience abuse from their peers:

- Within the foster home
- At school
- At clubs/social activities
- On public transport/walking to school

Foster carers and agency staff need to be alert to the signs of peer on peer abuse and be familiar with agency policies to ensure a swift and appropriate response. Young people's risk assessments should identify key concerns and safeguarding measures both for use within the home and community.

- **Being aware of, and managing bullying:**

Bullying is defined as "behaviour by an individual or group, usually repeated over time, which intentionally hurts another individual or group either physically or emotionally." Bullying behaviour can include name calling, hitting, pushing, spreading hurtful and untruthful rumours, taking belongings, inappropriate touching or excluding someone from a social group. Young people might be targeted as a result of their race, religion, sexuality or disability and bullying might take place online. This is known as 'cyberbullying'. The Anti-Bullying Alliance has an excellent interactive online resource for carers and foster carers to raise awareness of bullying issues, <https://anti-bullyingalliance.org.uk>

- **Gangs awareness**

Young people can be exploited physically and/or sexually by a gang or group of young people. Gangs (mainly comprising young men and boys aged 13-25 years) are typically involved in various forms of criminal activity including violence with knives and guns, robbery and intimidation, exposing both gang members and targets to harm. Gangs are characterised by their identifiable markers including territory, name and clothing, while other groups without specific gang characteristics exist within the community and online to exploit young people, often sexually.

[Click here to view a helpful Government guide to gang activity for carers and carers >](#)

- **CSE awareness**

The sexual exploitation of young people by adult perpetrators has been well publicised with recent prosecutions of adult males in Rotherham and Rochdale. Young people can also be sexually exploited by older young people and this is reflected in the most recent definition:

CSE "occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity"

CSE always involves an imbalance of power and victims might not be aware of the exploitation, perceiving the relationship as loving. <https://www.kscmp.org.uk/guidance/exploitation>

- **Youth produced sexual imagery ("sexting")**

The sharing of nude images online between young people is not always intentionally harmful but has the potential to harm if there are elements of coercion, bribery and/or blackmail involved. Young people can feel pressured to send nude images and once images have been shared they lose control over them; the image can be copied and shared indefinitely. The law prohibits the taking, possessing and sharing of 'indecent images of children' which includes nude images shared between young people, if the subject of the image is under 18 years of age. Young people who are involved in this behaviour can therefore need support with both the emotional impact of image sharing as well as possible police investigations.

CEOP has a helpful online guide for carers and carers >

Resources for young people

Childline: 0800 11 11 or find out about the "For Me"

app at <https://www.childline.org.uk/toolbox/for-me/>

National Guidance for Child Protection in Scotland 2014

The Scottish Government's guidance on inter-agency working to safeguard and promote the welfare of children can be downloaded at:

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Staff and foster carers who are in positions of trust

Legislation states that it is a criminal offence for adults who are in positions of trust to commit sexual acts (including inappropriate touching), or have sexual relationships, with young people between the ages of 16 to 18 years in their care (even if the young person initiates or consents to the sexual activity). This legislation also applies to people over the age of 18 years if they are deemed to be 'vulnerable'. The legislation is primarily intended to protect young people where a relationship of trust with an adult looking after them exists.

A position of trust can be broadly defined as a relationship in which one party is in a position of power or influence over the other by virtue of their work or nature of their activity. A young person is vulnerable to exploitative contact or relationships irrespective of their chronological age. Some work roles such as Social Worker or foster carer are defined within the legislation as being positions of trust. Positions of trust may also be created by virtue of the nature of the adult's contact with a young person; for example a relative of a foster carer caring for a fostered child for short periods during the daytime would be in a position of trust. Adult members of the foster carer's household including sons and daughters may also be seen to hold positions of trust in some circumstances.

Allegations or complaints would be subject to the procedures defined in the Scottish Government guidance Managing Allegations against foster carers and approved Kinship Carers (2013). Fosterplus's Child Protection procedures take account of this guidance. Conviction of criminal charges under this legislation may lead to a custodial sentence and a referral to the Disclosure and Barring Service. If a foster carer feels sexually attracted to a young person they care for, they have a personal and professional responsibility to inform their supervising social worker. The social worker must consult with their Registered Manager and the Quality Assurance and Safeguarding Team as to the appropriate actions to safeguard the young person concerned (including moving the young person to a different placement).

Disclosure Scotland Checks

Applicants to foster and all people aged 16 or over living or regularly visiting their household will be asked to complete the disclosure forms and produce the necessary identification. There are different levels of checks the highest being PVG (Protecting Vulnerable Groups) and depending on the role of the individual different checks will apply. These will then be sent to the Disclosure Scotland Service by the fostering service. Disclosure Scotland checks are not transferable, so copies of checks carried out by other agencies or for other posts cannot be accepted. Checks will be updated at least every three years.

Child Sexual Exploitation (CSE)

Child sexual exploitation takes different forms - from a seemingly 'consensual' relationship where sex is exchanged for attention, affection, accommodation or gifts, to serious organised crime and child trafficking. Child sexual exploitation involves differing degrees of abusive activities, including coercion, intimidation or enticement, unwanted pressure from peers to have sex, sexual bullying (including cyber

bullying), and grooming for sexual activity. Child sexual exploitation is not gender specific. There is increasing concern about the role of technology in sexual abuse, including via social networking and other internet sites and mobile phones. The key issue in relation to child sexual exploitation is the imbalance of power within the 'relationship'. The perpetrator always has power over the victim, increasing the dependence of the victim as the exploitative relationship develops.

Many children and young people are groomed into sexually exploitative relationships but other forms of entry exist. Some young people are engaged in informal economies that incorporate the exchange of sex for rewards such as drugs, alcohol, money or gifts. Others exchange sex for accommodation or money as a result of homelessness and experiences of poverty. Some young people have been bullied and threatened into sexual activities by peers or gangs which is then used against them as a form of extortion and to keep them compliant.

Children and young people may have already been sexually exploited before they are referred to children's social care; others may become targets of perpetrators whilst living at home or during placements. They are often the focus of perpetrators of sexual abuse due to their vulnerability. All staff and foster carers should therefore create an environment which educates children and young people about child sexual exploitation, involving relevant outside agencies where appropriate. They should encourage them to discuss any such concerns with them, another member of staff, or with someone from a specialist child sexual exploitation project, and also feel able to share any such concerns about their friends.

As an agency, Fosterplus has a strong commitment to learning and development and believes that this is an important part of exploring the subject of Child Sexual Exploitation. Core training has been specifically designed by the agency and all foster carers, staff, panel members and volunteers are expected to attend this course which explores the meaning of Child Sexual Exploitation and working with children who have been or are at risk of being sexually exploited.

Child Sexual Exploitation Risk Assessments

These assessments are completed in addition to 'Safeguarding Risk Assessments' where there is an indication or concern that the child or young person is at risk of Child Sexual Exploitation (CSE). The CSE Risk Assessment provides a method of establishing the level of risk the young person is at of being a subject of Child Sexual Exploitation. This risk assessment focuses specifically on the known vulnerabilities and indicators of Child Sexual Exploitation. However, these assessments must be considered alongside regular Safeguarding assessments as each should inform the other.

Female Genital Mutilation

Female genital mutilation (FGM) is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on new-born infants or on young women before marriage or pregnancy.

FGM has been a criminal offence in the U.K. since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and made it an offence for the first time for UK nationals, permanent or habitual UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal. The rights of women and girls are enshrined by various universal and regional documents which highlight the right for girls and women to live free from gender discrimination, free from torture, to live in dignity and with bodily integrity.

Where a foster carer has concerns about the welfare and safety of a child or young person in relation to Female Genital Mutilation they should immediately inform their supervising social worker.

Trafficked Children

Who are trafficked children?

Trafficked children are likely to be children who arrive in the country as **unaccompanied children** or **asylum seekers**. They are brought into the country for the purposes of adult exploitation, which could include prostitution or sexual abuse, forced or/and cheap labour, slavery or servitude, financial or benefits fraud, and being used as drug 'mules'. Such children may be unaware that they have been brought into the country for such purposes, others may be too frightened to tell, whilst a few may be aware but compliant.

Identifying trafficked children

Unaccompanied children arriving in the country are screened by the immigration authorities at the point of entry. Some children will have only vague arrangements as to their future care or the immigration authorities may have concerns about the adults who have been identified as their future foster carers. Such children are likely to be placed with foster carers for at least a short period pending the outcome of further investigations. These children are at particular risk of adult exploitation, but will rarely disclose their experiences directly to a foster carer. However, children are likely to show patterns of behaviour and activity which may indicate that the child is the subject of adult exploitation. These include:

- Does not appear to have any money but does have a mobile phone when first placed.
- Receives unidentified/unexplained phone calls.
- Possesses money/goods not accounted for.
- Has a prepared story and appears to have been coached or rehearsed in recounting how they arrived in the country.
- Shows signs of physical or sexual abuse or sexually transmitted disease or pregnancy.
- Has unexplained absences from the foster carers' home or goes missing.
- Unidentified adults loitering outside or near foster carers' home.
- Has significant sums of money which are not adequately accounted for.
- Acquires expensive clothes, mobile phones etc. without plausible explanation.
- Possesses keys to unidentified premises.
- Truancy.
- Observed entering or leaving cars driven by unknown adults.
- Found in areas the child has no known links with.
- Inappropriate use of internet and forming online relationships with adults.

These indicators are not a definitive list but provide a guide to alert foster carers that a child might be 'trafficked'.

Safeguarding children at risk of being trafficked

When unaccompanied children are first placed with foster carers, the local authority should undertake a risk assessment of the child and should plan for the possibility that the child may be 'trafficked'. If and when a foster carer feels that there is evidence that the child may be 'trafficked', then they should report their concerns to their supervising social worker who will liaise with the local authority social worker. The local authority will decide whether the concerns or evidences warrant the implementation of formal child protection procedures.

Children Missing from Care

Children at risk of going missing

At the point a child is placed with foster carers there should be a **Risk Assessment** completed, which will include any specific factors that may increase the possibility of the child going missing. Any identified risk factors should then be addressed in a way that will reduce the possibility of a child going missing. For example, clear arrangements for contact between a foster child and his/her birth family may decrease a child's level of anxiety about seeing his/her family and therefore their likelihood of running away.

In addition to the Risk Assessment, the foster carer and/or supervising social worker should complete a record detailing information such as the child's height, distinguishing features etc. which can be given to the Police if the child is actually reported as missing. This may include a photo, which should only be taken with the child's agreement and those who hold careral authority.

The placement plan should define the circumstances in which a child is authorised to be absent from a foster carer's home. For example, it could record that an older teenager may stay with a close friend one night every two weeks on an on-going basis, without identifying the specific dates. The placement plan should detail who has authority to agree such an arrangement on each individual occasion e.g. the foster carer, and whether the foster carer should inform each absence to the Fosterplus OOH service. These arrangements would be viewed as authorised absences rather than unauthorised absences or a missing child.

Foster carers should know when to try to prevent a child or young person leaving the home and should do so through dialogue, but they should not physically intervene to try to restrain any child should they be intent on leaving, or in any other circumstances, unless it is necessary to prevent injury to the child or others, or serious damage to property. No physical intervention may be excessive or unreasonable.

What to do when a child or young person is missing

In order to avoid any confusion, Fosterplus foster carers should, in all instances where a child is absent from their care without permission, contact their supervising social worker or their Service Manager during normal working hours, or the OOH service at evenings or weekends, to report the child's absence.

The supervising social worker will ascertain whether any further steps can be taken to identify the child's whereabouts e.g. phoning the child's mobile phone number, family or friends, visiting the address the child claims to be at. It may be that the foster carer is the best placed person to visit addresses (subject to any safety issues) as – in terms of the Secure Base Model – this is a powerful demonstration to the child/ young person of the foster carer's availability and that the child has a place – i.e. 'belongs' – in their foster family.

The supervising social worker may exercise a professional judgement in allowing a child some time to return to their foster carers before taking any further action; for example, if the child has informed their foster carer they have been delayed because they are waiting for a bus.

Reporting the child as missing

When it is evident that a child's whereabouts are unknown, the supervising social worker (or Out of Hours worker) will advise the foster carer to report the child as a Missing Child immediately, without the need to consult first with the child's placing authority. The supervising social worker will then inform the placing authority as soon as possible.

The supervising social worker/duty worker will always inform the placing authority of a child's absence. In this situation, after consultation with the local authority, a decision will be reached as to whether the child should be reported as a Missing Child to the Police and the supervising social worker/duty worker will advise the foster carer accordingly. In order to avoid any possible misunderstandings, the person reporting the child's absence to the Police should always emphasise why a child may not be safe, even if the child's whereabouts may be known.

The foster carer is normally the person best positioned to report a foster child as a Missing Child to the Police. They will be visited by the Police for the purpose of collating information about the child and their possible whereabouts. Copies of any relevant forms and photos should be made available to the Police. Depending on the circumstances, the Police may search the foster carer's home and garden to make sure the child is not hiding on the premises.

Most missing children are found quickly, but occasionally children may be missing for substantial periods of time or may repeatedly go missing. Local authorities are required to have mechanisms in place to ensure all agencies and services remain pro-active in identifying the child's whereabouts and safe return.

When a Missing Child is Found

The Police are the people most likely to find a Missing Child and may return the child directly to the foster carer's home or take the child to a local Police Station. A Police Station may be regarded as simply a safe place for the child to be kept whilst awaiting collection by the foster carer or social worker. Alternatively, the child may have been taken to the Police Station because the Police have reason to believe the child has been involved in some form of criminal activity.

The age of criminal responsibility in Scotland is a significant and complex policy area, which raises sensitivities due to the potential for rare, serious cases involving young children. Children under 12 cannot be prosecuted in court in Scotland, but those aged 8 and over can be referred to the children's hearings system on offence grounds.

The minimum age of prosecution was set at 12 through changes in the Criminal Justice and Licensing (Scotland) Act 2010. That change has worked well, though it has not ended discussion about the age of criminal responsibility. There is ongoing consultation on this.

How should foster carers respond when a Missing Child is found?

In all instances when a child is found after being reported as absent they should be given the opportunity to discuss their reasons with another professional in a 'Return Interview'. This interview should take place, if possible, before the child actually returns to their foster carer, but certainly within 72 hours of the child returning. Guidance is that this interview should be conducted by a person 'who is independent of their placement'. This person might be the child's local authority social worker or an independent person or advocate.

The supervising social worker responsible for the child's placement should consult with the child's social worker as to who should conduct this interview. If the child's social worker is unable to identify a suitable person, then the supervising social worker may conduct this interview themselves or commission someone else suitable to do it and will provide written feedback to the child's social worker.

Children run away for a variety of reasons, but often because they are confused or unhappy about something. Though the reason may sometimes seem very trivial to the foster carers, at the time the child ran away it was the only way they felt they could deal with their confusion or unhappiness. They may not have got very far away, before they realised that there were other ways of dealing with the problem. They may feel very embarrassed and so coming home may be difficult and they will need an understanding welcome.

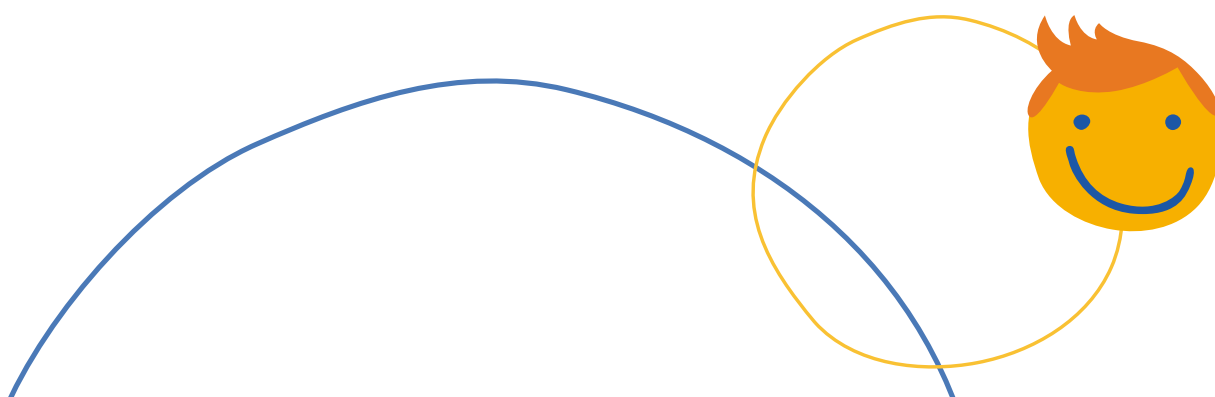
Whilst the child is missing, foster carers will often be trying to understand why and perhaps blaming themselves for what has happened. When the child absents themselves frequently, foster carers and their families can feel physically tired from lack of sleep and worry, dispirited and resentful at the child's apcarer disregard of their needs and feelings. Sometimes in such circumstances, foster carers may feel that the process of reporting a child as missing is long and unproductive. When the child returns, they may be filled with a mixture of anger and relief. Negative feelings need to be acknowledged and managed and foster carers should expect help and support from the child's social worker and their supervising social worker, so that they will be in a position to be helpful to the child, when they return.

Where an individual goes missing for a long period of time or very regularly, the child, responsible authority, fostering service staff and foster carers should meet together to decide what further action should be taken to help and protect the child.

Recording when a child goes missing

Fosterplus maintains written records on a child's CHARMS case record of when a child goes missing. These include logs and incident reports submitted by and detailing action taken by foster carers, the circumstances of the child's return, any reasons given by the child for running away from the foster home and any action taken in the light of those reasons. It is a requirement to notify the local authority for the child and the Care Inspectorate and Fosterplus records this using the progress action 'Notifiable Event - Child missing from placement (whereabouts unknown)'.

This information is shared, where appropriate, the child's carers.



Payments to foster carers when a child is missing

Payments may continue when a child absconds until the placement has formally ended, as long as the Fosterplus Head of Operations is satisfied that the situation is being monitored closely and is kept informed. Payments will not continue indefinitely. They are subject to monitoring and review. There are tight time limits, as the placing authority may decide to terminate a placement if a child is absent for more than a few days.

Bullying

Anti-Bullying Procedure

Fosterplus considers that any bullying behaviour is unacceptable and should not be tolerated. Our policy in relation to bullying can be downloaded from CHARMS/Download.

We try to ensure a culture in Fosterplus that regards any form of bullying as totally unacceptable. Foster carers and staff should be able to recognise and deal with any indications or incidents of bullying, act proactively and intervene positively, engaging with those bullying as well as those being bullied. Children who are bullied should be supported and those who bully given help and guidance to prevent them continuing to do so.

What is bullying and how to respond?

Bullying can include the following types of behaviour:

- Name calling and teasing, including taunts about sexual orientation and race.
- Gestures, taunting and mocking.
- Making offensive comments.
- Malicious gossip.
- Stealing from the victim.
- Extortion of money, food or homework.
- Physical violence, such as pushing, punching or pulling hair.
- Coercion.
- Isolation from groups.

Bullying is deliberately hurtful and difficult for victims to defend themselves against.

Children are the most likely group in the population to experience bullying, especially in a school environment, though it can take place in any setting, including home. If a foster carer (or member of staff) suspects or is aware that a child or young person is being bullied, the most important thing is to listen to the child or young person's fears and worries, and then agree who should be told and what the child or young person would like to happen as a result.

Bullying at School

Schools are legally required to have an anti-bullying policy, and this should be made available to all pupils and their foster carers. The policy will outline the school's procedure for responding to allegations of bullying. Foster carers should always request a copy when a foster child is enrolled. Foster carers and supervising social workers should always encourage and support young people who they believe are experiencing bullying at school to make full use of the school's policy and procedures.

If foster carers think a fostered child is being bullied you should:

- Talk to the child about their experiences. Assure them things can be done to stop it.
- Keep a record of what the child says, especially of the incidents of bullying.
- Reassure the child that they are right to tell you about the bullying.
- Advise the child that they should report any further incidents at school to a teacher straight away.
- Discuss how to resolve the situation with your supervising social worker and the child's social worker.
- Make an appointment to meet with the foster child's teacher - explain the problem and agree on what the school will do to stop any further bullying.
- Keep a record of what has been agreed and make a time to meet the teacher again to discuss what progress has been made.
- If little progress has been made, discuss with your supervising social worker and the child's social worker whether to request a meeting with the head teacher or register a formal complaint. Foster carers must record all suspected or actual incidents and report these to the child or young person's social worker as soon as possible.

Bullying in the Community

All suspected or actual incidents of bullying must be taken seriously and the incident fully investigated, either by the responsible local authority or Fosterplus, with support provided to the child or young person as well as their foster carers.

The foster carer and social worker should formulate a plan to address the concerns and this should include:

- Who should talk to the child or young person?
- Who else needs to be notified (e.g. schools, birth carers).
- Whether any immediate action is needed to safeguard the child/young person.

The plan should involve any relevant others, including:

- The foster child or young person.
- Other children or young people in the household.
- The foster child's birth carers.
- The bully.
- The social workers and carers of other children in the foster home.
- Other relevant professionals such as teachers and therapists.

After the concerns have been discussed with the child or young person, if bullying is confirmed or continues to be suspected then a protection plan should be drawn up to attempt to ensure the bullying ceases and does not re-occur.

If the bullying is being done by someone outside the foster home, then attempts should be made to engage the bully's carers or foster carers in helping to put an end to the bullying. The social worker for the child or young person, rather than the foster carer, should normally undertake any contact with carers or foster carers in such circumstances.

Bullying behaviours by a child

Foster carers who are concerned a foster child is bullying others should:

- Challenge the young person's behaviour as unacceptable and explain why.
- Ask what the young person can and will do to change such behaviour.
- Try to find out what has led to the child's behaviour.
- Be prepared to regularly discuss, with the young person, how they can change their behaviour.
- Seek a meeting with the young person's school to discuss how other professionals can work together to stop a young person's bullying behaviours.
- If the bullying behaviour doesn't stop, talk to your Supervising social worker about the use of sanctions.

Bullying against foster carers

Foster carers who believe that they have been subjected to bullying by an employee of Fosterplus should follow the **Complaints and Representations Procedure**.

Cyber Bullying

Cyber bullying, also known as eBullying, is any form of bullying which takes place online or through smartphones and tablets - using social networking sites, messaging apps, gaming sites and chat rooms such as **Facebook, XBox Live, Instagram, YouTube, Snapchat** and other **chat rooms**.

Cyber bullying is meant to cause upset. It can be defined as simply as continuously sending an e-mail or messages to someone who does not want any further contact with the sender. It can also involve rude remarks (including gossip) about people over the internet via social networking sites like **Facebook, Twitter, YouTube, WhatsApp, Tiktok, Instagram** and **Snapchat**.

If children or young people have a mobile phone, you should advise them to be careful who they give the number to. Advise them that if they receive threatening or abusive phone calls, texts or e-mails they store the message (do not delete it) and tell their foster carer/s or someone else they trust. It is a criminal offence to send offensive or threatening phone messages, text messages or e-mails and, if it continues, it can also amount to harassment. The police can, and do, take action, but will need the messages as evidence.

Cyber bullying

The website <https://www.kidscape.org.uk/cyberbullying/> has some very good advice for children and young people on protecting themselves from and responding to cyber bullying and covers:

- **Abusive comments**, rumours, gossip and threats made using digital communications and/or technologies – this includes internet trolling.
- **Sharing pictures**, videos or personal information without the consent of the owner and with the intent to cause harm or humiliation.
- **Hacking** into someone's email, phone or online profiles to extract and share personal information, or to send hurtful content while posing as that person.
- **Creating dedicated websites** that intend to harm, make fun of someone or spread malicious rumours.
- **Pressurising** someone to do something they do not want to such as sending a sexually explicit image.

Internet Safety

All foster carers approved for placements of school age children should provide a personal computer suitably located within their home and available to foster children. The computer must have a Broadband connection to the Internet. Foster carers must take reasonable precautions to protect children from harm whilst they are using the Internet.

What risks do the Internet and Social Networking Sites present?

Foster carers need to protect young people, as far as possible, from the potential threats that some materials accessible online may present. The main dangers are from:

- Web sites on the Internet that contain pornographic, violent, racist or hate motivated material.
- Chat rooms or social networking sites that can provide opportunities for paedophiles to contact, and exploit young people. In addition, bullying, offensive and threatening language can feature.
- Unsolicited e-mail also known as Spam. Once it was dominated by pornography, but now it is often used for advertising and scams and may carry malicious software.
- Viruses or Worms that are often distributed by email as an attachment, or by a website containing malicious software. These are programs that install themselves into your computer software, causing malfunction and damage. Some malicious software can transfer all the information stored on the computer to another source unbeknown to the user.
- Phishing scams which are emails from companies or individuals that pose as someone such as your bank or possibly someone needing your help. They will try to obtain information such as passwords from you with the intention of stealing money or personal details. This can also lead to identity theft.

- Hacking - whilst connected to the Internet it is possible for someone to access your computer contents without your knowledge, if you do not have the correct firewall and antivirus products in place.

What do foster carers need to do to minimise risk?

1. Install the computer in a room which will enable foster carers to monitor and supervise young people's computer use; this is most likely to be the living room, (or the room where family members tend to spend most time).
2. Educate young people about the potential dangers of the Internet, through discussion and use of written and on line materials.
3. Use reputable Firewall and Anti-Viral protection programmes.
4. Where a foster child has sole use of a computer or a foster child and their foster carer has shared use of the same computer, to install suitable security systems to reduce the risk of harm to the child.
5. Draw up a Family Safety Code, so that everyone understands the rules for computer use.

Internet Safety eSafety Training

The Learning and Development Team commissions training for foster carers on Internet Safety eSafety – *A guide for foster carers to safeguard young people's use of the online world.*

Please discuss with your supervising social worker how to access this course.

Example of a Basic Internet Family Safety Code

Acceptable use of the Internet

- No one is allowed to go to pornographic, racist, and violent or hate motivated web sites.
- No one must use abusive or threatening language in on line communication.
- Never download unknown files or illegal content (pirated music or movies) from the Internet.
- All family members under the age of 12 years should use a child friendly Search Engine - http://www.kidfriendlysearch.com/Kid_Friendly.htm
- All family members will keep all personal information secret: this includes, names, ages, addresses, landline and mobile phone numbers or personal financial details.

Providing details online

Sometimes, for registration purposes or buying on the Internet, some details may need to be provided. In all such instances:

- The responsible family member for providing such information is..... (foster carer).
- All family members will only use moderated and age appropriate chat rooms and social networks

that have been agreed with by..... (foster carer).

- An online friend is a stranger in the real world and no family member should meet someone they have contacted on the Internet without the agreement of..... (foster carer).
 - Any agreement will be given only on the understanding that will be accompanied by..... (foster carer) and meetings must take place in a public place decided by (foster carer).
 - No family member should open unrecognised email or spam.
- If things go wrong
- If any family member is upset by any communications received via the Internet, they should inform..... (foster carer).
 - If any family member is subject to inappropriate contact whilst using the Internet a complaint will be made to the Internet Service Provider. In the case of illegal materials or content the Police will be informed.

Computer security in the home

A number of technical options are available to foster carers to minimise the risks to young people. What are the right ones for an individual family will be influenced by the individual family member's needs and the knowledge and competence of the foster carer in the use of computers.

Ensure you do not give administrative access to your computer to children. Administrator accounts on your computer give the user full access to all settings, which could enable the child to bypass any measures that you have put in place. Set up user accounts on your computer which only have limited access to the computer's settings. Use different passwords for each account.

Foster carers who feel they have limited knowledge or skills are advised to provide Internet access through a Search Engine designed for children. This will help to filter out inappropriate content. There are several options, including one provided by Google - <http://www.kidzsearch.com/>. This is also the safest option for all children under the age of 12 years.

Foster carers will need to take a close interest in what the family computer is being used for and by whom. Regular monitoring and supervision are essential to ensure young people can achieve, learn from and enjoy the online world. By providing this range of technical equipment and safety measures, young people can enjoy and make positive use of the Internet. However, if foster carers have concerns that a young person is not using the computer for the purposes for which it is provided, they should always discuss with their supervising social worker and agree any appropriate actions or sanctions.

Age classification: films, games and online content

Introduction

In order to protect children from unsuitable or potentially harmful content in films, DVDs and some online entertainment services, the BBFC (British Board of Film Classification) provides a system of classification to give consumers information about the suitability of the content for children of different ages. Shops must not sell DVDs to children who are younger than the age stated, and cinemas must not admit children to view a film if they are underage. The BBFC considers issues of discrimination, drugs, language, nudity, sex, dangerous and imitable behaviour, and violence.

PEGI (Pan European Game Information) provides a similar service in relation to video games. Shops must not sell games to children who are underage.

BBFC ratings for film, DVD and online content

- U (Universal, suitable for all ages)
- PG (Careral Guidance – general viewing). Might be unsuitable for very young children, but should not unsettle a child aged 8 years or older
- 12A/12 (suitable for children aged 12 years and older). 12A is used for cinema release and 12 for DVD. A child aged under 12 years will be admitted to a cinema showing of the film if they are accompanied by an adult
- 15 (suitable for 15 years and older)
- 18 (suitable for 18 years and older)

PEGI game ratings

- 3 (considered suitable for all ages)
- 7 (generally suitable for all, but might contain fighting scenes)
- 12 (games that involve slightly graphic violence towards fantasy characters, or non-graphic violence towards human-looking characters/recognisable animals. Might involve some non-graphic nudity and mild swearing)
- 16 (depiction of violence or sexual activity is realistic, more extreme bad language, depiction of drugs criminal activity)
- 18 (depiction of gross violence that could cause a viewer to feel revulsion)

Using the classification system in your home

You should not purchase DVDs or games for children if they are underage, and you should not permit them to watch films or play games that are not considered suitable for their age at other locations (e.g. school, friends' houses).

Making judgements about the suitability of a PG-rated film, or a 12A cinema release involves a careful consideration of the content and the likelihood that the young person might be unsettled by viewing it. A carer is entitled to make this judgement and it therefore falls within the remit of delegated authority, and should be discussed at the placement planning meeting and/or Care Plan review meetings. If you are not sure that you have been given delegated authority to make this decision, please discuss the issue with the young person's local authority social worker.

Careral control software of mobile devices permits you to restrict online content in accordance with BBFC guidelines. Discuss this with the local authority for each young person and agree appropriate restrictions. These restrictions should be included within the young person's risk assessment and safer care plan.

that focuses on tackling the sexual abuse of children. It has a thinkuknow website where you can find the latest information on websites, mobiles and new technology resources for those who work with children and a place to report any concerns about someone a child may be chatting to online. The site contains good information and safety tips: www.thinkuknow.co.uk
Further information on staying safe on line can be obtained from:

www.childnet.com/
www.getnetwise.org

Social networking sites – foster carers

Social networking sites are widely used by foster carers and children as a way of keeping in touch with family and friends. However please do not upload photographs of children in your care on your **Facebook** page or other networking sites, for example **Instagram** or **Twitter**. There are some potential dangers, due primarily to the fact that accounts can be easily accessed unless appropriate levels of security are set by the account holder. Foster carers must use the Privacy Settings to limit access to their account to people they trust. Foster carers who feel there are positive reasons for a former or current foster child as an on-line friend should first discuss this with their supervising social worker and obtain their agreement.

But remember, Privacy Settings do not guarantee 100% security. Foster carers are strongly advised not to make any reference to a fostered child whilst using a social network site as this may breach their right to privacy. Foster carers should not communicate any work related information that is of a confidential nature on a social network site including any information that may identify a foster child. For example, some birth carers who are legally prevented from having contact with their children may try to use sites to trace their whereabouts or use personal information logged by a foster carer to discredit them.

Social networking sites – children

A majority of children use social network sites. Such sites are therefore an important way in which young people choose to stay in touch and communicate with friends. However, there are potential dangers; for example, from predatory adults pretending to be a 'friend', in order to gain access to vulnerable young people. Foster carers should take the risk minimisation steps identified above.

The younger the child the more closely the foster carer should oversee the child's activities. If young people want to upload photos of themselves, encourage them to use pictures you both agree are suitable. Advise young people against entering details such as their phone number or address or any information that can identify their whereabouts. The foster carer should ensure that, should they become aware of any inappropriate photos of a child placed with them being put on social networking sites, they do not download them and forward/distribute them to other professionals involved with the child. It is illegal to distribute inappropriate images of children, whatever your motivation. Bring their presence online to the attention of the professionals.

Educate young people about **cyber bullying** and encourage them to tell someone they trust if they are subjected to bullying. The Child Exploitation & Online Protection (CEOP) Centre is the UK's national law enforcement agency that focuses on tackling the sexual abuse of children and provides advice on steps that adults and young people can take to keep themselves safe. www.thinkuknow.co.uk.

Responding to Sexting (Youth Produced Sexual Imagery)

What is 'Sexting'?

Youth Produced Sexual Imagery ("sexting") can be defined as images or videos generated by children and young people that are of a sexual nature or are considered to be indecent. These images may be shared between children and young people and/or adults via a mobile phone, webcam, handheld device or website/app.

Sexting & sharing of naked images

There is an increasing trend for young people to take photographs of their breasts and genitalia and share this by mobile phone or social media with their boyfriend/girlfriends. Some young people are also exposing themselves on webcam both to the people they know and strangers within chat rooms. It is vital that young people know that when they send such images, they lose control of them and could find that they are shared beyond the recipient. The images can be taken and placed anywhere online without their permission. There is an additional risk that the recipient will use the image in future to blackmail the young person.

Young people also need to know that creating and distributing these images can be a crime, if the young person pictured is under 16. Being convicted of distributing "indecent images" of children could result in a prison sentence (for those aged 16+) or admission to secure accommodation. It will also go on to affect the young person's career and travel opportunities. The message to young people is clear:

1. Do not take indecent images of yourself
2. If you receive an indecent image, delete it without saving or sharing it.

It is important that young people know that if anyone is making them feel uncomfortable online and asking them to take indecent images of themselves that they can:

1. Tell you
2. Report the other person to CEOP, particularly if the request comes from someone they don't know. You can make a CEOP report at www.thinkuknow.co.uk
3. Use helpful apps such as Zipit, which was created by NSPCC to respond to request from boyfriends/girlfriends in a humorous way.

The law and youth produced sexual imagery

It is an offence to "communicate indecently" which includes the sharing of images via text, electronically (social media) or verbally, with any person who did not consent to receiving the communication, or that the person sharing this knows that the recipient does not consent. (Sexual Offences (Scotland) Act 2009).

The Act maintains the age of consent at 16 and provides that any sexual activity between an adult and a child or young person constitutes a criminal offence. Sexual intercourse and oral sex between children and young people under the age of 16 is unlawful.

Definitions

- “Indecent” can include images or verbal descriptions of penetrative and non-penetrative sexual activity
- “Making” can include opening an attachment, downloading images and saving images to a computer/mobile device online
- “Sharing” includes sending by email, offering on a file sharing platform, uploading to a site that other people have access to, and possessing with a view to distribute or a sexually explicit conversation.

Examples of offences:

- A young person under 16 years of age taking a nude photograph of themselves, possessing the image and sending it to another person.
- A young person under 16 years of age who receives a sexual image of another young person aged under 16 years, and keeps this image on their phone
- A young person under 16 years of age who receives a sexual image of another young person aged under 16 years, and forwards the image to a friend
- A person over the age of 16 who creates/possesses and/or shares a sexual image of a young person under the age of 16 years

If an incident of ‘sexting’ involving children under 16 is reported to the police, their initial response will be to discuss with social work colleagues and agree whether the offence is considered solely a criminal offence or merits a joint investigation by Police and Child Protection Social Workers.

For young people aged 16 + who are subject to a supervision requirement Police Scotland may decide to adopt a similar process to that outlined for children under 16 above. However this will depend upon the circumstances of the sexting incident.

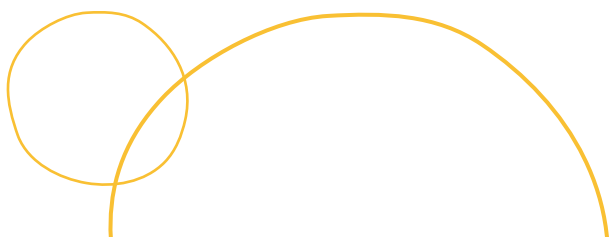
In deciding this the police may consider whether;

- The alleged activity has been shared with a number of recipients
- The alleged activity has been shared with an intent to cause harm or distress
- The alleged activity was solicited by an adult or an unknown person online
- The alleged activity was solicited by threats or deception

Young people’s devices might be seized by the police as evidence, although this action is avoided wherever possible as typically the device cannot be returned due to the technical difficulties in completely removing images from electronic devices so that they are irretrievable.

The subsequent investigation will consider whether the incident involved consensual sharing of images between individuals of a similar age, or adult where there could have been evidence of coercion/ violence/threat/profit making/revenge. Where offenders/victims are looked after children, child protection procedures are usually initiated.

Irrespective of the nature of the offences, and the circumstances involved, a referral to the Children’s Reporter is likely to be made, to enable the offences to be considered by a Children’s Hearing (for children



under 16). The hearing will consider the support plans developed by social work for the young people involved to prevent recurrence of the incident.

Agency response

Foster carers should report any known/suspected incidents of youth produced sexual imagery as a notifiable event. Foster carers should notify their allocated SSW of the incident as soon as they become aware, or involve the out-of-hours service if the situation is outwith normal office hours. The agency will inform the Local Authority of the situation and the local authority will discuss the situation with their JIIT (Joint Investigative Interviewing Team) or equivalent. The JIIT is a combined police/social work team whose primary focus is child protection and investigation.

The Agency will also provide a notification to the Care Inspectorate.

The young person's risk assessment will need to be updated, and a CSE risk assessment might be undertaken.

Support will need to be offered to the young person throughout the investigation, to include emotional support regarding the impact of the incident on their wellbeing and information about the JIIT investigation and any consequences thereof. This might include therapeutic support.

N.B. Agency staff and foster carers must not print, forward, distribute or save any youth produced sexual imagery unless instructed to do so by the police. Access to television, videos and adult magazines

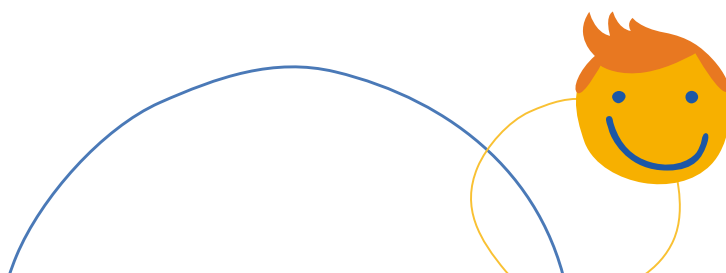
Through a number of media - including terrestrial television, cable or satellite TV, the Internet, videos, DVDs and magazines - it is possible to access a range of sexually explicit, obscene, violent and racist materials. Foster carers, along with others responsible for the day to day care of fostered children, have a duty to ensure that children in their charge are protected from these images.

Fosterplus expects that foster carers will make responsible decisions about the suitability of videos and DVDs, bearing in mind the censors' classifications of a film. Similarly, foster carers must ensure that children and young people are unable to access unsuitable, adult oriented cable and satellite television channels. These are generally, subscription channels. It is possible to exclude access to such channels, and foster carers should contact their supplier for advice, if necessary.

Photography and videos

There are no routine restrictions on foster carers taking family pictures of their fostered child, or of the child and their friends. Foster carers do not need consent for this. But permission is required if they are to be used publicly for example the Fosterplus newsletters or school newsletters. [Placement plans](#) should also confirm that foster carers can give consent for formal school photographs. These should be encouraged to ensure children have school and group photographs taken as part of their life history. It is important that fostered children have a record and memories of their childhood and photographs can be a helpful way for fostered children to make sense of their history and can contribute to their life story book.

However, decisions on whether foster carers can consent to other types of photographs or media activity



can be more problematic, where issues of confidentiality and safeguarding can be present. We also have to factor in the age and competency of a young person to make informed decisions. It should be assumed that many young people aged over 16 will very much take the 'lead' in these decisions.

Many children and young people take part in activities, in school, leisure, social or sporting settings, that may lead to publicity in the media. Others wish to engage in paid or voluntary activities which drive improvements in foster care and that may attract media attention. While this should be normally encouraged and celebrated, the issue of 'who consents' needs to be carefully judged in relation to particular known risks to the safety of an individual child.

Young people and foster carers often feel they are struggling with blanket policies in these areas, so individual consideration of each case is important. Any restrictions on a child's photograph or name appearing in the media should be based on good explanations and clearly specified in the placement plan. If foster carers anticipate that these sorts of issues may arise, they need to bring them to the attention of their supervising social worker as early as possible.

Support Network

There may be occasions when foster carers need to have a break from the child they are caring for; this may be for personal or family reasons or to take a short holiday.

Where these are occasional or infrequent absences by the foster carer, it may cause the least disruption to a foster child if relatives or friends of the foster carer (who are known to the foster child) act as 'temporary' foster carers. Such 'temporary' foster carers are known as the support network. They will need to be assessed and checked by a supervising social worker.

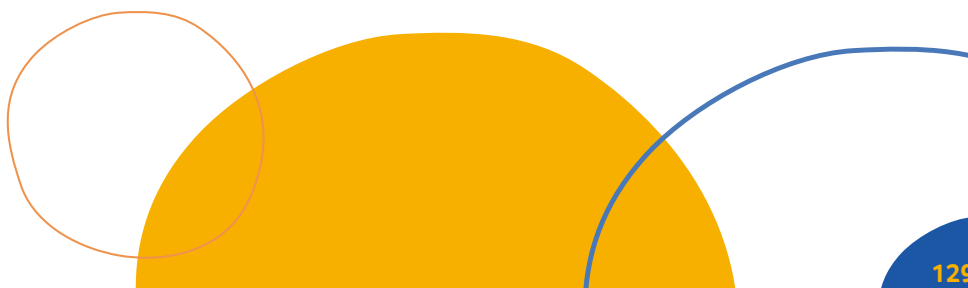
In addition to assessing your support network, Fosterplus also recognises the importance of ensuring that any support network have been sufficiently prepared for the task and understand the regulatory framework within which they will be accountable, as well as where advice and support can be accessed.

Adults planning to stay with foster carers

The **foster carer agreement** requires any foster carer to give reasonable notice to Fosterplus of any plans to allow another adult to stay at their own home. Foster carers who neglect to do this would be in breach of the foster carer agreement and it may result on them being taken back to the Fostering Panel for a review.

We require that Disclosure Scotland checks are taken up on any person, over the age of 16 years, who wishes to join the household of a current foster carer. If it is a short holiday, attending a family event such as a wedding or simply a social visit, in such circumstances, the foster carer must not leave any fostered child in the sole care of the adult overnight.

Because of the legal status of fostered children, Fosterplus has a duty to ensure that any adult who plans to stay at a foster carer's home is subject to an appropriate level of scrutiny, to establish that they are 'safe' and 'suitable'. If we are unable to establish this or conclude that the adult is unsafe or unsuitable,



we will refuse such a proposal.

The most likely reasons an adult plans to stay at the home of a foster carer are:

- They are the new partner of an existing foster carer.
- They are to look after the foster children, in the absence of the foster carer, as a short term arrangement (including where the foster children stay at the home of the temporary foster carer).
- For a short visit for such reasons as holidays, family events e.g. birthdays, Christmas celebrations, social visits.
- There is a change in the adult's personal circumstances; such as ill health, marital breakdown, financial loss etc. As a consequence, the adult may not be able to continue to maintain their pre-existing living arrangements or accommodation. The main reason for the proposed move to the home of the foster carer is other than for direct involvement in the fostering activities of the foster carer.

Significant Relationship Policy

Fosterplus will only consider adults joining fostering households who are relatives or close friends. This excludes such people as lodgers (including foreign students), due to the difficulty in undertaking a meaningful assessment and vetting process and the likely temporary nature of such arrangements. In the event of a new partner who is having contact with foster children or intends to move into the house, Fosterplus will follow the significant relationship policy.

This is required when a foster carer forms a new relationship which brings the person into contact with foster children. It has a staged response depending on the level of involvement.

This policy can be downloaded from CHARMS/Download.

Holiday with friends and relatives of foster carers

There is no requirement that where a looked after child visits or spends a holiday with their foster carer's friends or relative that the individual must be approved as a local authority foster carer, as the child will remain formally placed with their usual foster carers. There is also no statutory duty for Disclosure Scotland disclosures to be sought in relation to adults in a private household where a child may stay overnight or visit.

Ideally, such arrangements will be planned, authority agreed in the [placement plan](#) or at [a LAAC review](#). Where this has not occurred, we would expect foster carers to raise the prospect of a holiday or school trip, sufficiently ahead of time, with their supervising social worker.

Holiday Planning Guidance

Introduction

Where possible, Fosterplus will support and encourage foster carers to take foster children on holiday either within the UK or abroad. For children who are fostered there needs to be a clear process and plan developed to ensure the safety of all who are participating in the holiday.

Foster carer's Holiday Homes

Many foster carers have holiday homes that will have been assessed as second homes and a H&S risk assessment undertaken on these properties by the SSW. This needs to be updated alongside the home H&S assessment as part of the review cycle. A holiday risk assessment in respect of the children currently in placement requires to be completed and shared with the LASW prior to going to the holiday home. This does not need to be completed each time you go to the holiday home except if there is a change in placement or different foster family members visiting and staying over in the holiday home. Please note that if the holiday home is in another country including England, Wales or Northern Ireland, then the LASW should be advised as soon as possible so that any legal notifications e.g. Children's Reporter, can be made. This is particularly important if the child in your care is placed on a named place of residence.

All other holidays including travelling abroad

We recognise that at times there are holiday special offers that may require the holiday to be booked prior to the points below being completed, however you should only do this if you have had a discussion with your SSW or another member of the Fosterplus team who have then had a discussion with the child's social worker and their agreement has been given to book the holiday.

In giving agreement your SSW or the LASW will provide guidance in relation to sleeping arrangements/ bedroom sharing, permission to travel abroad, and insurance cover required prior to booking a holiday.

1. Discuss your intention to plan a holiday with your SSW as soon as possible and, where you are planning to use an hotel, or go abroad, prior to confirming any booking with a holiday company. This allows us to have discussions with the placing social worker for the child placed and ensure that the plan will not impact upon the care plan arrangements for the foster child, and enable appropriate checks and documentation (for example passports, careral consent) to be progressed prior to the holiday.
2. A holiday risk assessment form has been developed for use to collate the core information to help you, the placing social worker and the agency have clear understanding of the location of the holiday, the sleeping arrangements, and the plans should there be a need for Fosterplus or the Local Authority to respond to an emergency whilst you are on holiday.
3. The form needs to be completed by your SSW alongside yourself and shared with the LASW so that they can seek agreement from their council in relation to the plans being made.
4. A completed copy of the form will be uploaded to the child's Charms record, and a copy will be sent to the LASW for their records.
5. Fosterplus OOH system will be advised that the holiday is taking place and the LASW will update their own OOH system.

Overnight stays and visits

Guidance on Overnight Stays

There is no legal requirement to undertake disclosure checks on adults in a private household where a looked after child may stay overnight. Disclosure checks should not be sought as a precondition of an overnight stay unless there is evidence to suggest that this may be necessary. If a foster carer has serious worries about an overnight stay invitation then it should be refused. If permission for an overnight stay has been refused, this should be based on clear, recorded reasons that are necessary to protect the child's welfare in his or her particular circumstances. The child's views should also be recorded. As far as possible the reasons should be shared with the child or young person, although care needs to be taken not to disclose confidential information about a third party.

Children need to feel able to stay with their friends and Fosterplus does not wish to impede this, but nonetheless Fosterplus and foster carers have a shared responsibility to ensure the safety of children in their care. Carers routinely make judgements on whether or not there are known risks to staying in a particular household or visiting relatives, and similar judgements should normally be made for children in foster care by their responsible foster carers. Judgements should be based on a reasonable assessment of risks, which at times will require consultation with your supervising social worker and/or the child's social worker.

In all cases, we will seek to ensure that foster carers are fully aware of any specific individuals, addresses or areas which may place a child at risk and this information should also be included in the child's placement plan. At the placement planning stage and all subsequent LAAC reviews, it is essential that foster carers and supervising social workers establish clearly what decision making powers are delegated to the foster carer in responding to a child's request to stay overnight and/or visit with a friend.

Checklist for decisions

The following factors about the looked after child should be considered when making a decision about an overnight stay:

- The views of the child or young person on their friend and his/her family.
- If the child were subject to a supervision requirement specifying where the child is to reside, would an overnight stay conflict with any other terms of the supervision requirement or with the expectations of the children's hearing? If so, the overnight stay cannot take place. Was the possibility of overnight stays discussed at the most recent hearing? If not, then the issue should be raised at the next hearing.
- The child's age and level of maturity. Is the request appropriate to their age and are overnight stays common among children of their age?
- Has the child or young person stayed overnight with a friend before? If so how did they cope and did they enjoy the experience? Is there any evidence that they said they were staying at one friend's house but moved on to another house without letting their foster carer know? If they have not previously had an overnight stay, are they ready now?
- Is the overnight stay likely to cause conflict with other aspects of the child's life for example, the need to finish a project for school or visit their family? Can ways be found to fit in both activities?
- Is the child's legal status one where their carers' permission for an overnight stay should be taken into consideration?
- Does the child or young person have any health problems or disabilities that may affect the overnight stay for example, wetting the bed, a need to take medication or the need for wheelchair

access? The foster carer should discuss with the child or young person the information and advice needed to be shared with the family of the child's friend (the 'host family') beforehand to make sure that the child has a safe and comfortable stay.

- Does the child or young person have any cultural or religious needs that may affect the overnight stay for example, a halal, kosher or vegetarian diet? The information and advice to be shared with the host family beforehand should be discussed with the child or young person, and how this will be done.

If in doubt about the appropriate decision or if there is reason to consider that a child or young person may be at specific risk in staying in a particular household, you should consult the Supervising social worker for advice.

Foster carers are still expected to inform their supervising social worker (in advance) of any overnight stays, in particular. We have a responsibility to know where the child will be sleeping and to ensure that the child's local authority have an awareness of the arrangement. Should emergencies occur when foster carers have gone away, for example, the responsible adult/s can access our out of hours service and report any issues, seek advice etc. For this purpose, we must be clear on the child's location.

What information do I need to obtain when a child stays away?

Foster carers should always have contact details for the household in which the child or young person will be staying. They should also make contact with the household beforehand, as would any good carer, to assist in assessing the request and to confirm arrangements and to ensure that the household where the child will be staying have, in turn, the contact details of the foster carer(s):

- Obtain an address and telephone number.
- Ascertain who will be responsible for the child.
- Personally speak to the responsible adult to satisfy yourself that they are suitable as a temporary foster carer and to check that the sleeping arrangements for the child are appropriate.
- Know when the child or young person is due to return home.
- Clarify what transport arrangements are needed to facilitate this.

Keep a written record of the steps taken to ensure the child will be safe whilst staying with a friend and of the actual dates agreed for an overnight stay.

Adult supervision of children

Children under 8 should never be left unsupervised in or out of doors. Children aged 8 to 16 should not be left on their own, unless agreed in the placement plan. Young people over 16 can be left alone, unless the placement plan states otherwise.

Risk assessments

An initial risk assessment is made during the matching process when a child is first referred to the placement team for a possible placement. This will determine whether there are any known risks that a child may present, either to themselves or to others. It is quite possible that a child will show behaviours that can be identified as risks, only after a placement has taken place. Fosterplus will request copies of any existing written risk assessments and initiate the completion of an updated Risk Assessment once

the child is placed.

Family Safer Caring Plans

Fosterplus requires that each foster home produces a [family safer caring plan](#). This enables families to record how they behave towards each other and what family rules are in place, especially in the area of safer caring. This document should be shared with fostered children prior to their placement, if possible, as it will help them understand the essential rules of the home, what is expected of them and what they can expect of you. This plan should be reviewed annually or whenever there is any change in the household membership.

Individual Safer Caring Plan

It is important for the foster carer to draw up a plan with the young person that is specific to their needs to ensure that everyone understands what is permissible and acceptable to both the individual young person and the foster carer.

Health and Wellbeing

Health & safety responsibilities

Fosterplus has designed a Foster Carer Health and Safety Handbook to assist prospective foster carers, assessors, approved foster carers and supervising social workers to plan and review home safety, including outdoor areas, second homes and vehicles.

Health checklist when children and young people are first placed

- Have you registered the child with your GP (if the child is not to remain with their own GP)?
- Have you checked with your supervising social worker or the child's social worker that a health assessment (medical) has been requested?
- Have you made a dental appointment for the child?
- Does the child require an eye test?
- If caring for a baby, are you attending baby clinic for regular developmental monitoring?
- Is the child's vaccination record up to date?
- Has any medication been prescribed by a GP or other health professional, are there arrangements for storing it safely and administering it in accordance with the prescribed dosage?
- Is there agreement from birth carers, those with careral responsibility or the responsible authority for administration of non-prescribed medication and first aid?
- Have you checked to see if the child is undergoing tests, checks or treatment that you need to keep up?
- Have you the necessary signed consent from birth carers, those with careral responsibility or

the responsible authority before any planned treatment is commenced on the child?

Registration with the local GP

The child or young person in your care should be registered with your local GP as soon as possible after placement, unless continuing registration with the child's current GP has been agreed in the placement plan or with the child's social worker. Where possible, the child should be permanently registered with your GP, as otherwise their medical records are not requested and this limits the child's access to secondary health care services.

Hot tubs

These are an increasingly popular addition to the home garden and holiday accommodation. They are, however, several potential risks including bacterial infection and drowning. If you have a hot tub at home, we will complete a health and safety risk assessment with you to ensure that children are safe.

Children and young people must not use a hot tub without an adult present, and they are not suitable for young children who cannot regulate their body temperature. There is no legal age restriction on the use of hot tubs, but RoSPA considers that hot tubs should not be used by children under 5 and for children over 5 this should be set at a lower temperature of around 35°C and a limited soaking time of 10 minutes is advised, as they are less able to regulate their body temperature. We will ask for the consent of children's social workers before allowing them to use a hot tub.

Read RoSPA's advice about hot tubs [here](https://www.rospace.com/leisure-water-safety/water/advice/hot-tub-safety). [<https://www.rospace.com/leisure-water-safety/water/advice/hot-tub-safety>]

When the hot tub is not in use, please cover it and lock the lid.

Regularly test the water quality in the hot tub, in accordance with the manufacturer's instructions. Store cleaning chemicals in a secure place, where children cannot find them.

Hygiene is particularly important when it comes to hot tubs. Everyone should shower before entering the hot tub, and nobody should use it if they have an infectious illness or an open wound, however small, as this can lead to bacterial infection.

It is also important never to submerge your head in a hot tub as hair can be caught in the filtration system.

Evidence from research and practice shows that looked after children and care leavers are more likely to experience health problems than young people in the general population. Health assessments and planning for Looked After Children should be carried out within the Values and Principles of the Getting it right approach and applying the core components of the approach.

Guidance on Health Assessments for Looked After Children and Young People in Scotland

<http://www.gov.scot/Resource/0045/00450743.pdf>

Frequency of health assessments

It is the responsibility of a local authority to ensure that health assessments are carried out for every looked after child. Therefore, it is the child's social worker who initiates the process. Initial health assessments should be undertaken by a registered medical practitioner, while review health assessments may be carried out by an appropriately qualified registered nurse/midwife – for example, a school nurse, health visitor or member of a LAC Nurse Specialists team.

Comprehensive Health Assessment

Every looked after child or young person receives a comprehensive health assessment within four weeks of the NHS Board receiving notification (that an individual has become "looked after").

Guidance on Health Assessments for Looked After Children and Young People in Scotland:

<http://www.gov.scot/Resource/0045/00450743.pdf>

In many situations, as for children and young people who are looked after, the Childs Plan will include contributions from different services and agencies including needs identified through specialist assessments such as the Health Assessment and the actions to address these needs. To ensure that a consistent approach is taken by services and agencies the GIRFEC National Practice Model, should be utilised as the framework for any assessment and planning.

Involving carers and those with careral responsibility

It is good practice to involve carers in health assessments to provide an opportunity to obtain child and family health history directly as well as to obtain consent to gather further necessary data from GPs, consultants and hospitals. Where a child is provided with accommodation by the responsible authority under section 25 the carers must be given the opportunity to be involved in the child's health assessment and careral consent is required for a health assessment to proceed.

Health services for looked after children

Looked after children should have access to the full range of health services, including General Practitioner (GP), health visiting/school nurse, child and adolescent mental health, speech and language therapy, audiology, vision, health promotion, oral health, specialist, and sexual health services.

Guidance on Health Assessments for Looked After Children and Young People in Scotland

<http://www.gov.scot/Resource/0045/00450743.pdf>

Comprehensive Health Assessments

Objectives of health assessment

The objectives of the health assessment are to:

- Provide an opportunity to collate and to analyse the child/young person's health history including antenatal, birth, neonatal, past medical and family history.
- To identify unrecognised/unmet health needs, ascertain if the child/young person has missed or has any outstanding appointments, and to plan appropriate action.
- To comprehensively assess the child/young person's current physical, developmental and emotional health needs.

All assessments and planning by each Agency involved in a child's plan should be constructed around the 8 wellbeing indicators; safe, healthy, achieving, nurtured, active, respected, responsible and included. The Child's Plan should contain a holistic overview of all information gathered and assessments carried out and structured around the wellbeing indicators; a summary of how this information was considered in terms of the child's circumstances identifying strengths and pressures; how specific actions/ priorities were identified; and detail of a clear action plan. This must include the health assessment and action plan. The comprehensive health assessment will lead to a single agency health plan that can be shared and integrated to develop the multiagency Child's Plan. The initial health assessment should be submitted to the multi-agency plan in My World Assessment format – i.e. strengths and pressures around SHANARRI.

These should be reviewed at every LAAC review to ensure that health plans are being followed and any actions carried out.

Key health workers

All looked after children should have access to a LAAC nurse. The LAC nurse should co-ordinate children's health care irrespective of the number of care placement moves, ensuring coordinated continuity of health care and avoiding repeated assessments.

Hospitalisation

If the child needs to go into hospital, foster carers must inform their supervising social worker and the child's social worker. If this takes place out of office hours, foster carers must inform the out of hours worker. Admissions to hospital are matters that we must notify to the Care Inspectorate and it is vital that this is communicated immediately to the Agency.

Going into hospital is frightening and the child or young person is going to experience a further separation from people they know. In line with the principles of providing a **secure base**, foster carers should, if possible, stay with and remain available to them in hospital. Fosterplus may be able to provide assistance, if this means additional costs or the need for extra help.

Consent to medical treatment

Consent to medical or preventive treatment

In Scots law, when persons reach their 16th birthday, unless they lack the appropriate mental capacity, they gain the legal capacity to make decisions which have legal effect under the Age of Legal Capacity (Scotland) Act 1991.

However, even under the age of 16, a child can have the legal capacity to consent on his or her own behalf to any surgical, medical or dental treatment where in the opinion of a qualified medical practitioner attending the child, the child is capable of understanding the nature and possible consequences of the procedure or treatment (see section 2(4) of the 1991 Act).

- This is a matter of clinical judgement and will depend on several things, including:
- The age of the patient
- The maturity of the patient
- The complexity of the proposed intervention
- It's likely outcome
- The risks associated with it.
- Consent for Health Professionals in NHS Scotland

http://www.sehd.scot.nhs.uk/mels/HDL2006_34.pdf

If a child under the age of 16 is not capable of understanding the nature of the healthcare intervention and its consequences, then you should ask the child's carer or guardian for their consent to proceed with the intervention. The Local Authority will require to authorise any health care intervention where permission is required. However in the case of emergencies where treatment cannot be delayed it will usually be acceptable for medical practitioners to provide medical treatment without obtaining consent where it is immediately necessary to save life or to avoid significant deterioration in the patient's health. The treatment given must be no more than the immediate situation requires however.

Health promotion

Promoting the health of children and young people in foster care is very important if they are to grow into mature, stable, well balanced adults. Children often have poor health when they first become looked after, and fostering services have a duty to promote the health and development of children placed with foster carers. Attention must be paid to both their physical and emotional health. Foster care must provide a healthy environment, where children's good health and wellbeing is promoted, their health needs are identified and services are provided to meet their needs.

Healthy eating

Healthy eating is all about making sure you get the recommended amounts of vitamins, minerals, proteins and carbohydrates as well as the right types of fats and sugars. Good healthy eating habits need to start early, but foster carers often have to deal with a child whose eating habits have developed in a deprived or unhappy atmosphere. Even where this is not the case, a child may refuse to eat unfamiliar food when they have just left home. All sorts of behaviours are possible; overeating, hoarding, stealing, being finicky, refusal, vomiting. Whatever the case may be, it is always best to avoid confrontation; find out what the child's eating habits and preferences are and only introduce new eating experiences gradually, at the child's own pace. This is especially important for children with disabilities who may need

special diets or help with eating. Some of the approaches foster carers can take include:

- Get children started on the idea of 'five a day' early. If they are not keen on vegetables then blend them into meals or see if they prefer them raw.
- Encourage children to get up early enough to have breakfast to avoid them seeking high fat, high sugar products later or on the way to school. One idea might be to draw up a 'Food Agreement' with children to facilitate a clear expectation around eating and shared meals.
- Encourage children to eat wholemeal bread instead of white bread.
- Encourage children to eat fruit as part of their daily diet.
- Encourage the drinking of water.
- Sit with children at meal times and model/encourage appropriate social skills at the table to help develop confidence eating with other people.
- Ensure that foods are appropriate to the child's individual culture and religion. All children bring with them their own unique ethnic identity and food may play a role in this.
- Ask children and young people their views on food.
- Actively encourage the involvement of looked after children and young people in buying, preparing and cooking meals.
- Encourage them, especially when preparing to leave care, to budget around food, menu plan, shop, cook and clear away.
- Encourage young people to have a realistic and positive body image where the emphasis is on a healthy weight rather than the image dictated by the media.

A whole family approach should be encouraged to ensure that children are not treated differently. Spin off benefits can include helping children tackle behaviour problems that might be exacerbated by too many sugary food and drinks.

Getting more fruit and vegetables into a family's diet

The Change4Life campaign recommends the following for getting more fruit and vegetables into your diet:

- If you do not have time to prepare fresh vegetables try canned, frozen or pre packed and try stir frying vegetables to improve flavour.
- Have fruit juice at breakfast.
- Keep a well-stocked fruit bowl.
- Snack on fruit or raw sticks of vegetable such as carrot, celery or peppers.
- Serve two types of vegetables with your dinner.
- Swap to lower sugar cereals.
- Switch to fresh or dried fruit, breadsticks or unsalted nuts instead of sweets and biscuits.

Change4life – <http://www.nhs.uk/Change4Life/Pages/five-a-day.aspx>

Vitamins and homeopathic remedies

Vitamin supplements and/or homeopathic remedies should, in the first instance, be discussed with your supervising social worker, who would consult with the child's social worker. Medical advice can also be sought from the family GP or our own medical advisor. A discussion with the child's social worker should always be a precursor to any action being taken in relation to a significant change in dietary supplements.

Physical activity

It is well recognised that children are less fit than in the past. This is due to a changed lifestyle. Regular exercise is essential for everyone. It can be running, jumping, bike riding, swimming or any other type of exercise the child enjoys. Simply walking to and from school or playgroup can be good for the children and their foster carers. The time can also be spent talking to the child. Getting children to walk everywhere rather than putting them in the “buggy” or car because it is quicker is strongly recommended. Young people should exercise at least one hour each day to help stay healthy.

Physical and emotional health

“As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling.”

“As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials.”

“As a child, I play outdoors every day and regularly explore a natural environment.”

Health and Social Care Standards: 1.30, 1.31 and 1.32

Foster carers can:

- Enable and encourage children to take up sports and help them to sustain their interest.
- Encourage free time outdoor play such as walking, running, informal games, cycling as well as formal clubs and teams.
- This might also include initiating physical activity, active travel, active play, sports and hobbies outside school particularly during weekends and school holidays.
- Take younger children to the park.
- Consider introducing a maximum time that children and young people can be in front of TV, computer or video games.
- Use the car less and walk more with them.
- Find out if the local authority gives free entry to their leisure facilities.

Change4life – 60 active minutes

The Change4life website has lots of ideas for everyday family activities that can help children do 60 minutes of physical activity every day.

Change4life - <http://www.nhs.uk/Change4Life/Pages/exercise-ideas-for-kids.aspx>

Leisure activities

Fostering services are required to ensure that foster carers promote the leisure interests of children and young people. It is important for looked after children to have access to a wide range of leisure activities which helps them to enjoy their interests, develop self-confidence and maintain good health. The

activities from which children derive enjoyment will be varied and personal, but such experiences will be important in helping them to gain a sense of achievement and in helping them to develop skills that will prepare them for independence later on. Children will find life more fun if they have interests outside the home. Interests will:

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

Foster carers should encourage children to participate in normal leisure activities in the same way that any reasonable carer would. Supervising social workers can help foster carers to consider the full range of social, leisure and sporting opportunities available locally to foster children, including any with which the foster carers were not previously familiar. Foster children may need additional help and support from their foster carers to participate fully. Sometimes this may involve an element of informed risk taking, so that children are able to learn from their experiences. Foster carers need to be aware of the authority that they have to make decisions on activities, leisure interests and social events, and these must be included in arrangements in the placement plan.

Many fostered children will need a lot of help and encouragement to find interests they enjoy and there may be 'false starts' along the way. It is normal for children to try out several activities before they find one that really suits them, and it is important for foster carers to be patient. If any of these activities entail excessive expenditure, then foster carers should talk to their supervising social worker and child's social worker about the possibility of getting assistance with this.

Vaccinations (Immunisations)

Immunisation helps protect against serious diseases such as flu, measles, mumps, whooping cough, meningitis, and polio. It is easy to protect most children against infection with a simple course of injections. Every year several children die unnecessarily from dangerous diseases. Permission for any vaccination programme must be included in the placement plan. If this is not the case, please discuss with your supervising social worker.

Here is a checklist of the vaccines that are routinely offered to children in the UK for free on the NHS, and the age at which children should ideally have them.

8 weeks:

- 5-in-1 vaccine – this single jab contains vaccines to protect against five separate diseases: diphtheria, tetanus, whooping cough (pertussis), polio and Haemophilus influenza type b (known as Hib – a bacterial infection that can cause severe pneumonia or meningitis in young children)
- Pneumococcal (PCV) vaccine
- Rotavirus vaccine
- Men B vaccine

12 weeks:

- 5-in-1 vaccine, second dose

- Rotavirus vaccine, second dose

16 weeks:

- 5-in-1 vaccine, third dose
- Pneumococcal (PCV) vaccine, second dose
- Men B vaccine second dose

One year:

- Hib/Men C vaccine, given as a single jab containing vaccines against meningitis C (first dose) and Hib (fourth dose)
- Measles, mumps and rubella (MMR) vaccine, given as a single jab
- Pneumococcal (PCV) vaccine, third dose
- Men B vaccine, third dose

2-7 years (including children in school years 1, 2 and 3):

- Children's flu vaccine (annual)

3 years and 4 months:

- Measles, mumps and rubella (MMR) vaccine, second dose
- 4-in-1 pre-school booster, given as a single jab containing vaccines against diphtheria, tetanus, whooping cough (pertussis) and polio

12 - 13 years (girls only):

- HPV vaccine, which protects against cervical cancer – two injections given 6-12 months apart
- 3-in-1 teenage booster, given as a single jab and contains vaccines against diphtheria, tetanus and polio
- Men ACWY vaccine, given as a single jab and contains vaccines against meningitis A, C, W and Y

NHS Immunisation Scotland

The NHS choices website provides detailed information on the vaccines that are routinely offered to everyone in the UK for free on the NHS, as well as planning tools for carers and foster carers and comments pages:

www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them/

Medication

Foster carers should keep medicines in a safe place that children cannot access, unless it has been specified in the placement plan that a child is capable of managing their own medication. Whilst children should be supported to keep and administer their own medication, care must be taken to ensure that they are responsible enough to do so, or will be able to do so with adequate support and supervision. Foster carers and social workers will need to make a judgement about whether children should manage their own medication, which is why it is best recorded in the placement plan.

When a child is first placed with them, foster carers ideally should be given written permission from a person with careral responsibility to administer first aid and non-prescription medication, and this should be clearly recorded in the placement plan. If it is unclear what permission has been given, please raise this with your supervising social worker.

Proper care must be taken to ensure prescribed medicines are only administered to the individual for whom they are prescribed. Foster carers should keep a written record of all medication, treatment and first aid given to children during their placement, using the progress action on CHARMS 'Monitoring Event - Medication, medical treatment or first aid' – you should record any medication administered and time given. This includes use of inhalers prescribed for asthma.

Infectious Diseases

HIV and AIDS

N.B. This information relating to a child should be confidential, as with any medical record. HIV (Human Immunodeficiency Virus) is a virus which damages the body's immune system and exposes it over time to the risk of severe infections (e.g. pneumonia, which affects the lungs) and certain cancers which affect the skin and various organs. AIDS (Acquired Immune Deficiency Syndrome) is the name given to a group of these diseases when caused by HIV.

There is as yet no cure for AIDS or vaccine against HIV infection. There are, however, anti-retroviral drugs that can improve the quality of life and extend the lifespan of people with HIV. However, such treatments may have debilitating side effects.

Children with HIV should be referred for assessment by an HIV specialist physician. HIV infection is not spread by normal daily contact and activities e.g. coughing, sneezing, kissing, hugging, holding hands, sharing bathrooms and toilets or food, cups, cutlery and crockery.

Further information about HIV and AIDS – AVERT

AVERT is an international HIV and AIDS charity based in the UK. AVERT provides a wide range of information to educate people about HIV/AIDS across the world, including sources of local information and help in the UK:

<http://www.avert.org/aids-help-uk.htm>

Hepatitis A

Hepatitis A is less serious than hepatitis B, but also attacks the liver. It is transmitted in human faeces and contaminated food and drinking water. The incubation period is about three weeks. It causes sickness, diarrhoea and stomach pains but is not serious to otherwise healthy people. Sufferers usually recover completely in a few weeks and one attack usually gives full immunity. There is a vaccine available for hepatitis A.

Further information about Hepatitis - AVERT

‘Hepatitis’ refers to viral infections that cause inflammation of the liver. Hepatitis A, B and C are the most common types. Each has different causes and symptoms. There is more information about how each form of hepatitis is spread, signs and symptoms, where to go for help, tests, treatments and prevention on the AVERT website:

<http://www.avert.org/sex-stis/sexually-transmitted-infections>

Hepatitis B

Hepatitis B is a virus, which causes infection that may damage the liver. People with hepatitis B infection do not necessarily have symptoms or feel unwell, but some do get a short “flu-like” illness, often with jaundice (yellowing of the skin and eyes and dark urine), nausea, vomiting and loss of appetite. Infection without symptoms and illness without jaundice occurs, particularly in children. Very rarely, hepatitis B infection may cause acute liver failure.

Hepatitis B carriers are infectious to other people, and about one in five infected in infancy or childhood may develop serious liver damage later in life such as cirrhosis (scarring of the liver) and primary liver cancer. Children with chronic hepatitis B infection should be referred for assessment by a specialist clinician, such as a hepatologist, gastro-enterologist or infectious disease physician. Drug treatments may be available, although they are not effective in every case.

Vaccination against hepatitis B is available, though not a necessary requirement. However, should foster carers or social workers feel worried or concerned about the risks to themselves or their families, they should discuss this with their GP.

Like HIV, hepatitis B infection is not spread by normal daily contact and activities e.g. Coughing, sneezing, kissing, hugging, holding hands, sharing bathrooms and toilets or food, cups, cutlery and crockery.

Hepatitis C

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

Hepatitis C infection is not spread by normal daily contact and activities e.g. coughing, sneezing, kissing, hugging, holding hands, sharing bathrooms and toilets or food, cups, cutlery and crockery.

Meningitis

Meningitis is an inflammation of the membranes that surround and protect the brain and spinal cord. It can be caused by either a virus or bacteria. Viral meningitis is rarely life threatening, but can make people feel very unwell. Most people who get viral meningitis recover after a few weeks without any specific treatment.

Bacterial meningitis can be life threatening and needs urgent medical attention. Many different bacteria can cause meningitis but the three main types are hib, pneumococcus and meningococcus.

Common signs and symptoms

(Symptoms do not appear in any order and some may not appear at all).

Babies & Toddlers:

- Fever - cold hands and feet
- Refusing food or vomiting
- Fretful or dislike of being handled
- Pale, blotchy skin
- Blank staring expression
- Drowsy, difficult to wake
- Stiff neck, arched back
- High pitched cry

Children:

- Fever - cold hands and feet
- Vomiting
- Headache
- Stiff neck
- Dislike of bright light
- Joint or muscle pain
- Drowsy
- Confusion

As well as the above symptoms a sign of this disease can be a rash that does not fade under pressure. Do not wait for a number of symptoms to appear. Trust your instincts. Use a glass to press against the skin; if the rash does not fade this could be a sign of Meningococcal Disease. Meningococcal bacteria can cause both meningitis and septicaemia (blood poisoning). Together these are known as Meningococcal Disease.

Foster carers should always contact their GP immediately if they have any concerns; early medical intervention is critical to recovery. Do not wait for a number of symptoms to appear - trust your instincts!

Further information about Meningitis – NHS Choices

NHS Choices is the online 'front door' to the NHS. It is the country's biggest health website and gives all the information you need to make choices about your health. There is full information on meningitis as well as hundreds of other medical conditions:

<http://www.nhs.uk/Conditions/Meningitis/Pages/Introduction.aspx>

Infection Prevention and Control and Hygiene Procedures

Within any household or environment where people share a living space it can be easy to spread infection from person to person. Using methods of Infection Prevention and Control (IPC) we can help to prevent the spread infection and maintain and promote good hygiene and health for all.

The “chain of infection” highlights how bacteria or viruses (the causation agent) can move from the source (the infection’s home environment e.g. person) via an portal (exit) and is transmitted to a susceptible host when it gets into the person’s body via a portal of entry.

Breaking one of these links in this chain of infection can prevent the spread of infection. Bacteria can be killed. Sources can be isolated, removed or made less hospitable. Portals of exit and entry can be blocked. Therefore, transmission can be reduced or prevented.

Basic principles of environmental and personal hygiene will help to minimise or prevent the spread of common infections.

These include:

- Quarantine
- Good personal cleanliness, especially handwashing
- Using PPE where necessary
- Keeping environments clean
- Removing waste regularly
- Pest control policies where required



The Smoking, Health and Social Care (Scotland) Act 2005 banned smoking in both the work place and indoor areas which are used by the public. All Fosterplus premises are subject to this legislation which applies to both staff and visitors. The legislation states that anyone who smokes in a smoke free place will be committing a criminal offence and could be subject to an instant fine of £50.

There is overwhelming evidence that children and young people are especially vulnerable to the effects of tobacco smoke which have serious long term effects on their health. Their entitlement to a healthy, smoke free environment is paramount and therefore foster carers are expected to ensure that all household members do not smoke in the home during fostering placements. This also means that Fosterplus staff should not smoke whilst visiting a foster carer. Equally, children and young people should be assured of a smoke free atmosphere whilst being transported by staff or foster carers.

Smoking in cars causes harm both to the smoker and to others in the vehicle, and children are particularly vulnerable to harm from second hand smoke (SHS).

Smoking Prohibition (Children in Motor Vehicles) (Scotland) Act 2016 came into force in January 2016. The penalty is £100 if caught smoking with a child in the car.

Fosterplus will not place the following with any foster family who have a smoker living in the household:

- Children under the age of 5 years.
- Carer and child.
- Child of any age with a respiratory illness which is known to be aggravated by smoke.

There is a lot of pressure on young people to smoke; from peers, television, film and advertising, and older people who they admire. Many young people who are looked after are smokers. Reducing or giving up smoking should be encouraged, for the financial as well as health benefits. It is illegal for young people under the age of 18 to buy cigarettes or tobacco. If a young person needs advice on giving up smoking, they should speak to their GP about various aids to giving up, such as nicorette gum and nicotine patches.

Fosterplus will respect the wishes of those foster carers who choose not to foster young people who are known to smoke and foster carers should inform their supervising social worker if they do not wish to be considered for such placements. Wherever possible, foster children who choose to smoke should be persuaded and supported to stop. Occasionally, a foster child will be determined to continue to smoke and in such circumstances the foster carer should insist the young person does not smoke within the foster carer's home. Foster carers should inform any fostered child of the house rules on smoking before or at the beginning of the placement.

Fosterplus Smoking Policy

Fosterplus's policy on smoking – which also covers electronic cigarettes can be accessed on CHARMS/Download.

Where approved foster carers do smoke, the issue will be raised and reinforced through supervision and reviews. Support is crucial, particularly as smoking can be a response to stress, and consideration needs to be given to ways of minimising the level of stress experienced.

Supervising social workers will agree a smoke free plan with foster carers to include the following:

- Foster carers and other members of the household, including visitors, will not smoke in the company of children of any age, in the home or in the car and will promote non-smoking as the norm;
- Smoking will take place outside the home;
- Tobacco products, matches or lighters will not be left lying around or accessible to children.

Electronic Cigarettes

Fosterplus's policy views e-smoking the same as conventional smoking.

E-cigarettes contain a number of toxic chemicals and ultrafine particles in addition to nicotine. However, because they are not currently licensed or regulated, it is not possible to be sure of their exact ingredients or how much nicotine they contain, although in general the content of nicotine is lower than in conventional cigarettes.

There is also concern that e-cigarettes may 'renormalise' smoking, thereby undermining the smoking bans which have helped to de-glamorise cigarettes.

The British Medical Association (BMA) has stated that the existing smoke free legislation in the UK should be extended to include the vapour from e-cigarettes.

Alcohol

Alcohol is generally accepted in our society as an aid to relaxing, socialising and enjoyment; but like tobacco, alcohol is a drug and people can fairly easily become addicted to it:

Alcohol misuse and, particularly, the pattern and levels of alcohol consumption, have harmful consequences for individuals, their family and friends as well as wider society and the economy. Alcohol consumption and related harms are significant public health issues in Scotland.

<http://www.healthscotland.scot/health-topics/alcohol/alcohol>

The Scottish Chief Medical Officer's advice is that an alcohol-free childhood is the healthiest and best option.

Foster carers and supervising social workers have a responsibility to encourage positive health promotion through modelling the sensible use of alcohol. Therefore, Fosterplus expects foster carers to follow the Medical Officer's guidance. The consumption of alcohol by fostered young people with the knowledge and approval of a foster carer can be a sensitive issue as foster carers are not the legal carers of the child. Some children will have experienced trauma associated with alcohol misuse. Some birth carers may have strong views about their child consuming alcohol. Therefore, foster carers should always discuss this issue with the young person and their local authority social worker and agree some rules about alcohol consumption.

However it is inevitable that many young people will use or experiment with alcohol or become involved

through peer pressure. All young people come into contact with alcohol as they get older and they will receive mixed messages about its use from peers, adults and the media. Alcohol misuse by young people is more common than drug misuse. Most young people have their first alcoholic drink when they are teenagers, often in the company of their peers. At this age many young people will not appreciate the potential dangers of alcohol or of its effects.

The risks include:

Aggressive behaviour – alcohol dis-inhibits people's emotions, often leading to anger and violence.

Sex – unprotected sex can lead to unintended pregnancies or sexually transmitted infections.

Injuries – alcohol affects balance, co-ordination and the capacity to make decisions.

Alcohol poisoning – overdosing on alcohol is life threatening, as it can cause vomiting and choking whilst the child is unconscious. Foster carers should call an Ambulance if they are worried the young person has drunk excessively, whether or not causing unconsciousness. Place the child in the Recovery Position so that they won't choke. If they vomit, stay with them and check their breathing regularly.

It may be that the young person needs additional help to manage this if their drinking has got out of control. This should be discussed openly with the young person and suitable services to help should be accessed, if necessary.

The legal position in Scotland in respect of alcohol consumption

In Scotland the primary legislation is the Licensing Scotland Act 1976. (However, despite what it says legally, some Placing Local Authorities/carers may have different views).

Under 5

It is illegal to give an alcoholic drink to a child under 5 except in certain circumstances (e.g. under medical supervision).

Under 14

A young person under 14 cannot go into a licensed premises unless they have a 'children's certificate'. If it does not have one the child/young person can only go into parts of licensed premises where alcohol is either sold but not drunk (e.g. an off-licence or a sales point away from a pub), or drunk but not sold (e.g. a garden or family room).

14 or 15

14 and 15 year olds can go anywhere in a pub, but they cannot drink alcohol.

16 or 17

16 and 17 year olds can buy (or be bought) beer or cider (and wine in Scotland) as an accompaniment to a meal, but not in a bar (i.e. only in an area specifically set aside for meals).

Under 18

Except for 16 or 17 year olds having a meal, it is against the law for anyone under 18 to buy alcohol in a pub, off-licence, supermarket or other outlet; or for anyone else to buy alcohol in a pub for someone who is under 18.

Drugs

Scotland has a long legacy of drug and alcohol misuse. This damages lives, families and communities, and contributes to violence and crime.

Many of those affected will have experienced difficult life circumstances, and are among the most vulnerable and marginalised in society, subject to stigma because of their addiction. Many of the young people we care for will have been exposed to some of the harshest effects of drug or alcohol misuse.

Hidden Harm

One of the first significant attempts to understand and tackle the problems of children and young people affected by careral abuse - the Hidden Harm report - was published in 2003 by the UK Government's Advisory Council on the Misuse of Drugs. This report significantly raised the profile of the issue and highlighted the challenges for public agencies to work together more effectively to address it.

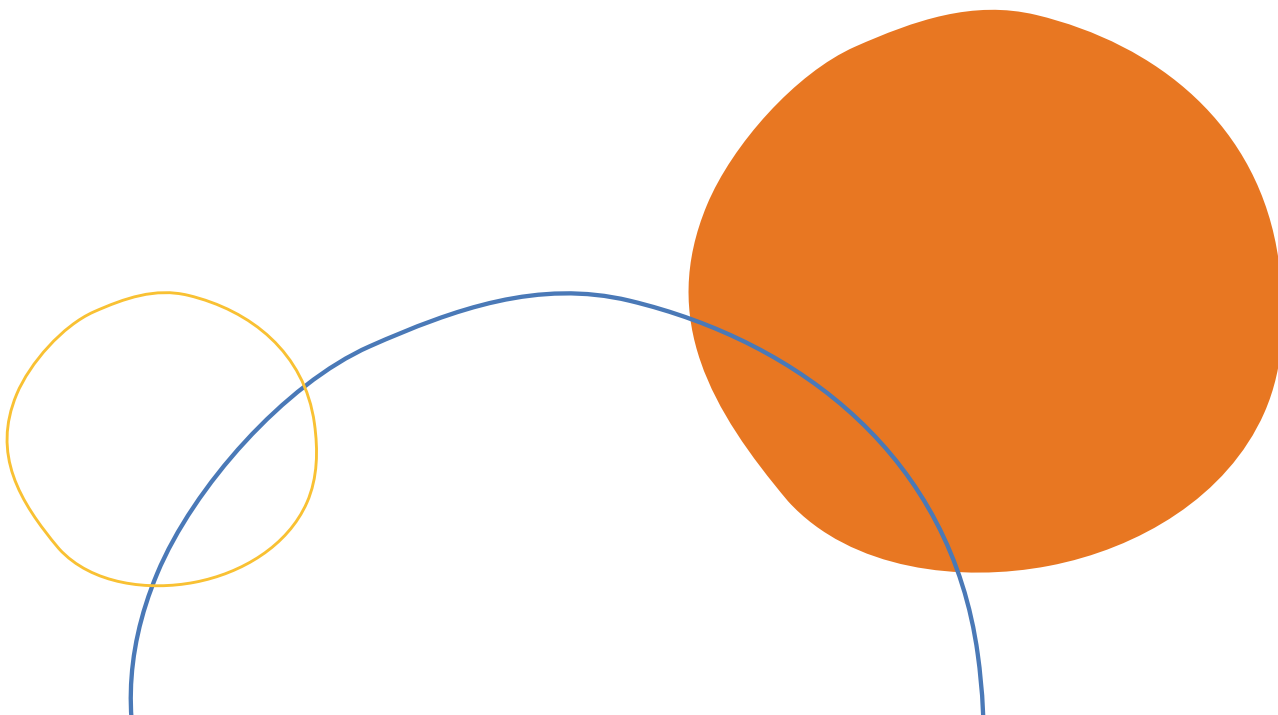
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/120620/hidden-harm-full.pdf

What are illegal drugs?

Illegal drugs are controlled under the Drugs Act 2005 and the Misuse of Drugs Act 1971 which placed different kinds of illegal drugs into three different categories, or classes. These classes (A, B and C) carry different levels of penalty for possession and dealing.

The Misuse of Drugs Act 1971 will continue to be the main drug legislation in the UK. The 1971 act controls over 500 psychoactive substances as well as other harmful drugs, e.g. heroin and cocaine, however the Psychoactive Substances Act 2016 came into force in May 2016 and bans psychoactive substances, also known as 'legal highs', in the UK and prevents the supply of these previously unregulated and frequently harmful substances for human consumption.

The following Home Office website provides further information about the classification of drugs and maximum penalties: <http://www.homeoffice.gov.uk/drugs/drug-law/>



| Penalties - Possession and Production or Supply (Dealing) | | |
|---|--|--|
| Class of Drug | Class of Drug | |
| Class A | Crack cocaine; cocaine; ecstasy (MDMA); heroin; LSD; magic mushrooms; methadone, methamphetamine (crystal meth) | <ul style="list-style-type: none"> • Up to 7 years in prison or an unlimited fine or both • Up to life in prison or an unlimited fine or both |
| Class B | Amphetamines; barbiturates; cannabis; codeine; ketamine; methylphenidate (Ritalin); synthetic cannabinoids; synthetic cathinones; (e.g. mephedrone, methoxetamine; | <ul style="list-style-type: none"> • Up to 5 years in prison or an unlimited fine or both • Up to 14 years in prison or an unlimited fine or both |
| Class C | Anabolic steroids; benzodiazepines (diazepam); gamma hydroxybutyrate (GHB); gamma-butyrolactone (GBL); piperazines (BZP); khat | <ul style="list-style-type: none"> • Up to 2 years in prison or an unlimited fine or both (except anabolic steroids - it's not an offence to possess them for personal use) • Up to 14 years in prison or an unlimited fine or both |
| Legal Highs | Psychoactive substances are defined Any substance which is capable of producing a psychoactive effect in a person who consumes it. A psychotic effect is defined as stimulating or depressing a person's central nervous system, it affects the person's mental functioning and emotional state. | <ul style="list-style-type: none"> • Up to 7 years in prison or an unlimited fine or both |
| Temporary Class Drugs | The government can ban new drugs for 1 year under a temporary banning order while they decide how the drugs should be classified. Check the Home Office website for details. | |

Talking to children and young people about drugs

Young people who are upset and troubled are especially open to others who may influence them into trying alcohol, drugs or solvents. Fostered young people may get involved for many reasons. These can be to escape from painful experiences, to seek attention, to rebel, to take risks, or to bow to the pressure of their friends and acquaintances. Whatever the reason they have used drugs, it is important to try to talk openly with the young person. Make sure you have accurate information about drug use. There is some evidence that if you talk directly to a child about drugs, they will be less likely to try them at a young age.

- Ask children and young people what they are covering in alcohol, smoking and drug education at school in order to discuss it with them.
- Remind them of your views and be clear about house rules around these issues. Be prepared to highlight the potential harm to health, whilst also trying to keep open channels of communication.
- Use opportunities to give young people knowledge about drug use along with the support services that are around.
- Encourage them to develop life skills, perhaps through encouraging co-operative tasks.
- Reinforce their sense of self-worth through demonstrating your acceptance of who they are. This

will assist them to be able to make good decisions and keep themselves safe.

- Encourage them to develop positive values around their own health choices and explore with them how to resist peer pressure.
- Model sensible alcohol use.

Find out the circumstances in which the young person used whatever they used. Do not make assumptions. Do not accuse the young person. Instead, when you have as much of the story as you can get, try to put it into some form of context. From here you will be in a position to decide, in consultation with your supervising social worker and the young person's social worker, how best to proceed.

Some children or young people may need specialist help to deal with a drug or alcohol habit in which case, as a foster carer, you will need to work in partnership alongside relevant agencies. Helping young people change their risk taking behaviour can be a rewarding, if challenging, part of the job for foster carers.

What if I find drugs in my home?

Remember that if a young person is caught by the Police in possession of illegal drugs in your home, they could possibly receive a prison sentence. You, however, also run the risk of a sentence if you do not report it. If you think a child or young person in your care may be in possession of drugs, seek help and advice immediately from your supervising social worker or the out of hours worker.

Recognising different types of drugs

This is a short list which may quickly be out of date. Contact your supervising social worker for more up to date information or go on the FRANK website at: <http://www.talktofrank.com/>

- Amphetamines (sometimes called speed) are man-made powders which can be dissolved in water and injected or even smoked, but are generally sniffed.
- Cannabis comes in black or brown lumps of resin or looks like grass. Also known as hash, dope, weed, head, grass, ganga, gear, hashish, score, draw, marijuana, puff, bash or pot. It is usually taken by rolling it into a joint or cigarette.
- LSD is a manmade powder usually taken as pills, but may also be supplied in paper, gelatine sheets or sugar cubes.
- Cocaine, also known as coke or snow, is a white powder in appearance which can be sniffed or injected.
- Crack is refined cocaine, using other chemicals such as baking powder. It is usually smoked and is rapidly addictive.
- Opiates, e.g. heroin (also known as smack or junk). Heroin is a white or brown powder which can be injected, smoked or sniffed.
- Ecstasy comes in different coloured pills or tablets and some of them have designs or logos stamped into them.
- MDMA is the chemical name for Ecstasy, which in its pure form is a powder made of white crystals.
- Solvents and gases may be sniffed to produce a similar effect to alcohol. People have been known to use cleaning fluids and lighter fuel. The vapours from these products quickly reach the brain and cause reduced breathing and heart rate which can lead to loss of consciousness.

Common symptoms of drug misuse

There are many warning signs of drug use and abuse. The challenge for foster carers is to distinguish between the normal, sometimes volatile, ups and downs of puberty and the teenage years and the red flags of drug abuse.

Physical warning signs of drug abuse

- Bloodshot eyes or pupils that are larger or smaller than usual, or use of eye drops to mask this.
- Changes in appetite or sleep patterns. Sudden weight loss or weight gain.
- Deterioration of physical appearance and personal grooming habits.
- Unusual smells on breath, body, or clothing.
- Tremors, slurred speech, or impaired coordination.
- Using incense, perfume, or air freshener to hide the smell of smoke or drugs.

Behavioural warning signs of drug abuse

- Drop in attendance and performance at school or work.
- Unexplained need for money or financial problems.
- Missing money, valuables, or prescriptions.
- Being secretive about friends, possessions, and activities.
- Sudden change in friends, favourite hangouts, and hobbies.
- New interest in clothing, music, and other items that highlight drug use.
- Frequently getting into trouble (fights, accidents, illegal activities).

Psychological warning signs of drug abuse

- Unexplained change in personality or attitude.
- Sudden mood swings, irritability, or angry outbursts.
- Periods of unusual hyperactivity, agitation, or giddiness.
- Acting uncharacteristically isolated, withdrawn, or depressed.
- Demanding more privacy; locking doors; avoiding eye contact; sneaking around.
- Lack of motivation; appears lethargic or “spaced out.”
- Appears fearful, anxious, or paranoid, with no reason.

Sexual health

Foster carers and social workers can and should give young people, including under 16s, reliable information on sexual health and contraception and details of where and how to contact local services. Young people should be encouraged to contact health professionals for advice at the following centres where contraceptive advice and treatment is free:

- Family Planning Clinics.
- Brook Advisory Clinics.
- Their own GP.
- Some NHS walk-in centres/Young People’s Information Services.
- Pharmacies.
- Genito-urinary (G.U.M.) sexually transmitted infection centres.

Health professionals can give contraceptive advice and treatment to young people under 16 without careral consent, if they consider the young person to be 'Gillick competent'. This term describes whether the young person has sufficient understanding to be able to consent to their own medical treatment without the consent of a carer.

Young people under care orders have the same right to confidentiality and treatment from health professionals as other young people. This means that they can ask for and access contraceptive advice from health professionals with the same degree of assurance about confidentiality as young people who are not subject to care orders.

Young people can also get information and advice about sexually transmitted infections from the centres listed above.



The legal position in relation to sexual behaviour in Scotland

Age of Consent

The age of consent to any form of sexual activity is 16 for both men and women, so that any sexual activity between an adult and someone under 16 is a criminal offence. The age of consent is the same regardless of gender or sexual orientation.

There are possible defences if the sexual activity does not involve penetrative or oral sex. These are if the older person believed the young person to be aged 16 or over and they have not previously been charged with a similar offence, or the age difference is less than two years.

Sexual intercourse (vaginal, anal) and oral sex between young people aged 13–15 are also offences, even if both partners consent. A possible defence could be that one of the partners believed the other to be aged 16 or over.

Guidance from the Scottish Government acknowledges that not every case of sexual activity in under-16s will have child protection concerns, but young people may still be in need of support in relation to their sexual development and relationships.

Sexual Assault

A range of specific offences protect children under 13, who cannot legally give their consent to any form of sexual activity. The maximum penalty could be life imprisonment for rape, sexual assault, sexual assault by penetration, or causing a young child to participate in sexual activity. There is no defence that the accused believed that the child was older.

The Sexual Offences (Scotland) Act 2009 parts 4 & 5 covers offences against children which includes rape of a young child; sexual assault on a young child by penetration; sexual assault on a young child; causing a young child to participate in a sexual activity; causing a young child to be present during a sexual activity; causing a young child to look at a sexual image; communicating indecently with a young child; sexual exposure to a young child; voyeurism towards a young child.

<http://www.legislation.gov.uk/asp/2009/9/section/42>

Grooming

The offence of 'grooming' was introduced under the Protection of Children and Prevention of Sexual Offences Act 2005. Grooming is described as a person intentionally developing a relationship with a young person under the age of 16 'in order to gain their trust and persuade them into vulnerable situations where they can then be sexually assaulted'. A Risk of Sexual Harm Order can be imposed on a person by the courts if that person's behaviour suggests they pose a risk of sexual harm to a particular child or to children generally.

Pornography

In Scotland, extreme pornography is defined by the Criminal Justice and Licensing (Scotland) Act 2010. An extreme image is defined in the Act as one which is 'grossly offensive, disgusting or otherwise of an obscene character'.

<http://www.legislation.gov.uk/asp/2010/13/section/41>

Consent and confidentiality

Promoting and safeguarding a young person's sexual health should be discussed at the placement planning meeting (if age-appropriate) and at statutory reviews of the young person's care plan. At these meetings, the Local Authority will set out their expectations of the foster carer, and issues of confidentiality and safeguarding can be discussed and agreed. In the absence of alternative instructions from the placing Local Authority, the agency will abide by the following principles and procedures:

- Young people under the age of 13 years cannot, in law, consent to sexual activity and consequently any incidents involving sexual activity must be reported to the Registered Manager and agency Safeguarding Manager.
- Sexual activity among young people over 13, but under 16 years of age is illegal, but law enforcement decisions are influenced by the age of the participants together with issues of coercion, exploitation and relative vulnerability of the young people concerned. If you are aware that a young person over 13, but under 16 years of age is involved in sexual activity you should inform your supervising social worker. They will initiate discussions about any risk factors and possible child sexual exploitation (CSE). Young people can be vulnerable to CSE as a result of mental ill health, psychological problems, emotional immaturity, physical disability, learning disability, substance misuse or low self-esteem and as many of our young people experience these problems it is important that you do not make decisions about their vulnerability in isolation from the agency's social workers and the Local Authority.

A sexually active young person over 13, but under 16 years of age can access free and confidential sexual health advice and contraception from the NHS without you or their Local Authority being informed, subject to the health professional judging them to be "Gillick Competent" (according to Fraser Guidelines), and subject to the health professional being satisfied that there are no CSE factors involved.

- Young people who are over 16 years of age can consent in law to sexual activity and can access confidential sexual health advice and contraception from the NHS. Young people's sexual health clinics will be alert to CSE factors and will take appropriate action to safeguard young people when they are concerned. If you are aware that a young person over 16 is involved in consensual, non-exploitative sexual activity you should encourage them to access NHS sexual health services and also encourage them to let you inform their social worker to increase support available to them. If a LAC Nurse conducts their annual health assessment, they are well-placed to give advice and support and young people should be encouraged to access this service. You are not obliged to breach their confidentiality should they ask you not to inform their social worker, unless you have concerns about CSE, or other wellbeing concerns. Please consider the following factors:
- The age of the young person and their sexual partner
- Number of sexual partners/frequency with which they change
- The level of maturity and understanding of the young person
- Aggression, coercion or bribery in the relationship
- Changes in the young person's mood or behaviour, e.g. becoming withdrawn, secretive, anxious, aggressive

- Misuse of substances, which can act as a dis-inhibitor
- Young person's ability to make informed decisions and accept advice

If you do feel it necessary to speak with your supervising social worker about your concerns, it is important that you discuss this with the young person first and let them know who you are going to tell, and the reasons why.

Sexuality

Puberty is the stage at which young people develop sexual characteristics and become sexually aware. The age at which this occurs is variable for boys and girls but usually takes place between 10 and 16 years. Children will need to be prepared for the changes that will occur in their bodies and helped to understand their feelings and emotions. Carers and foster carers often struggle to talk to young people about puberty and sex, but if a looked after young person has missed out on sex education at school because of absences then, without guidance, they are often left to pick up both facts and myths from friends. Remember, children who have been sexually abused may need particular help to accept and understand any form of sex education.

It is common for children and young people to masturbate and it does not automatically mean that they have been subject to abuse. Help them to understand that it is a private activity, but seek advice from your supervising social worker if you are unsure about what response to make.

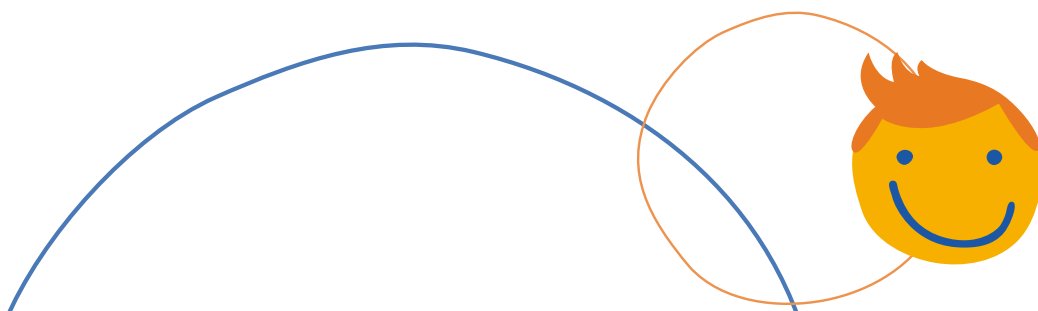
Different families and cultures have their own sets of standards and rules about sex, and cultural and religious attitudes to puberty vary considerably. If you are caring for a child from a different culture or religion from your own, find out about attitudes to sex and puberty so that the child is adequately prepared for any changes.

Some children learn to use their sexuality to stimulate the interest of the opposite sex at an early age. Sometimes they are copying their carers' behaviour and may not have experienced a normal carer/child relationship. Sometimes they will not know that their behaviour is inappropriate. Some children feel deprived of love and feel unsure of their attractiveness and so sexual relationships help them to feel wanted.

Sex should be a normal and healthy part of life. Children and young people need help in understanding the facts about all aspects of sexual behaviour and most importantly in understanding the issues about personal relationships and sex. You have a vital role in helping the child in your care to gain knowledge and in supporting the child in the journey to sexual maturity (physical and emotional).

Sexual Orientation

Happiness for all of us depends on being accepted for who we are, not living life according to the wishes of those who care about us. If a young person you are caring for thinks that they are lesbian or gay, or is not sure, then talking to somebody who understands, without feeling pressurised will help. Ideally, that person will be you, but could also be another significant family member or friend in their life, or another professional such as a social worker or counsellor.



Everyone needs the support, acceptance and understanding of those who are caring for them. Lots of people make different choices about their partners, often in the face of prejudice and hostility from those around them. Your supervising social worker and the child's social worker will be able to advise and put you in contact with additional support services, groups or help lines that the young person can contact for advice.

Contraception

There are many complex issues to be considered in relation to young people and contraception. They include legal considerations relating to the age of consent; potentially different moral and religious views of young people, their carers, foster carers and social workers; ignorance of the facts of life and sexually transmitted diseases. There is need for clearly defined roles about who should be advising the young person in the light of the above. Foster carers can discuss this with their supervising social worker and decisions could be included in the placement plan, especially when there is particular concern about a young person's sexual activity.

Foster carers are expected to discuss sexual matters with young people when appropriate and so need to be knowledgeable and confident about discussing contraception, sexual preference and identity and the consequences of unprotected sex. Foster carers will be advised and trained in this area. Supervising social workers and foster carers cannot give consent to contraception. If the young person is accommodated, the person with careral responsibility must give permission.

Foster carers are expected to take a health education approach, giving support and information. This may include information that young people can obtain confidential contraceptive advice from a GP or Family Planning Clinic or a Young People's Clinic. If the young person is subject to a supervision order, the Director of Children's Services/Social Work may give consent after taking into account the carers' views

Sexual health and contraception – resources

<https://www.nhs.uk>

Pregnancy

Whether planned or unplanned, pregnancy needs to be dealt with sensitively. Local authority social workers, supervising social workers and foster carers should help the young woman through her pregnancy and support whatever decision she makes about her baby. She may need help to decide whether to keep her baby, ask her family's support or consider adoption, but it is her decision to make. If a young man is about to father a child he will have feelings too. He must know that he can talk to you. He may also need professional advice on such matters as careral responsibility.

Abortion

The termination of a pregnancy requires careful counselling as it can have serious emotional and physical effects. Young women considering an abortion should be referred for professional counselling to an unbiased independent service. Foster carers should seek advice from their supervising social worker in such situations.



Mental health

What is mental health?

Mental health and emotional wellbeing

A number of studies, including several in Scotland, have identified that the mental health problems for looked after and accommodated children and young people are markedly greater than that of their peers in the community. Reasons include the child's experience in terms of poor carering, trauma, bereavement or serious illness, including mental health difficulties in one or both carers, and the impact on the child of the environment such as poor neighbourhoods, deprivation, social exclusion and poverty.

The health of looked after and accommodated children and young people in Scotland - messages from research Jane Scott and Malcolm Hill SWIA

www.wecanandmustdobetter.org/files/9014/2626/2980/SWIA_the_health_of_looked_after_and_accommodated_children_2006.pdf

Mental health and wellbeing is an important part of overall health and wellbeing and can be affected by different factors, including life events such as relationship breakdowns, bereavement and work stress as well as mental health conditions such as depression or anxiety. Health Scotland has two definitions which are helpful in understanding what we mean by mental wellbeing and mental illness:

Mental wellbeing:

There are many different definitions of mental wellbeing but they generally include areas such as: life satisfaction, optimism, self-esteem, mastery and feeling in control, having a purpose in life, and a sense of belonging and support.

Mental illness:

Mental illness refers to a diagnosable condition that significantly interferes with an individual's cognitive, emotional or social abilities e.g. depression, anxiety, schizophrenia.

It is also important to remember that it is natural to feel happy when something positive happens to you, to feel sad or angry when a bad event occurs, or scared and anxious if you are dealing with something worrying. Part of ensuring good mental health and wellbeing in children and young people is helping them recognise that it is natural to feel different emotions, but also knowing when they perhaps need some help in dealing with life events and mental health conditions.

What can foster carers do to promote mental health and emotional wellbeing?

The most important thing that all foster carers can do is to offer a secure base environment to children and young people, one in which they can begin to trust the adults who care for and are available to them, enhance their self-esteem through feeling accepted for who they are, begin to regulate and manage their feelings and behaviour through sensitive, reflective caregiving.

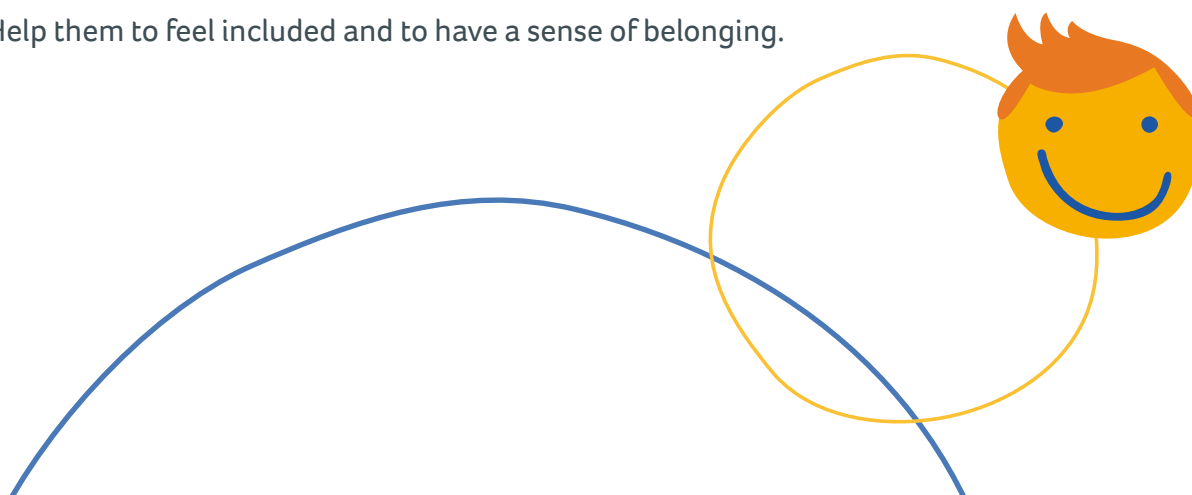
The DfE has identified a range of social, emotional and behavioural skills that contribute to children's mental health and a sense of feeling good about themselves. They are to:

- Be an effective learner.
- Build and sustain friendships.
- Deal with and resolve conflicts.
- Be able to solve problems both with others and alone.
- Manage strong feelings such as frustration, anger and anxiety.
- Recover from setbacks.
- Work and play co-operatively.
- Compete fairly and lose with dignity.
- Respect the rights of others.

A nurturing, secure base foster placement, helping a child or young person to build a secure, trusting attachment with at least one adult, will assist them to develop the life skills and resilience referred to above and is the best preventative approach - providing children with available, sensitive and accepting carering, with clear boundaries, and using co-operative carering methods to help them feel effective in the world.

Practical things you could do:

- Provide a supportive and stable living environment with caring and consistent relationships.
- Encourage children and young people to join local clubs so they get a sense of achievement from doing something they enjoy as well as forming new social contacts.
- Celebrate achievements at school and support school work.
- Help them to feel included and to have a sense of belonging.



- Encourage children to express themselves and give them opportunities to talk about their feelings.
- Do things together that enhance a sense of achievement such as cook a meal, bake a cake, go on bike ride, and learn a new computer game.
- Do not overprotect children by avoiding challenging situations that may help them problem solve or develop emotional skills such as negotiating new friendships.
- Facilitate access to the mental health services that will help children and young people.

Young Minds website

Take the time to look at the website www.YoungMinds.org.uk and raise your own awareness about what young people themselves say helps them.

If you spot signs or symptoms that may lead you to be concerned that a child or young person has a mental health issue, observe, make notes and discuss with your supervising social worker. It is important to remember that, though you have a crucial role in helping children build resilience and good self-esteem, you are also working as part of a team alongside psychiatrists and psychologists who may prescribe drug treatment or one to one counselling sessions. Your role here is to be included and engaged in the therapeutic process by working in partnership with those delivering the service.

Eating disorders

Eating disorders are a common problem, yet they often go unnoticed, undiagnosed or untreated. Anorexia, binge eating and bulimia nervosa are types of eating disorder. They are characterised by an abnormal attitude towards food, difficulty controlling how much is eaten, and making unhealthy choices about food that damage the body.

Whilst it is true that eating disorders are most common in teenage girls, research suggests that 10% of cases affect males and the indication is that this percentage is rising. Eating disorders are often blamed on social pressure to be thin, as young people in particular feel they should look a certain way. However, the causes are usually more complex, and may reflect underlying mental or psychological issues.

Problems with food can begin when eating is used to cope with feelings of boredom, anxiety, anger, loneliness or guilt. Controlling what is eaten can become a way of controlling difficult emotions or coping with painful situations. There is unlikely to be a single cause, but a range of factors that leave people feeling unable to cope. These can include:

- Difficult family relationships.
- The death of someone special.
- Stress.
- Problems at work, school or university.
- Sexual or emotional abuse.

Low self-esteem can be a problem, as many people do not see themselves as being good enough, and blame this on being 'too fat'. Recovering from an eating disorder can take a long time and it is important that the person wants to get better. The support of family and friends is very valuable. Specialist care will help to deal with underlying psychological causes and physical effects.

If foster carers are concerned that a young person is taking their eating far too seriously, eating alone or only specific items or in tiny amounts, they should carry on as normal, but find an opportunity to talk with the young person alone and to try to get them to speak of how they are feeling. These disorders often go with very low self-esteem. They generally take a lot of care and counselling to help the young person back on to a sensible eating pattern. Foster carers must raise their concerns with their supervising social worker, with a view to consulting with their GP and/or accessing an assessment through CAMHS or other health service.

Eating disorders – further information

Beat provides helplines, online support and a network of UK-wide self-help groups to help adults and young people in the UK beat their eating disorders:
<http://www.b-eat.co.uk/>

Therapy

If you think that a foster child in your care has mental health issues and is in need of specialist therapeutic input, you should first discuss this with your supervising social worker who can explore the options further with the child's local authority. Referral to a CAMHS service may be an option.

CAMHS

CAMHS (Child and Adolescent Mental Health Service) is a multi-disciplinary NHS service commissioned to provide mental health assessment, treatment and intervention for children and young people, and their families, where there is concern about emotional or behavioural difficulties. CAMHS teams are generally made up of people trained as occupational therapists, child and family counsellors, specialist nurses, clinical psychologists, psychiatrists, social workers, family support workers and psychotherapists. Generic CAMHS services are locality based and open to the entire community, although referrals need to come from professionals from health, education or social care. Those over 16 can contact CAMHS directly.

However, many locality CAMHS services have waiting lists – it can be several months before a child is seen. It is essential that referrals are made as early as possible and foster carers should discuss their concerns with their supervising social worker and the child's social worker – the latter will usually make the referral to CAMHS.

Evidence shows that looked after children and young people share many of the same health risks and problems of their peers, but often at a greater degree.

Many local authorities now have their own looked after children's CAMHS service which provides a designated or targeted service for looked after children and young people. However, there is variability as to the age range served, and whether the service is available to children living within the authority's boundaries, but placed by another local authority, or to children placed by the authority outside of their

own boundaries – as a consequence, some young people appear ‘to fall between two stools’. Some services work with care leavers up to age 25, whilst others have a cut-off age of 16. These specialist CAMHS teams tend to undertake some or all of the following:

- Assessment/consultation/therapeutic input in relation to a specific child’s needs and /or placement stability.
- Assessment of emotional, behavioural and therapeutic needs in preparation for permanence.
- Time limited direct therapeutic work with young people and/or their foster carers regarding mental health needs.
- Therapeutic carering groups for foster carers.
- Monthly ‘drop ins’ for case holding social workers.

Again, referral to this looked after children (LAC) CAMHS would be via the child’s social worker.

Death of a child

In the event of the death of a foster child in their care, the foster carers will need to be clear about who they should inform and what action they should take. The following procedures are designed to help at a time when everyone may be confused and distressed:

Who to notify

- Contact the relevant emergency services: doctor, ambulance, and police. Dependent upon the action they take, ensure that you know where the child is being taken.
- Immediately notify the supervising social worker, if possible by speaking to them personally. If they are not available, speak to their service manager or another manager. Do not leave a message – insist on speaking to someone as a matter of urgency. If the death occurs out of normal hours you should immediately contact the out of hours duty worker on your local centre number.
- Fosterplus will tell the child’s social worker, and the local authority will take responsibility for informing the child’s carers and anyone with careral responsibility.
- Fosterplus is required to inform the Care Inspectorate about the death of a fostered child, within 24 hours. A report outlining the circumstances to Scottish Ministers in the Scottish Government is required to be submitted by the Local Authority within 28 days.

Funeral arrangements

- The child’s social worker will discuss with the carers the arrangements they wish to make about the funeral. Following the death of a child, any legal order on that child is no longer in place and the responsibility returns to the carers. This is a distressing time and sometimes carers and foster carers can disagree about funeral arrangements. It is the carers’ right to make decisions on these matters.

- Depending upon the carers' wishes, you may be involved in the arrangements for the funeral.
- Fosterplus will make a worker available to offer you and your family support and keep you informed of the procedures and the arrangements. This will usually be your supervising social worker.

Fosterplus has a legal responsibility to inform the Care Inspectorate about the death of a fostered child, within 24 hours. We/they may request further information, and it may be necessary to conduct a formal review of events before the child's death. In the event of a sudden death there is likely to be an inquest, which foster carers may be required to attend.

Education

The duty and responsibilities of local authorities to promote educational achievement

The Education (Scotland) Act 2016 introduced legislation that stated it was a duty of local authorities to have due regard to the need to reduce inequalities of educational outcome experienced by pupils as a result of socio-economic disadvantage. The Scottish Ministers must fulfil this duty when exercising their powers in relation to the delivery of school education.

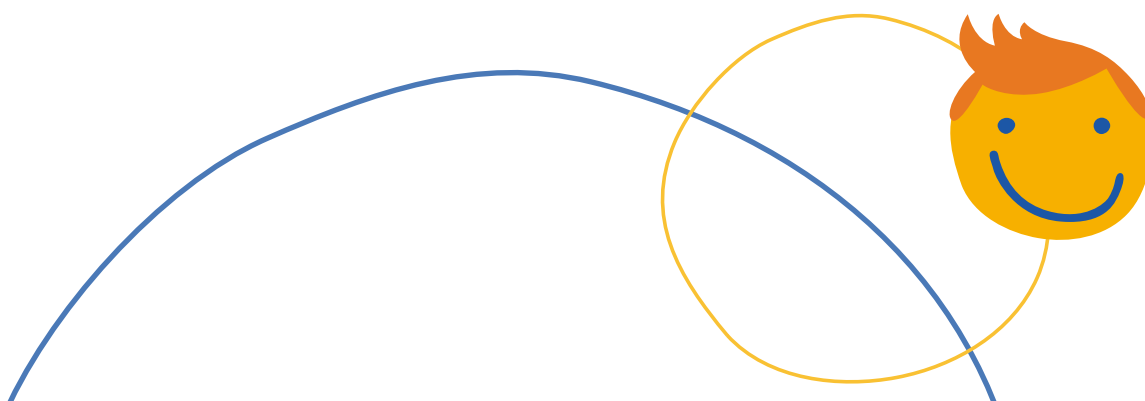
National Improvement Framework

The National Improvement Framework for Scottish Education was announced as the centrepiece of the Programme for Government in September 2015. Following a period of consultation on a draft Framework, the final publication was launched by the First Minister of Scotland, Nicola Sturgeon MSP, on 6 January 2016.

The publication sets out four key priorities that everyone in Scottish education should be working towards:

- Improvement in attainment, particularly in literacy and numeracy;
- Closing the attainment gap between the most and least disadvantaged children;
- Improvement in children and young people's health and wellbeing; and
- Improvement in employability skills and sustained, positive school leaver destinations for all young people

The Framework builds on a strong record of improvement and will drive work to continually improve Scottish education and close the attainment gap, delivering both excellence and equity. Alongside the Scottish Attainment Challenge, the Framework aims to raise attainment and ensure equalities of outcomes for all children and young people. As part of the Education (Scotland) Act 2016, the reporting procedures for the Framework have been placed on a statutory footing.



The Framework identifies 6 key drivers of improvement – progress across all of these is needed to deliver the improvements we want to see for all children:

- School leadership
- Teacher professionalism
- Careral engagement
- Assessment of children's progress
- School improvement
- Performance information

National Improvement Framework for Education

<https://education.gov.scot/parentzone/curriculum-in-scotland/national-improvement-framework/>

Curriculum for Excellence

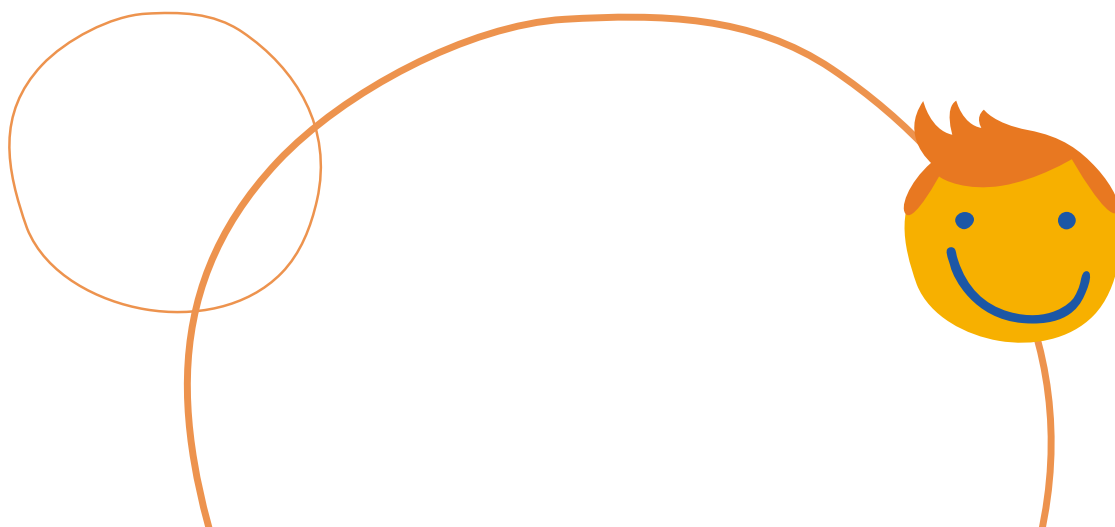
Another key strategy within Scottish Education is Curriculum for Excellence (CfE) which is transforming all aspects of education in Scotland. It has been developed over a number of years in partnership with teachers, carers and the wider education and business community. The curriculum comprises a broad general education up to the end of S3 followed by a senior phase of learning from S4 to S6. Increased emphasis is placed on inter-disciplinary learning, skills development and encouraging personal achievement. CfE is intended to foster four capacities in all young people: successful learners, confident individuals, responsible citizens and effective contributors.

Curriculum for Excellence puts the learner at the heart of their own learning and provides them with a range of pathways that meet their individual needs and aspirations. This means helping every young person understand how and why they are learning and what they need to do to develop.

<http://www.gov.scot/Topics/Education/Schools/curriculum/Learners>

Children with Additional Support Needs

Through Getting it Right for Every Child and Curriculum for Excellence, the Scottish Government has set out its ambition for services provided to children and young people, and for their learning. An important part of their approach is the recognition that all children and young people are different. To enable them to reach their full potential some will need additional support.



The Education (Additional Support for Learning) (Scotland) Act 2004 was amended in 2009 and The Education (Additional Support for Learning) (Scotland) Act 2009 came into force on November 14th 2010. The main components of the act (as amended) are:

- It created the term 'additional support needs'
- It places duties on local authorities to identify, meet and keep under review the needs of pupils for whom they are responsible
- It gives carers a number of rights, including the right to access mediation, dispute resolution and refer decisions to the Additional Support Needs Tribunals for matters concerned with a co-ordinated support plan.

Co-ordinated support plans (CSPs) are now prepared for children with additional support needs:

- arising from complex or multiple factors;
- requiring a range of support from different services; and
- enduring for one year or more

Children and young people who have complex needs which are likely to endure and which require significant input from a body other than the Education Authority should receive a coordinated support plan (CSP) to ensure their needs are met.

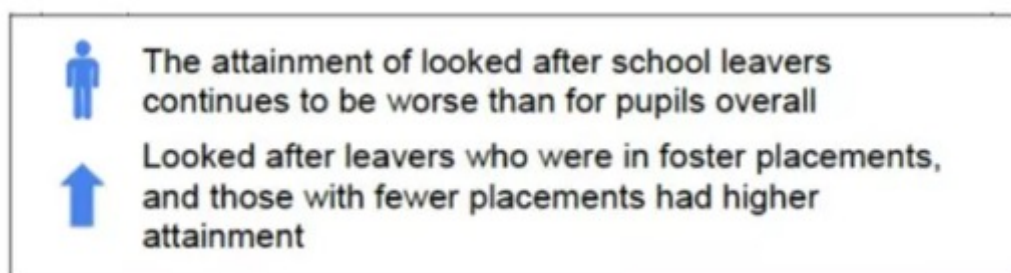
If a child is not receiving the support they require this can be appealed (once the LA appeal processes have been followed) to the

Additional Support Needs Tribunals for Scotland (ASNTS)

www.healthandeducationchamber.scot/additional-support-needs/12

Educational Outcomes

A report published by the Scottish Government in June 2016 on the educational outcomes for looked after and accommodated children for 2014/15 showed that:



The Getting it Right for Every Child practice model is now legislated through the Children and Young People's Act 2014. This legislation is based on planning for every child and a child's plan for those who require more concerted processes of support across agencies like education, health and social care.

Children and young people may be looked after for short or long periods; some return home, some are adopted, and some remain looked after for many years until they reach adulthood.

The Scottish Government published guidance Included, Engaged and Involved Part 1: attendance in Scottish schools (2007) aims to promote good attendance in schools and provides guidance for Local Authorities and schools on how to promote engagement and motivation, including among those who may be at risk of poor attendance.

The Scottish Government published Included, Engaged and Involved Part 2: a positive approach to managing school exclusions (IEI2) in 2011 and provides guidance and support to Local Authorities, schools and other learning establishments and their partners to keep all children and young people fully included, engaged and involved in their education wherever this takes places; and to improve outcomes for those most at risk of exclusion.

What is the role of fostering services in promoting educational achievement?

“I am supported to achieve my potential in education and employment if this is right for me.”

Health and Social Care Standards: 1.27

The UK government has described the role of a foster carer and the fostering services as that of a ‘pushy carer’ in relation to educational settings, which is as relevant in Scotland as it is in the rest of the UK.

School placements – choosing a school, admissions, transitions

There is an expectation that looked after children are on roll at and attend a pre-school, mainstream school or alternative education provision. Preferably, and where appropriate, this will be full-time at a local school and one that provides the best opportunities for the child.

Once a child becomes looked after or changes foster placement, careful consideration must be given to any associated change of school. If possible, children should continue to attend their current school, but clearly this will not always be practical. If it becomes necessary, changing school should be carefully planned and managed, utilising natural breaks in the school year or transitional periods. Foster carers will be well placed to recommend good local schools for their children and can advocate for this with the support of the child’s social worker. Transitional stages in a child’s life including education should be carefully considered before making changes.

A local authority **school admissions department** will have the responsibility for providing information about local schools and for processing admissions requests and transitions for children of statutory school age (5 – 16).

In order to avoid drift and delay in identifying a new school, school admission arrangements give priority to looked after children.

Normal admission

Regulations now require admission authorities to give looked after children the highest priority in their admission arrangements. This will ensure that they are guaranteed admission to preferred schools at normal time of entry. Looked after children are to be offered admission in preference to other children.

Non-routine admissions

Outside the normal admission round, a maintained school must admit a looked after child if requested to do so. If the admission authority refuses then the local authority (who has care of the child) can direct the admission authority to take the child even if the school is full. Where the admission of a child into an infant class would breach infant-class size legislation, a looked after child can be admitted as an 'excepted pupil'.

Exclusion

Local authorities and schools should be aware that many looked after children have unmet social and emotional needs and, as a group, are more likely to be at risk of exclusion. Schools are expected to proactively support and cooperate with foster carers and the local authority in doing everything possible to avoid excluding a looked after child. Any exclusion must be made only as a last resort and in the most exceptional circumstances. Before excluding, schools, in conjunction with the local authority, should first consider alternative options for supporting the looked after child or young person. No looked after child should be excluded from a school without discussion with the local authority to ensure that there is suitable alternative provision available elsewhere. The child or young person's social worker should be involved at the earliest opportunity to work with the school to avoid the need for exclusion.

For fixed-term exclusions of up to five days, schools must take 'reasonable steps to set and mark work'. Such work should be accessible and achievable, considering it will be done outside the classroom without teacher support.

Government statutory guidance states that head teachers should as far as possible avoid excluding any pupil who is a looked after child. When a school does seek to permanently exclude a child, two alternatives should be considered to avoid this:

- a 'managed move', meaning that the head teacher negotiates with another school accessible to the child to take them and give them a new start
- Attendance at alternative provision

Truancy

When a young person truant from school, this is an unauthorised absence. Schools are primarily responsible for improving attendance and reducing persistent absence. Schools must have clear policies, practice and systems in place to deal with attendance issues and should employ a range of interventions and support for individual pupils causing concern. There is an emphasis upon partnership with carers/ foster carers and the involvement of other agencies in order to re-engage young people and integrate them back into school. Schools should pay particular attention to the persistent absence of a looked after child and be aware that children in care are a high risk group.

School uniform, equipment, transport and other school expenses

Foster carers are generally expected to pay for school related activities, bus fares and passes, stationery and other routine equipment, school lunches etc. out of the allowances element of their fostering fee i.e. all the day to day costs of maintaining a child or young person in school that a carer would normally meet.

Only in exceptional circumstances can an extra payment be made. If at the point of placement a child or young person requires a new school uniform, this cost may be met by the placing authority and Fosterplus will negotiate this.

Further and higher education

If the young person is able to and wishes to continue their education at college or university they should be encouraged to do so. Local authorities have a duty to financially support a care leaver who pursues further or higher education, or vocational training, in accordance with their pathway plan. However, the extent of the support offered varies between local authorities.

Preparation for this is done well in advance and foster carers will need to be prepared to assist in filling in various forms for education maintenance grants etc. The child's social worker should be able to help with this and clarify the financial assistance to which the young person may be entitled.

Young people may cease to receive leaving care support when they reach 21 if they are not in education or training. However, should they wish to return to education before the age of 25, they may approach their responsible local authority with a view to obtaining additional support if needed.

Further and higher education – sources of information

There is a Supporting care Leavers Toolkit on the UCAS website:

Search www.ucas.com for 'care leavers toolkit' and also 'individual needs'

Family Time

Principles of family time

Arrangements will be in place to make sure there are appropriate links between a young person, their foster family and their birth family, they will be helped to keep family contacts and friendships as set out in their care plan...

- Carers are the most important people in the child's life and children should be brought up in their families as far as possible.
- Children and Family Services are required by law to provide services to families to prevent the need for children to be looked after by the local authority.
- In a small number of cases, where the child's safety cannot be promoted or protected with the family, removal of the child will be necessary and alternative family care sought.
- Fostering is a positive service to children and their families.
- When a foster placement is being considered, the wishes and feelings of the child, the carers, and other significant people must be sought and taken into consideration.
- Whether the child is with the carers or not, the carers retain careral responsibility for the child. If the carers are married they both have careral responsibility. If they are not married, careral responsibility lies with the mother unless the father has also acquired it through being named on the birth certificate, by agreement or by Court order.
- Carers are positively encouraged to be part of the planning process and to be actively involved in decision-making.
- All placements need to take into account the requirement for the child to be placed as near to the family as possible and siblings should be placed together.
- Whenever achievable, all work within the placement should be focused towards the child returning to the family as quickly as possible.

A good family time visit will leave a child feeling reassured that they are loved and missed by their carers and still belong to them. They will have heard about what has been going on in their family in detail and the bonds will be kept alive.

The birth carers (and others with careral responsibility)

Every carer will respond differently to their child being looked after. Many carers will wish to be involved in their child's life while they are placed with foster carers, and some will not. Supervising social workers and foster carers should try to give them the opportunity to stay involved. Any separation will affect relationships. Family time can aid a speedy return of a child to their family.

Many carers experience feelings of shame or guilt if for some reason they are unable to look after their child. A carer's inability to care for that child should not require them to forfeit respect as carers or people. Carers may be shattered, stunned, angry, depressed or feel powerless and guilty. Children's social workers, supervising social workers and foster carers can be seen to be all-powerful and threatening. Anger is often the best defense:

- They may feel angry with the local authority because they blame it for bringing the problem to light.
- They may see the foster carer as an agent of the local authority and also someone who condemns them for failing their children.
- They may be angry with the child for not being 'good' and easy to look after.
- They may be afraid of losing their child, and confused about the legal processes.
- They may feel bitter and uncomfortable if foster carers have a better standard of living and seem able to cope.
- They may be afraid foster carers will replace them in their child's affections.
As Fosterplus foster carers, your reactions to birth carers are vital. Birth carers need you to accept them for who they are. Foster carers should remember:
- That they are a responsible and professional adult in a very sensitive situation.
- The child in care is still the carers' child.
- To be sensitive towards the carers' and the child's feelings.
- To be aware of their own feelings.
- Not to contradict the carers in front of the child.
- To involve the carers as much as possible in their child's life.
- The child needs them to accept their carers because they are part of them.
- To let their own negative feelings out safely and away from the child.

A child's carers will always be important to them. They may want to talk to the foster carer about their child and sort their feelings out about them. Foster carers need to be honest and truthful and gentle with birth carers. Children may feel loyalty to their carers even if they are angry with them.

The role of foster carers in family time

Subject to the child's care plan, Fosterplus foster carers and staff must help to promote, support and encourage children to maintain positive and constructive contact with their carers and wider family, friends and others who are important to them. Most foster carers will routinely take on facilitating contact as part of the fostering role and do it well, but we recognise that it can be a difficult task and that some foster carers will struggle.

We aim to ensure that foster carers are clear from the placement plan what authority they have to make day to day decisions on family contact arrangements. The placement plan should specify the arrangements made for family time between the child and any carer and/or person who is not the child's carer, but who has careral responsibility for them, and any other connected person – including the type, frequency, timing, venue, transport and supervision; restraining or other relevant Court orders; arrangements for notifying any changes in the arrangements for family time and any conditions of an order from the Children's Hearing.

Visits should be natural and active occasions and, as appropriate, involve going out, playing, etc. Family time for the majority of children should take place at an agreed venue which is normally decided by the local authority. On occasion a foster carer may be asked to supervise this contact, unless there are good reasons for this not to happen. There will be practical implications and foster carers will understandably want to minimise disruption and intrusion to other members of their own family. This must be discussed at the placement planning stage.

Family time is one of the most emotional aspects of child care arrangements for children and their families who are separated. The management of family time is one of the toughest aspects of fostering. If a child is to go home, their links with their carers must be continued. For young children, where the plan is to return home, visits may be intensive and frequent e.g. several times a week. For older children, and where the plan is not rehabilitation, visits will be less frequent.

Family time can also mean letters or phone calls and children should not be prevented from writing to, e-mailing or phoning family members, unless restrictions on this are part of the placement plan.

Support to foster carers around family time

When deciding whether to offer a placement, Fosterplus will agree with the responsible authority how the child's family time with family and significant others will be supported, particularly where a child is placed at a distance from home. Any proposed role for foster carers should be discussed with you at the matching stage.

Fosterplus can give foster carers practical help to set up appropriate family time arrangements, alongside support to manage any difficult emotional or other issues that the child and foster carer may have as a result of family time. The support should be discussed as part of the placement plan and any issues arising from family time brought by the foster carers to the attention of their supervising social worker. Foster carers should feel that they can talk to their supervising social worker. They should not be alone in picking up the pieces after difficult visits.

Restrictions on or termination of family time

We will only place emergency restrictions on family time to protect the child from significant risk to their safety or welfare, and the supervising social worker or service manager will communicate these to the responsible authority within 24 hours of being imposed. Any ongoing restriction on communication by the child must be agreed by the child's responsible authority, take the child's wishes and feelings into account and be regularly reviewed by Fosterplus in collaboration with the responsible authority.

If a decision is made that rehabilitation of a younger child back to their birth family is not in the child's interest, the responsible authority will try to safeguard the child's future with a permanent substitute family. This may mean terminating the carers' family time with the child, although this will require a decision of the Children's Hearing. When this occurs, the child still needs to know and be able to talk and

ask questions about their carers. If the foster carer understands the carers' situation, it is easier for them to explain kindly and truthfully to the child what is happening and why. In these circumstances, foster carers and social workers should discuss and agree what the children are told.

Recording family time

Fosterplus routinely feeds back to the child's responsible authority any significant reactions a child or young person may have to family time arrangements or visits with any person. In addition, the supervising social worker or foster carer may need to give evidence in Court or information to a children's hearing about the nature and quality of family time.

Foster carers should record all family time on the child's CHARMS case record, using the carer log detailing type of contact, who with, where and how it went. Ideally, records should be made as soon after the family time as possible. Recording should be dated and, if appropriate, times recorded. It should be clear who has made the recording. This will help to ensure the accuracy of recording.

You should record details and observations of family time with birth family and other connected persons (including the child's reactions). You should also note any failure to visit and the reasons, as well as telephone calls and letter box contact.

Preparing for Adulthood and Leaving Care

PREPARATION FOR INDEPENDENT LIVING

Promoting independence

As young people approach adulthood, foster carers should increasingly support them to develop the skills they will need as they become more independent, working with the young person's social worker to implement their pathway plan. Fosterplus offers foster carers training and support in this task.

The concept of a transition to adulthood is helpful in getting us to think about preparing young people for leaving care. Young people should be fully involved in all planning and decision making which affects



them. We should be treating all young people as people in their own right, active partners in the care process. We should not treat young people as passive - they need to develop skills in independence, responsibility and decision making, in order to become successful adults.

Young people should be supported in developing life skills: self-care; practical skills; interpersonal skills. Many young people in the care system will have experienced challenges to their self-esteem and confidence and identity, either through abuse or deprivation. Foster carers and social workers have a responsibility to help young people build positive self-esteem. For many looked after young people there has not been gradual assimilation of skills throughout childhood. They may struggle with these skills and so need the support and assistance of their social workers and foster carers.

What is the role of foster carers?

Foster carers have key formal and informal roles in preparing young people for independent or semi-independent living. Formal roles include contributing to care plans and pathway plans, and attending reviews and other planning meetings. Fosterplus expects foster carers to prepare for and attend all relevant meetings and to take a pro-active approach to developing and implementing plans.

The informal role of foster carers is less easy to define, but is just as important. In the years leading up to the young person's 18th birthday they need to be prepared for independent living, and foster carers are the best placed people to help them on a day-to-day basis. For many young people this will be about supporting them to complete practical tasks, such as making job or housing applications, preparing a budget or notifying relevant agencies such as energy companies of an impending move. It may include remaining in contact and offering continuing support, as any good carer would, once the young person has moved on to their own accommodation.

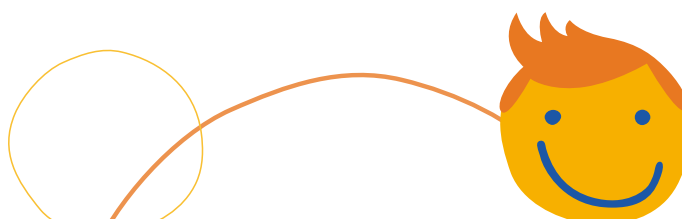
Skills required for independence

The checklists below give an indication of the sorts of skills all young people need to acquire for independent living. Preparation should be seen as a process that occurs throughout the care experience of the young person. Many of these skills can be developed in an age and developmentally appropriate way through living alongside foster carers and their families, and taking part in ordinary family activities, such as preparing meals, shopping, travelling to places and discussions. Other skills directly relate to the pathway plan and will require a more focused approach.

Practical Daily Living Skills

Young people need to know about:

- How to shop for, prepare and cook food;
- Eating a balanced diet;
- Laundry, sewing and mending and other housekeeping skills;
- How to carry out basic household jobs such as mending fuses (which will involve basic electrical and other knowledge);

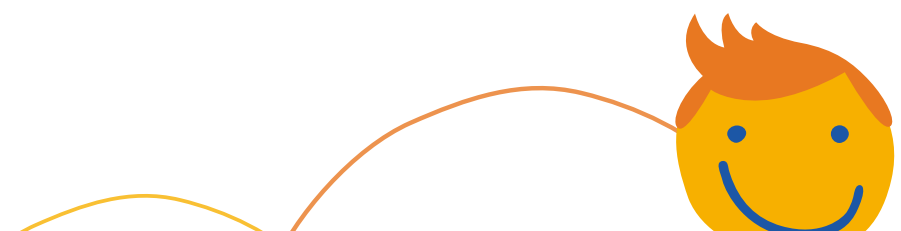


- Safety in the home and first aid;
- Household budgeting, including the matching of expenditure to income, the regular payment of bills and avoidance of the excessive use of credit;
- Applying for and being interviewed for a job;
- The rights and responsibilities of being an employee;
- Applying for a course of education or training;
- Applying for social security benefits;
- Applying for housing and locating and maintaining it;
- Registering with a doctor, dentist and optician;
- Contacting emergency services (fire, police, ambulance);
- Finding and using community services and resources;
- Contacting Children's Services Departments and other caring agencies;
- Contacting organisations and groups set up to help young people who are, or have been, in care;
- The role of agencies such as the Citizens Advice Bureau, local councillors, and MPs;
- How to write a letter of (a) complaint; (b) to obtain advice;
- How to socialise, where to go, how to relate to others.

Self-care and Emotional Skills

Young people need help with:

- Health education, including personal hygiene;
- Sexual education, including contraception and preparation for carerhood;
- Assertiveness;
- Management of stress;
- General coping mechanisms;
- Exploring feelings about moving on - positive and negative;
- Feelings about identity;



- Feelings about transition from being a young person dependent on others to being more responsible for their actions;
- Feelings about family and relationships and support networks;
- Where can they go/where can they receive support in times of crisis?
- Continuation of therapy/counselling if applicable;
- Recognition of ongoing unresolved issues.

Carering Skills

Some young people may be pregnant or already have a child when they move in to independent living. All young people should be adequately prepared for the reality of having a dependent child:

- Can this young person provide adequate care for a dependent child whilst living on their own in a flat?
- Do they understand and practice basic childcare to aid the child's physical development?
- What support networks do they have to provide continual emotional and practical support?
- What support networks do they have to provide assistance in times of crisis?
- Is there someone who can help with child minding?

Pathway Plans

By the age of 16, every eligible child should receive an assessment of their needs by their local authority, which will form the basis for their pathway plan (which should be completed within three months of their 16th birthday). The assessment of need should identify the young person's independence skills which will decide their accommodation needs when they leave care. The pathway plan, which contains the same core elements as a care plan, will include:

- Nature and level of contact and personal support to be provided.
- Plans for education (the personal education plan) or training.
- Plans to assist in relation to employment or other occupation.
- Contingency plans if things do not work out as planned.
- Details of accommodation.
- Support for relationships with family and friends.
- Practical skills needed and a programme to develop them.
- Financial needs and arrangements.

- Health needs and how they will be met.
- Arrangements to meet needs in relation to identity.
- Details of their personal advisor and anyone else involved in supporting the plan.

Each young person will be central to drawing up their own plan, setting out goals and identifying with their social worker how the local authority will help them. The role of their foster carer/s should be included within this. While they are still living with their foster carer/s, their foster carer/s' role and any staying put arrangements – including financial and other support available – should be summarised in the placement plan.

The pathway plan should be regularly reviewed and updated as part of the case review process up until the young person's 18th birthday. Once a young person reaches the age of 18 they are no longer a looked after child and are therefore no longer subject to the looked after child review systems. However local authorities have a duty to regularly review the young adult's pathway plan. The personal advisor is primarily responsible for co-ordinating this process, which would normally be undertaken by regular review meetings.

Some young people who are continuing their education may remain with their foster carers until this is completed. See Staying Put.

Throughcare and After Care

Services for Young People Ceasing to be Looked After by Local Authorities

Local authorities have a duty to prepare young people for ceasing to be looked after ("throughcare") and to provide advice, guidance and assistance for young people who have ceased to be looked after over school age ("aftercare").

Some local authorities will have specialised throughcare and after care teams who will work with young people who are moving towards independence and leaving care. This may mean that a young person is allocated a throughcare and after care worker. However in many authorities this work will be carried out by the child's social worker. Some young people may not be in a place that they feel able to use this help at that time but will need it later. The Children and Young Person's (Scotland) Act 2014 enables a local authority to assist a young person who was in care on their 16th birthday or subsequently to assist them up to the age of 26 years.

Staying Put

What is a Staying Put arrangement?

Despite considerable investment of resources and effort over recent years, data and research continues to provide evidence of poor outcomes for care leavers. This includes mortality rates (for those under the age of 26), criminal justice, mental health, homelessness and teenage carerhood. Care leavers themselves describe the significant challenges they face, with pressing financial worries, a lack of family and friend support networks and stress over employment and education all underpinned by problems with unsuitable and unstable accommodation.

Staying Put Scotland (Scottish Government publication)

<http://www.gov.scot/Resource/0043/00435935.pdf>

Each local authority is required to have their own Staying Put Policy, which sets out the arrangements whereby the authority can fulfil their duty to facilitate and support young people to remain with their former foster carers from the age of 18, where this is the wish of both the young person and the foster carer.

Staying Put

Young people leaving care should get the support they need to secure a positive and sustained transition into adulthood. This should be when they are ready to do so and there should be mechanisms in place to allow them to return to their last care placement for support in times of difficulty. The aim of the throughcare and aftercare process is not to push young people into the adult world before they are ready, but to ensure that they are equipped with the necessary skills when the time is right for them to move to adult living.

Staying Put Scotland (Scottish Government publication)

<http://www.gov.scot/Resource/0043/00435935.pdf>

Effect on the usual fostering limit

As the young person is no longer a foster child, the young person is not included in the number of children who can be fostered. This means that, if the foster carer continues to foster, in addition to any young adult living with them under a Staying Put Arrangement they can foster up to the limit of their fostering approval. The young person would be regarded as another adult in the household. Such factors as the number of bedrooms available, the capacities of the foster carers and the needs of other fostered children will determine the foster carers' approval criteria if they also care for a former foster child.

Financial arrangements for Staying Put Arrangements

Where young people turn 18 and remain with their former foster carers on a Staying Put Arrangement, the basis for any payments will change. Staying Put should have been explored as part of Pathway Planning for young people. The foster carers and the Agency both need to be involved in discussions with the placing local authority. Young people aged 18 or over are no longer fostered and the financial aspects of Staying Put Arrangements need to be agreed in writing before they turn 18.

Payments to foster carers for Staying Put Arrangements are not standard – they depend on each local authority's policy. If there is no written agreement in place, Agency payments to the former foster carers



will automatically cease when the young person turns 18, so it is essential that discussions take place at an early stage. The service manager and the Polaris Contracts and Partnerships Team will play a key role in this negotiation. The arrangements that are agreed should be regularly reviewed. The Finance Team will be informed of the arrangements and any subsequent changes.

Payments to foster carers and tax implications – Staying Put Arrangements

The Inland Revenue provides general advice on the tax implications for Staying Put foster carers in their Self-Assessment Help Sheet 236 – go

to:<http://www.hmrc.gov.uk/helpsheets/hs236.pdf>

Children with Disabilities

Why do children with disabilities need foster care?

Children with disabilities ranging in age from babies to teenagers may be placed in foster care. Sometimes their carers are unable to care for them and these children often need to be placed in long-term or permanent foster care... For other families of children with disabilities, or children with life limiting conditions there might be a need for the child or young person to be placed regularly with foster carers for a few days each week, or each month, to help them and their family. Supporting both the family of a disabled child as well as the child can be hugely rewarding and is often referred to as short breaks foster care.

Some children have learning difficulties, such as those with Down's syndrome, whilst others may have been physically disabled from birth or have suffered an accident or injury that has resulted in them being disabled. A child may have severe and complex health problems arising from a disability. The use of the term 'child with disabilities' is actually quite vague and often describes a child with a lot of abilities, which can get forgotten in our attempts to classify what a child can't, or is less able to do.

Training and guidance

Fosterplus has a number of foster families with experience, skills and an interest in fostering children with disabilities. If foster carers have not offered this type of care, but think they might be interested, they should speak with their supervising social worker. We can offer specialist and targeted training and support to help foster carers acquire and develop the skills to care for children with complex disabilities and health care needs. There is much evidence within our own agency of the ability to provide good quality life experiences for these children notwithstanding the huge obstacles they face.

Equipment and accommodation

Placements for children with disabilities will be planned and matching discussions between Fosterplus and the referring local authority will include consideration of accommodation and equipment needs.

Children with disabilities and child abuse

Safeguarding children with disabilities

Children with disabilities have the same rights to be safe from abuse and neglect and to be protected from harm as non-disabled children. Disabled children do, however, require additional action. This is because they experience greater vulnerability as a result of negative attitudes about disabled children, unequal access to services and resources and because they have additional needs relating to physical, sensory, cognitive and/or communication impairments. Such additional factors include:

- Disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children.
- Their dependency on carers and foster carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour.
- They have impaired capacity to resist or avoid abuse.
- They may have speech, language, and communication needs which may make it difficult for them to tell others what is happening.
- They often do not have access to someone they can trust to disclose that they have been abused.
- They are especially vulnerable to bullying and intimidation.

Research has established that proportionately higher numbers of children with disabilities are subject to abuse than non-disabled children, yet professionals involved in their care may be reluctant to act on concerns for such reasons as:

- Over identifying with the child's carers or foster carers and being reluctant to accept that abuse or neglect is taking place, seeing it as being attributable to the stress and difficulties of caring for a disabled child.
- A lack of knowledge about the impact of disability on the child.
- A lack of knowledge about the child e.g. not knowing the child's usual behaviour.
- Not being able to understand the child's method of communication.
- Confusing behaviours that may indicate the child is being abused with those associated with the child's disability. Sexually harmful behaviour and self-harming may be indicative of abuse and not linked to the child's disability.
- Denial of the child's sexuality.

If foster carers have any concerns that a child they have care of may have been abused, they should contact their supervising social worker urgently.

Children Eligible for Benefits Related to a Disability

Applying for benefits

Some children and their foster carers may be able to receive state benefits in recognition of additional living costs. These benefits are financed and administered by central government and not by Fosterplus or the child's responsible local authority. Any benefits paid do not affect the fostering fees paid to the foster carer by Fosterplus. Where a child is eligible for benefits as a result of a disability, foster carers are encouraged to apply for those benefits. This must be done with the knowledge and agreement of Fosterplus and the local authority for the child. Your supervising social worker can provide advice and help about how to go about this.

Accountability for disability benefits relating to a fostered child

Fosterplus expects that there will be regular recorded discussions between the foster carer/s and the supervising social worker about how any additional benefits are being spent to promote the best interests of the child.

Any complaint that the allowance was being misspent would be made to the Department for Work and Pensions (DWP) for investigation. The criteria for entitlement to disability benefits are complicated and cannot be fully addressed within the Foster Carer Finances Handbook.

Information on disability benefits

Directgov has a website which provides detailed information on the range of disability benefits, including online application forms: <http://www.direct.gov.uk/en/DisabledPeople/FinancialSupport/index.htm>

Disability Living Allowance

Disability Living Allowance (DLA) is a weekly benefit paid in recognition of the additional direct and indirect living costs incurred by young people with disabilities. Foster carers must make the claim for the child. The amount of the benefit depends on the nature and extent of the child's disability. There are two components: namely mobility and care. Once a child is awarded the assessed level of the allowance, the foster carer acts as the 'Appointee' and is responsible for administering the allowance.

Who is accountable for the Disability Living Allowance?

Although the foster carer is legally accountable to the DWP for how the allowance is spent and not to Fosterplus (or the child's social worker), it is expected that, when entitlement to the allowance has been confirmed, the use of the DLA will be discussed with both parties and that the Fosterplus supervising social worker will regularly monitor expenditure with the foster carers. Foster carers are expected to demonstrate to the Agency that they are managing this allowance appropriately.

N.B. Once a young person reaches the age of 16 years their DLA will stop and they will have to apply for Personal Independence Payment (PIP). The rate received is dependent on how the condition affects the individual, not the condition itself. The rate will be regularly reassessed. This should be applied for before the DLA is due to stop to avoid any gap in benefit.

For further information about Disability Living Allowance (DLA)

Disability Living Allowance Helpline:

Telephone: 0345 712 3456

Text phone: 0345 722 4433

Monday to Friday, 8am to 6pm

Visit GOV.UK at:

<https://www.gov.uk/disability-living-allowance-children>

For information and online application forms

For further information regarding Personal Independence Payment

<https://www.gov.uk/disability-living-allowance-children/when-your-child-turns-16>

Unaccompanied Asylum Seekers

Who are unaccompanied asylum seeking children?

Unaccompanied asylum seeking children are young people who are not UK citizens and who arrive at a point of entry to the UK from abroad without having an identified and available adult to care for them or where there is uncertainty regarding the suitability of any identified carer. Such children are likely to have, for example, different cultural, religious, social, familial and language experiences which foster carers will need to understand, value and maintain along with facilitating the young person's integration.

Unaccompanied Asylum Seeking Children Policy

The full unaccompanied asylum seeking children policy can be downloaded on CHARMS.

Matching with foster carers

Our aim is to access and obtain the best possible care and support for these children and young people – many of whom have already suffered significant personal hardship and loss.

As for any child or young person placed with Fosterplus, we will seek to provide an appropriate match of family who will offer the stability and opportunity for development necessary for them to thrive and overcome their early experiences. We will only place unaccompanied asylum seeking young people with foster carers who have attended a Fostering Unaccompanied Asylum Seeking Children training course. Clearly there are specific aspects of care that must be addressed for this group of children and young people. These will include ensuring that there is appropriate provision to reflect the young person's

culture, religion and language. There are mosques and also Catholic and other denomination churches in most cities and towns. Dates of festivals, Ramadan etc. can be obtained from a variety of sources (e.g. publications; internet). We expect dietary needs and requirements, as well as preferences, to be respected and catered for by foster carers. A major concern will be the possibility that the child is trafficked and therefore at risk. See Trafficked Children.

Support to foster carers and young people

The supervising social worker will assist foster carers in liaison with the school, family, church, mosque etc. as well as the placing authority. Where possible, and with due regard to the cultural and religious differences that exist in each country of origin, Fosterplus will endeavour to introduce children and young people of similar background who are placed with Fosterplus and who live in proximity.

Fosterplus can identify solicitors who have been approved by the Legal Aid Commission to undertake applications for asylum.

Education and translators

Fosterplus will work with the relevant local education departments to provide adequate support for children in schools. TESOL trained teachers are also available according to the location of the foster carers. Local authorities also provide intensive language courses. There are many other similar private language tuition centres available and several trained specialist teachers can be engaged on a sessional basis.

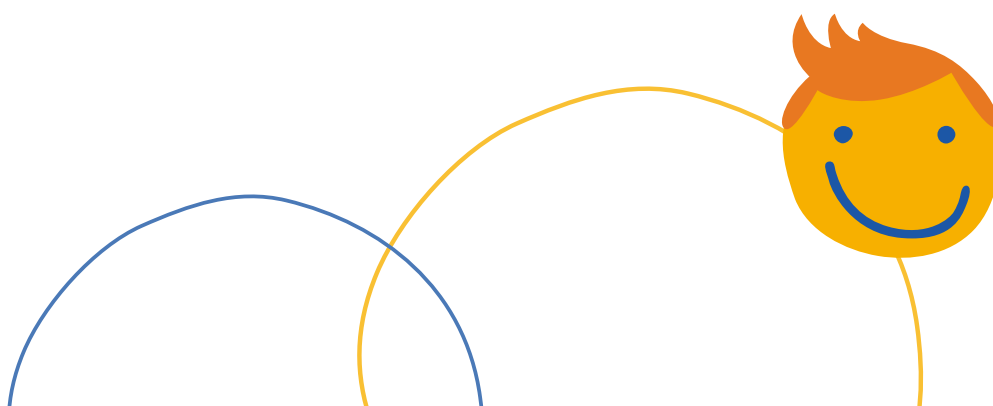
Where translation is required for legislation/application purposes, this is covered by legal aid. Translators for interviews, meetings and reviews are normally provided by the placing authority, but there are many local contacts if required.

Health care

Unaccompanied asylum seeking children may have complex and varied health needs. They may have experienced malnourishment or subject to infections or diseases unfamiliar to UK residents. Children from war zones may have been subject to violence and sexual assaults. They may have witnessed such actions and be emotionally traumatised by their experiences. Simply by being separated from family and friends may cause depression and anxiety. Foster carers and professionals will need to manage and support such children with great sensitivity.

Health care services will be accessed by the foster carers as appropriate. If immediate or specific attention is required, Fosterplus employs the service of a Medical Advisor.

As previously mentioned, some children may be traumatised and distressed by things they have witnessed or experienced in the past. Such children may need specialist and expert psychiatric intervention from CAMHS or other mental health services.



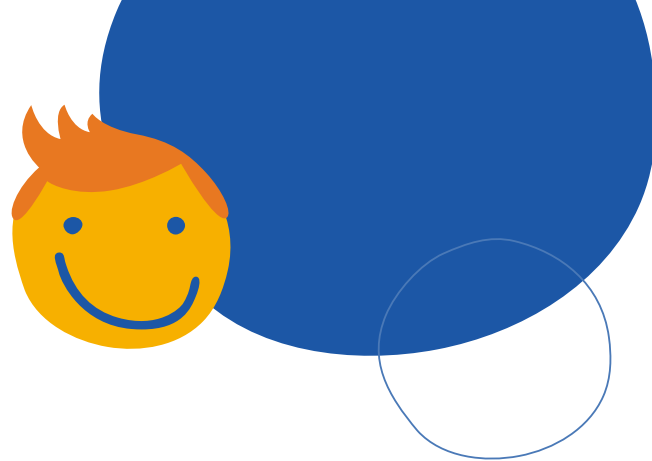
Family time

Fosterplus will encourage and support a child or young person's family time with relatives and friends in this country where appropriate and as agreed with the placing authority. Where a child is able to contact relatives in their country of origin, Fosterplus will enable phone contact to take place regularly as part of the placement plan.



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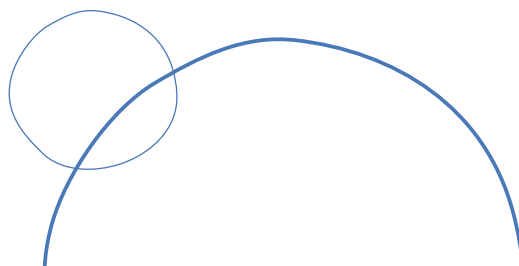
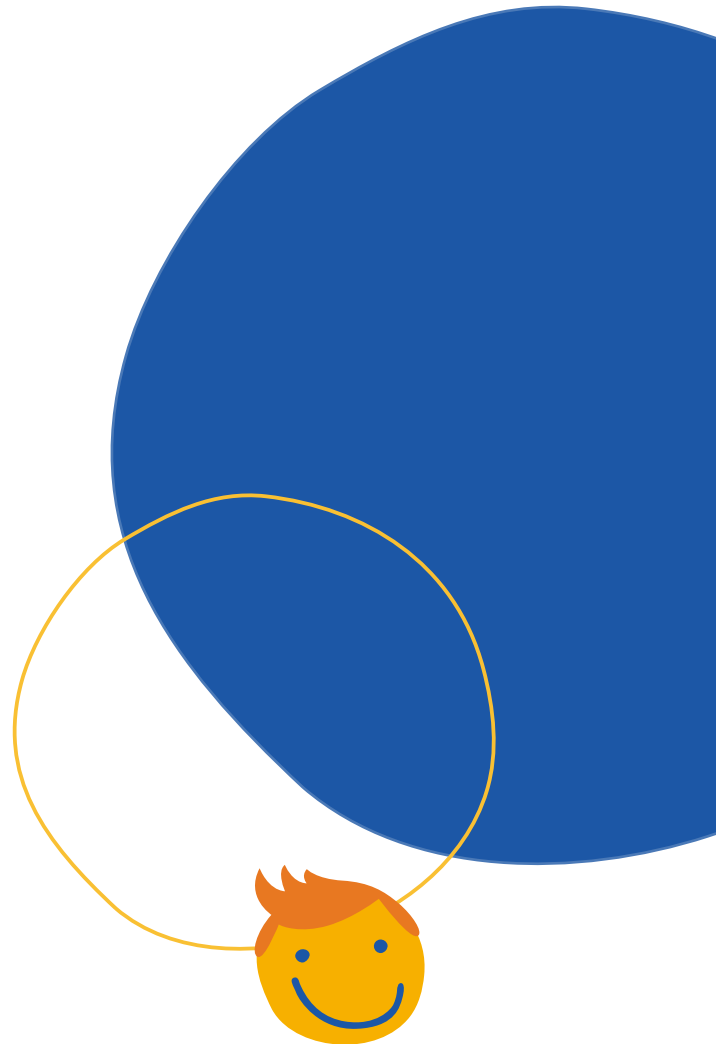
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INDEPENDENT ADVOCACY SERVICES

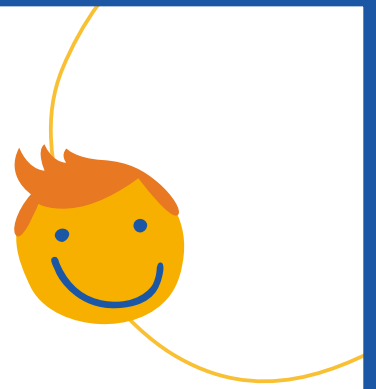
Why might a child need an advocate?

What does an independent advocate do?

How does a child or young person access an advocate?

CHILDREN AND YOUNG PEOPLE'S COMMISSIONER CHILD'S IDENTITY

Promoting a positive identity and valuing diversity
Equal opportunities
Trans-racial and trans-cultural placements
Promoting cultural identity
Religion
Dealing with discrimination
Birth certificates
Passports
What is life story work?
Ways to gather information for life story work
What happens to the life story book?



CHILDREN'S BEHAVIOUR AND RELATIONSHIPS

Self-Regulation and Behaviour Management Training
The importance of secure base
Understanding children's behaviour
Information and support to foster carers around behaviour
Availability - Approaches for helping children to build trust
Sensitivity - approaches for helping children to manage feelings and behaviour
Acceptance - approaches for building self esteem
Co-operation - approaches for helping children to feel effective – and be co-operative
Family Membership - approaches for helping children to belong
Belonging in an adoptive family, foster family or residential group
Allowing children to take risks

UNDERSTANDING BEHAVIOUR

Acceptable sanctions and punishments
Unacceptable measures of control and discipline
Physical intervention by foster carers
Recording of sanctions
Suicide and self-harm
Confiscation of dangerous, illegal or unacceptable items

SAFEGUARDING CHILDREN / CHILD PROTECTION

What is child abuse?
Staff and foster carers who are in positions of trust
Disclosure Scotland Checks
Child Sexual Exploitation (CSE)
Child Sexual Exploitation Risk Assessments

Female Genital Mutilation

Who are trafficked children?

Identifying trafficked children

Safeguarding children at risk of being trafficked

Children at risk of going missing

What to do when a child or young person is missing

Reporting the child as missing

When a Missing Child is Found

How should foster carers respond when a Missing Child is found?

Recording when a child goes missing

Payments to foster carers when a child is missing

Bullying

What is bullying and how to respond?

Bullying at School

Bullying in the Community

Bullying behaviours by a child

Bullying against foster carers

Cyber Bullying

INTERNET SAFETY

What risks do the Internet and Social Networking Sites present?

What do foster carers need to do to minimise risk?

Computer security in the home

Age Classification

Social networking sites - foster carers

Social networking sites - children

Sexting

Access to television, videos and adult magazines

Photography and videos

Support Network

Adults planning to stay with foster carers

Holiday with friends and relatives of foster carers

Holiday Planning Guidance

Overnight stays and visits

What information do I need to obtain when a child stays away?

HEALTH AND WELL BEING

Health and safety responsibilities

Health checklist when children and young people are first placed

Registration with the local GP

Health assessments

Involving carers and those with careral responsibility

Comprehensive Health Assessments

Hospitalisation

Consent to medical treatment

Health promotion

Healthy eating

Vitamins and homeopathic remedies

Physical activity

Leisure activities

Vaccinations (Immunisations)

Medication

HIV and AIDS

Hepatitis A

Hepatitis B

Hepatitis C

Meningitis

Smoking

Electronic Cigarettes

Alcohol

Drugs

What are illegal drugs?

Talking to children and young people about drugs

What if I find drugs in my home?

Common symptoms of drug misuse

Sexual health

Consent and Confidentiality

Sexuality

Sexual Orientation

Contraception

Pregnancy

Abortion

Mental health

What can foster carers do to promote mental health and emotional wellbeing?

Eating disorders

Therapy

CAMHS

Death of a child

EDUCATION

The duty and responsibilities of local authorities to promote educational achievement

National Improvement Framework

Curriculum for Excellence

Children with Additional Support Needs

Educational Outcomes

What is the role of fostering services in promoting educational achievement?

School placements – choosing a school, admissions, transitions

Exclusion

Truancy

School uniform, equipment, transport and other school expenses

Further and higher education

FAMILY TIME

Principles of family time

The birth carers (and others with careral responsibility)

The role of foster carers in family time

Support to foster carers around family time

Restrictions on or termination of family time

Recording family time

PATHWAY PLANS

Throughcare and After Care

What is a Staying Put arrangement?

Effect on the usual fostering limit

Financial arrangements for Staying Put Arrangements

CHILDREN WITH DISABILITIES

Why do children with disabilities need foster care?

Training and guidance

Equipment and accommodation

Children with disabilities and child abuse

UNACCOMPANIED ASYLUM SEEKERS

Who are unaccompanied asylum seeking children?

Matching with foster carers

Support to foster carers and young people

Education and translators

Health care

Family time

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