SAFER CARE POLICY (FOSTER CARE)

1. Statutory Framework

The Fostering Services Regulations 2011 require fostering service providers to prepare and implement a written policy which is intended to safeguard children placed with foster carers from abuse or neglect, and set out the procedure to be followed in the event of any allegation of abuse or neglect.

The National Minimum Standards for Fostering Services requires safe caring guidelines to be provided, based on a written policy, for each foster home, in consultation with the carer and everyone else in the household. These guidelines must be cleared with each child’s social worker and be explained clearly and appropriately to the child.

2. Organisational Context

Trafford Children and Young People’s Service (CYPS) is committed to providing the highest standard of care to children and young people in care in foster care.

Trafford CYPS recognises the complexity and demands of the foster care task and will endeavour to provide the highest standards of support to foster carers.

Trafford CYPS recognises that both female and male foster carers have a valuable and significant role in the care of children.

It is intended that foster carers, Supervising Social Workers and children’s Social Workers will refer to this Policy for general guidance in relation to safer care, but also for specific guidance in relation to the completion of Family Safer Caring policies and those policies relating to specific children in placement.

3. Developing a Family Safer Caring Policy

Foster carers need to consider strategies that will help ensure the home is a safe place at all times. This means ‘safe’ for any foster child, for carers’ own children, for foster carers themselves, other members of their family network and other people who share the foster carers’ lives.

A clear written ‘Family Safer Caring Policy’ needs to be in place prior to approval. The process for completing this is outlined in section 7. The Family Safer Caring Policy will describe how to behave in certain circumstances and is a way of identifying risky situations or behaviours.

This policy will be discussed with everyone in the foster household, the child’s social worker, the supervising social worker and the child prior to or at the time of placement, and at each child in care statutory review.
The Family Safer Caring Policy must be updated at least once every year and a signed copy should be submitted with the review report at the Foster carers’ annual review.

4. Risk Assessment and Sharing Information

The Family Safer Caring Policy should also be augmented by a child-specific risk assessment when a child is placed. This should be completed by the child’s social worker before the child is placed and the foster carers should be provided with a copy.

The individual child’s risk assessment will outline the approach the carer will need to take in order to manage these and will be in addition to the Family Safer Caring Policy. The risk assessment should be discussed at the pre-placement agreement meeting.

Foster carers will be provided with all known background information relating to the children in care in their care including the individual child’s risk assessment. Carers will be provided with a copy of this and a copy will be retained on the carers’ file.

5. General Guidance

All foster carers need to be aware of the following as a means of protecting children and themselves from abuse and allegations of abuse. A consideration of the following guidance should form the basis of the carers’ Family Safer Caring Policy:

- Recognise the people in the foster home who are the usual source of a potential risk or may be vulnerable to allegations

- Sexual abusers are more likely to be male. However, this also can mean that males (older children as well as adults) are more vulnerable to false allegations

- Make sure that you use the daily record sheets in accordance with the foster carers recording policy. This will serve to protect both the child and the other people in your home. Note all incidents such as inappropriate behaviour or speech, worrying phone calls, and anything that makes you feel uncomfortable or in any way concerned. Discuss this with your Supervising Social Worker or child’s social worker at the earliest opportunity.

- Safe care must always be at the forefront of foster carer’s minds, even at times when boundaries are more relaxed e.g. on holidays or leisure activities

- Within the context of the Safer Caring guidance and plan, male and female foster carers will be expected to share the caring tasks,
presenting a positive adult role model to children and young people in care

- Foster carers will be expected to demonstrate appropriate physical affection and warmth for a child or young person taking into account the nature of the placement and the background of the young person

- Children may make false allegations of abuse for a number of reasons, including:
  - Something that has happened recently may remind the child of an event that took place before the child was with the foster carer.
  - It may be a way for the child to try and regain control over his/her life.
  - The child may see it as a way of getting away from the foster home.
  - The child may have misinterpreted an innocent action.

**Investigations of allegations and complaints**

This includes the kind of information carers are expected to report, and procedures for investigating allegations. It is crucial that carers are fully aware of, and understand, relevant policies and procedures.

**Daily Record Sheets**

- Record the main things that happen each day that concerns the child
- Note as accurately as possible the time, the place what a child says or does and the adult response
- Record who else was there at the time

(Please see further details in the Foster Carers’ Recording Policy)

**Support Network**

Isolation increases the risks for foster carers. Foster carers need support from family and friends. They can also benefit a lot from links with other foster carers. Membership of a local group or association can help. Trafford CYPS offer free membership for all of their carers to Fostertalk.

**Training**

Training on Safer Caring is mandatory for all foster carers.
Foster carers need to extend their knowledge and develop their skills throughout their fostering career. For example, knowledge about the sexual abuse of children and young people has changed considerably in the last ten years. No-one can predict what changes there will be in the next ten years.

**Insurance cover**

Foster carers need to have insurance cover to meet costs of legal advice in the event of an allegation being made against them or a member of their family. Individual membership of Fostertalk covers such costs.

**Communication**

Differences of opinion sometimes arise between foster carers and professionals. If this happens, both sides need to continue to work together to resolve them. If foster carers “shut off” from the agency and keep important information from staff, they will put themselves at greater risk by rejecting the help that may be on offer. This also creates the kind of isolation that can lead to abuse.

**6. Specific Guidance**

**Bedrooms**

(a) All children must have their own bed. Discussions about sharing bedrooms will take place at the time of matching a child to a placement.

(b) Bedrooms are only entered by others with permission.

(c) If bedrooms are used as a play area or for activities with others (e.g. a young person has a computer in the room), doors should be kept open at all times.

(d) Foster carers should never share their bed with a foster child even then the child is ill.

**Bathrooms**

(a) All young people who are old enough and able to bath and wash themselves should have privacy in the bathroom.

(b) If a young child needs adult help and supervision, this should be done by a female foster carer, or by both carers together. If the main foster carer is a male, this should be discussed at the time of the placement.

(c) A foster carer of the same sex should assist older children requiring assistance, for which personal privacy is an issue.
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**Play**

(a) Except when playing alone, doors must be left open and foster carers should be able to easily hear or see what is going on.

(b) Ensure the child always remains in physical control.

(c) Do not allow play fighting.

(d) Avoid tickling and wrestling games.

**Dress**

(a) All children must have dressing gowns and slippers and wear them when walking around in their nightclothes.

(b) Foster carers must not walk around in an undressed state or in their underwear.

**Car journeys**

(a) Ensure the car is roadworthy, insured and appropriate car seats/seat belts are fitted and used.

(b) Male carers should, wherever possible, avoid being alone in a car with a foster child. Where this is unavoidable, ensure the child/young person sits in the back of the car.

**Babysitters**

(a) Use adults only, preferably family members or close neighbours. They must be CRB checked. This should be considered during the assessment process.

(b) Never stay out overnight without prior discussion with the child’s social worker who must be satisfied with the arrangements for the care of the child.

(c) Never arrange for fostered children to stay anywhere overnight without prior discussion with the child’s social worker who must be satisfied as to the suitability of the arrangement.

**Showing affection**

(a) Do not use hugs, kisses, cuddles etc without first checking out that the child wants this.

(b) Teach children that they can say no to anyone who offers a cuddle, including foster carers.
(c) Male carers should be careful about showing physical affection towards children/young people unless a female carer is present.

(d) Provide children with a place of warmth outside of the bedroom, telling stories, reading, talking or having a hot drink together.

**Photos, videos and Internet**

(a) Never take photographs or videos of children/young people who are undressed or partially undressed.

(b) Always ask a young persons’ permission before taking photos or videoing them.

(c) Supervise the Internet websites accessed by the children/young people and contact your Supervising Social Worker or the Child’s Social Worker should you have any concerns or require further advice/guidance.

**Sex Education**

(a) Talk first to the child’s social worker before embarking on discussions that involve sex and sexual issues. If the child brings these issues up, ensure that you note this down as well as your response.

(b) Use appropriate language that accurately describes parts of the body and aspects of sexual health. Age appropriate books can help with this.

(c) In answering questions about sexual issues, keep control of the conversation. If a young person steers the discussion into areas where you feel uncomfortable, suggest that you will help them talk to somebody in confidence about these issues.

(d) Never refer young people for sex education/advice without the permission of the social worker.

**Use of Alcohol**

Alcohol is potentially dangerous in two ways:

*Sustained drinking can lead to health risks and, in extreme cases, to alcohol dependence.*

*Intoxication can lead to uncontrolled, disorderly or dangerous behaviour.*

(a) Remember that some children and young people who are in foster care may have had very negative experiences relating to the use of alcohol by the adults in their lives.
(b) Alcohol can impair judgement and leave foster carers vulnerable to allegations.

(c) Carers may need to respond to an emergency or an unexpected event in a child’s life and their ability to do so may be impaired if they have been drinking.

(d) As a general rule, remember that the safest option is not to drink at all while a child is in placement and everyone needs to be mindful of the possible exposure that a child or young person may have had to alcohol and its effects previously.

(e) Always ensure that any alcohol in your home is safely locked away and out of reach of any children in your home.

(f) No foster carer shall supply alcohol to any child or young person in their care or purchase it on their behalf.

(g) The consumption of alcohol is not permitted by children or young people, this includes during days out or on holidays or social events.

(h) Where a child in care has alcohol problems, the health care plan shall address how the child’s needs are to be met.

(i) Foster carers should bear in mind the need for health education about the sensible use of alcohol and the consequences of its misuse.

(j) If you are not sure, ask for advice from your Supervising Social Worker.

**Bullying**

Trafford CYPS has an anti-bullying policy regarding children in care.

Carers need to be familiar with the steps to be taken if they are at all concerned that this is an issue for the child or young person they are caring for, whether as a victim, perpetrator or witness.

If carers are concerned that this is an issue, they must document their concerns according to the Recording Policy and discuss this either with their Supervising Social Worker or the child’s social worker.

**Smoking**

Trafford follow the guidance issued by BAAF in that all foster carers are asked not to smoke in their homes, and carers are not to smoke at all in households where children under 5 are placed (exceptional circumstances excluded). This helps to reduce the risks to the health of children in care and also helps to promote a healthy lifestyle. Carers who do smoke can seek help and support to give up through the department.
7. Allegations and Complaints

All allegations and complaints against foster carers will be investigated promptly and thoroughly whilst ensuring that the foster carers are adequately supported.

If an allegation is received against a foster carer, the Complaints and Allegations against Foster Carers procedure will be followed.

Support for the carer in these circumstances is available through Fostertalk.

Other complaints will be addressed through Trafford CYPS’ Compliments, Comments and Complaints Policy.

8. What To Do Next – The Family Safer Caring Policy

With their Supervising Social Worker, carers should work out their own family policy for keeping everyone safe and operate clear home rules for behaving.

In simple terms this is the way the family will do things to minimise the risks for everyone in the home. Each family needs to work out their own policy because every family is different. This should apply to the guidance provided by the Family Placement Team (as outlined in sections 4 & 5) and should embrace open and honest communication.

Foster carers will need to discuss what should go into their ‘Family Safer Caring Policy’ with their Supervising Social Worker. It is important however that carers have discussed this as a household beforehand and that everyone who lives in your home understands and agrees with what will be expected of them.

In completing the Family Safer Caring Policy, Supervising Social Workers need to discuss with their foster carers what family rules there are.

Following this discussion the supervising social worker along with the members of the fostering household should complete the form set out in appendix a (attached). Once completed, this form will act as the household’s safer caring policy. It should be signed by the foster carers who will receive a copy while a further copy should be retained on the carer’s file.
### Appendix A: Family Safe Caring Policy

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<thead>
<tr>
<th>(a)</th>
<th>The way the family approaches looking after children and young people</th>
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<tr>
<td>(b)</td>
<td>What each room in the house should be used for</td>
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<td>(c)</td>
<td>Expectations of carers’ children and other foster children.</td>
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<td>(d)</td>
<td>The style of discipline and type of sanctions used in the family</td>
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<td>(e)</td>
<td>What family rules are there and why?</td>
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<td>(f)</td>
<td>In what circumstances do these rules apply?</td>
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<td>(g)</td>
<td>What happens if these rules are broken?</td>
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<td>(h)</td>
<td>How do people find out what’s expected of them?</td>
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<tr>
<td>(i)</td>
<td>Who takes responsibility for what – including bathing children, bedtime routines and looking after a child alone?</td>
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(j) Any other issues?

(h) Signatories

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<tr>
<th>Name of carer</th>
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<th>Name of Supervising Social Worker</th>
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