



Services for Children, Young People and Families

CHILDREN IN CARE

Safer Care Guidance

(Foster care and Children's Homes)

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This guidance is for Social Workers, Supervising Social Workers and Foster Carers in relation to the Safe Caring Policy for Foster Carers

1. Telephones/Correspondence

This applies to all phones, including mobiles

Children should not be permitted to carry/use mobile 'phones unless agreed with Social Workers and Home's Manager/Supervising Social Worker, with arrangements/conditions outlined in the child's placement plan and placement information record.

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

Children must be supported and encouraged to send and receive letters to family members and friends. Restrictions may only be placed upon the sending or receipt of letters with the authorisation of the Social Worker in consultation with the Supervising Social Worker. Such restrictions can only be placed upon a child where it is necessary to do so to safeguard or promote the child's welfare, to protect another person from harm, injury or to protect property from being damaged. Any restrictions/arrangements must be outlined in the Placement Plan/Placement Information Record.

2. Bedrooms

Children should be encouraged to personalise their bedrooms, with posters, pictures and personal items of their choice.

Children of an appropriate age and level of understanding should be encouraged and supported to purchase furniture, equipment or decorations. For older children this should be part of a plan to prepare the child for independence.

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

Where a child's bedroom window is large enough for a child to climb out of, a risk assessment should be carried out as to the likelihood of the child putting themselves at risk by climbing out of the window. If a risk is identified, the Social Worker and Supervising Social Worker should consider strategies to reduce/prevent the risk, which should be outlined in the child's Placement Plan/Placement Information Record.

Children's privacy should be respected.

Unless there are exceptional circumstances, carers should knock the door before entering children's bedrooms; and then only enter with their permission.

The exceptional circumstances where Staff/Carers may have to enter a child's bedroom without asking permission include:

- To wake a heavy sleeper, undertake cleaning, return clean or remove soiled clothing; though, in these circumstances, the child should have been told/warned that this may be necessary.
- To take necessary action, including forcing entry, to protect the child or others from injury or to prevent likely damage to property. The taking of such action is a form of positive handling.
- Children may not share bedrooms or receive visits into their rooms unless it is part of a clear plan e.g. for siblings or where the Supervising Social Worker and Social Worker have conducted a risk assessment and any arrangements must be outlined in relevant Placement Plans/Placement Information Records.

3. Photographs/Images

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

4. Physical Contact/Intimate Care

Staff/Carers must provide a level of care, including physical contact, which is designed to demonstrate warmth, friendliness and positive regard for children. Physical Contact should be given in a manner, which is safe, protective and avoids the arousal of sexual expectations, feelings or in any way which reinforces sexual stereotypes.

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

If possible, children should be supported and encouraged to undertake bathing, showers and other intimate care of themselves without relying on Carers. If children are too young or are unable to bathe, use the toilet or undertake other hygiene routines, arrangements should be made for carers to assist them.

Unless otherwise agreed, children will be given intimate care by adults of the same gender.

These arrangements should be outlined in the child's Placement Plans/Placement Information Records and must emphasise that children's dignity and their right to be consulted and involved will be protected and promoted; and, where necessary, staff will be provided with specialist training and support.

5. Menstruation

Young women should be supported and encouraged to keep their own supply of sanitary protection without having to request it from carers.

There should also be adequate provision for the private disposal of used sanitary protection.

6. Enuresis and Encopresis

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

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

Talk to the child in private, openly but sympathetically.

Do not treat it as the fault of the child, or apply any form of Sanction.

Do not require the child to clear up; arrange for the child to be cleaned and remove then wash any soiled bedding and clothes.

Keep a record.

Consider making arrangements for the child to have any supper in good time before retiring, and arranging for the child to use the toilet before retiring; also consider arranging for the child to be woken to use the toilet during the night. Consider using mattresses or bedding that can withstand being soiled or wetted.

7. Body Piercing and Tattoos

It is acknowledged that body piercing and tattoos are forms of self-expression and fashion, and that many children will experiment with them.

It is illegal for tattooists to tattoo anyone under 18 years old, even with Parental Consent. Children can have their bodies pierced at any age.

Children who express an interest in body piercing or tattoos should be treated on a case by case basis depending on their age and level of understanding,

but on principle, Staff/carers should discourage them, pointing out the possible implications and health care risks; for example, from unsafe materials, needles etc.

Under no circumstances may Staff/carers encourage or give consent to children to have their bodies pierced or tattooed.

If children appear determined to have their bodies pierced, they should be asked to discuss the matter with their Parent(s) and Social Worker beforehand.

Whether consent is given or not, children cannot be prevented from being pierced.

If they continue to be determined, carers should ensure that measures used for piercing are as safe and hygienic as possible; preferably undertaken by a reputable person.

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

If a child does allow their body to be pierced or tattooed, the Social Worker must be informed and asked to decide whether to notify the Parents.

8. Sanctions

Refer to Behaviour Management Policy

9. Searching

Carers/Staff are not permitted to conduct body searches, pat down searches, searches of clothing worn by children or of their bedrooms. Should Staff/Carers suspect that a child is carrying or has concealed an item which may place the child or another person at risk, they should try to obtain the item by co-operation/negotiation. If the child does not co-operate, Staff should consult the Social Worker/Supervising Social Worker or, in an emergency, contact the Police.

10. Bullying

Bullying is defined as behaviour or actions of a person, group of people or a whole organisation designed to cause distress or to hurt a person or group of people.

Bullying can be overt and plain for all to see. It can be subtle and insidious.

Bullying can become part of the culture, recognised or believed by all or a significant number of people as 'acceptable'; it can even be encouraged and rewarded.

Bullying can include:

- Name calling, being sarcastic and spreading hurtful rumours;
- Assault or physical violence;
- Threats & intimidation;
- Spitting;
- Incitement of others to harass and intimidate;
- Destruction or taking property without permission;
- Extortion or undue pressure;
- Emotional aggression like tormenting and excluding people;
- Racial harassment, taunts, graffiti and gestures;
- Sexual aggression or harassment, unwanted physical contact or comments;
- Comments, threats or actions relating to people's disability;
- Comments, threats or actions relating to people's sexual orientation.

Staff and children are capable of bullying; and of being bullied.

If there is a risk that a child is likely to be bullied or may be the perpetrator of bullying behaviour, Carers should notify/consult relevant Social Worker(s) and the Supervising Social Worker in accordance with Children in Care Anti-Bullying Policy

11. Missing from Care

Please see Trafford Safeguarding Children Board Children Who Go Missing From Home or Care Policy

12. Serious Incidents

In the event of any serious incident (e.g. Accident, Violence or Assault, Damage to Property), Staff/Carers should take what actions they deem to be necessary to protect children/themselves from immediate harm or injury; and then notify the Social Worker/Supervising Social Worker (EDT out of hours).

If there is a risk of serious injury/harm or damage to property, Staff/Carers should notify the police, then inform the Social Worker/Supervising Social Worker. (Refer to Involving the Police policy) (Notifiable incidents policy)

13. Child Protection Referrals

The following must be read in conjunction with Trafford Safeguarding Children Board Child Protection/Child in Need Policy and the Fostering Child Protection Safeguarding policy.

If Staff/Carers suspect or they receive a report that a child is suffering or likely to suffer from Significant Harm, they must:

In an emergency: take steps that are reasonable and safe to protect the child from any immediate risk e.g. separate children from suspected perpetrators,

seek assistance from the emergency services; then contact the child's Social Worker or the Supervising Social Worker (or EDT out of hours).

If there is no immediate risk: contact the Social Worker or Supervising Social Worker (EDT out of hours).

The suspected perpetrator must not be notified/informed of the actions taken by the Carer.

The Carer should keep notes of all actions taken and any conversations and pass them to the Social Worker/Supervising Social Worker.

14. GP'S and Hospital Appointments

All Children in Care must be registered with a G.P., Optician and dentist, preferably of their choice.

Each Child should have a health care plan.

Each child's file should contain a written medical consent form.

Any visits to doctors, dentists, opticians or other health professionals must be recorded.

If it seems necessary to make an appointment with a GP/Hospital, account should be taken of the child's wishes, for example, to see a practitioner of a preferred gender. If possible, the Social Worker and child's Parent(s) should be consulted and appointments should not disrupt the child's education.

All appointments and outcomes must be recorded.

15. Medical Emergency

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

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

In the event of a medical emergency, Staff/Carers should seek medical assistance and support as a matter of priority, usually this will mean calling an ambulance or in some circumstances the assistance of other emergency services. These services are contactable by dialling 999 from landlines and most mobile phones, however, on some mobile phones the European Union emergency number 112, is also valid.

When calling the emergency services staff /carer should ensure they are able to provide the following details:

- The telephone number from where they are calling.
- The location of the incident or patient requiring medical assistance.
- The type and gravity of injury or symptoms of the illness.
- The number, sex and approximate ages of any casualties and any information you may know about their condition and medical history.
- Details of any other hazards that may be relevant.
- Where Staff/Carers ringing for the emergency services were asked to do so by the first aider, they must remember to report back to them confirming that this has been done.
- Once the casualty has been attended to and is safe, the Social Worker/Supervising Social Worker must be notified. The Social Worker should consider whether to notify the Parent(s).
- The incident/outcome must be recorded.

16. Medication and First Aid

Home Remedies, including Aspirin may not be given to children without the agreement of the Social Worker/Supervising Social Worker in consultation with the child's GP or a Medical Practitioner. The arrangements must be outlined in the child's Placement Plan/Placement Information Record.

Fully equipped First Aid boxes must be kept in each Home and in each vehicle used to carry children.

If children are prescribed medication, including Controlled Drugs, the arrangements for storing, administration, recording and disposal must be followed in accordance with The Storage and Administration of Medication policy

17. Invasive Procedures

Invasive procedures include the following:

- Catheter care,
- Oxygen therapy,
- providing assistance with rectal medication such as diazepam,
- the inserting of suppositories or pessaries,
- injections,
- feeding through naso-gastric or gastrostomy tubes

- supporting physiotherapy programmes and the management of prostheses.
- tube feeding
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Invasive procedures may only be applied in the best interests of children and upon the advice of an appropriately qualified medical practitioner in consultation with the Social Worker/ Supervising Social Worker.

Appropriate Consent of the child must be sought.

Invasive procedures may only be applied by competent and properly trained or supported Carers/Staff.

The arrangements must be outlined in a Placement Plan/Placement Information Record.

18. Health & Safety in the Home

18.1 Seat Belts and Car Safety

The position about potential overloading is often of concern. As far as insurance is concerned, whilst overloading of a vehicle would not necessarily negate cover under a motor insurance policy, it would certainly be considered in the event of an accident, with the possibility of contributory negligence, depending on the circumstances. Foster Carers should discuss the issue of safe transport with their support/supervising worker.

Children in Care Service expects children to be suitably restrained in cars, and leaflets setting out the legal requirements are available from the Fostering Service. Foster Carers replacing their vehicles are expected to purchase a vehicle with suitable seat belts.

Children and young people should always be encouraged to sit in the back seat of a car. Babies and children should always be securely strapped into car seats for every journey, no matter how short. No car ride can ever be completely safe, but if a child is using the right safety restraint, the likelihood of being injured in an accident is reduced by two-thirds.

18.2 Safety in the Home

The following items (appropriate to the age of the children foster carers are approved for) require attention at approval and review:

General

Windows are fitted with locks. Catches should be out of the reach of younger children.

Safety gates are used properly

Stairways are safe - i.e. handrails and banisters

Glass doors are protected by plastic film

Fire guards are fitted, where appropriate
There is adequate floor space, free of hazards - where children can play.
There is safe storage and protection of ornaments and glassware, and plants, etc.
The use of free standing paraffin or calor gas fires is prohibited
Low level electrical sockets are covered
Dangerous liquids, etc. and equipment are stored out of the reach of children
There should be no outstanding building work - this represents a hazard
Foster Carers Homes should be safe, clean, warm, and well ventilated
Bedroom space must be adequate

Bathroom and Toilet

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

Kitchen

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

Garden

The garden is fenced and secure
It is clean and safe to play in
Water containers and ponds are securely covered
Garage doors, sheds and greenhouses can be locked
Play equipment is safe and secure
Dustbins are covered
Drains and manhole covers are clean and secure
Garden plants are not poisonous

Toys and Equipment

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

18.3 Safety and Accident Prevention

Burns and Scalds

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

Falls

Bouncing chairs on the floor

Use straps for high chairs and pushchairs and provide and use stair gates

Supervise children in baby walkers

Ensure rails round landings and upstairs windows are in place and working

Choking and suffocation

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

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

Cuts

Glass doors and low windows must be protected

Don't let young children walk around carrying anything made of glass, or other sharp objects including pencils in mouths.

Keep knives and scissors stored safely

Poisons

Medicines must be kept in a locked cabinet out of reach of children

Household and garden chemicals must be stored safely

Know your plants, berries, seeds and toadstools

Teach children not to put anything other than food or drink in their mouths

Drowning

Babies and young children can drown in the bath - take care

Be vigilant with children in paddling pools or in the sea

Ponds should be fenced or covered

Teach children about the dangers of water and to swim as early as possible

Electricity

Provide safety covers for electric sockets

Beware of worn flexes on any appliance

Provide a cooker guard if children are very young

In the Car

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