

# Foster Carer Handbook

**A handbook for foster carers and those that support them.**





# Being a foster carer

# What happens now I am approved?

## Standards and Regulations

We use the Fostering Services National Minimum Standards (England) 2011:

- [Standard 14 – Fostering Panels and the Fostering Service's Decision-Maker.](#)
- [Standard 16 – Statement of Purpose and Children's Guide.](#)

The Fostering Services (England) Regulations 2011:

- [PART 2 - Statement of Purpose and Children's Guide.](#)

Training, Support and Development Standards for Foster Care:

- [Standard 2 - Understand your role as a foster carer.](#)

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## 1. Introduction

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Congratulations, now you have been approved as a foster carer you will be allocated a Supervising Social Worker from the fostering service. They will make sure you have all the information and support needed to offer the best possible placements to children and young people.

Your approval as a foster carer will be regularly reviewed, see [Reviewing my Approval and Appeals](#).

You will be asked to enter into a [Foster Care Agreement](#) with the fostering service.

## 2. Your Role

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- Providing a safe and caring environment for the child/young person;
- Supporting and meeting the health needs of the child/young person;
- Ensuring a child/young person's attendance at educational settings including nursery, school, college and any placement. Encouraging them to learn and help them with their homework;
- Contributing to life story work while a child is in placement with you;
- Supporting and, if appropriate, facilitating contact with a child's birth family and significant others;
- Supporting and, if appropriate, facilitating the transition between a fostering placement and an adoptive/other placement;
- Establishing routine, clear boundaries and having an understanding of issues that impact upon the child/young person;
- Supporting and promoting the child's development so they can achieve their full potential and have the best life chances;
- Preparing the child/young person for independence.

## 3. What Information do I Need When a Child is Placed

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A social worker from the fostering service will contact you when looking for a placement for a child/young person that is in your approval category. When they do, you need to be sure that the child/young person will be best placed with you.

It will be useful to prepare a list of questions that you may want to ask when they call. If you are unsure about any placement you must discuss this.

You may want to ask:

1. The social workers name; is the case allocated, if not, who you contact in the future;
2. The child's name, age, how they identify in relation to gender, ethnic origin, religion;
3. Does the child have any special dietary, cultural or linguistic needs;
4. The child's legal status;
5. General picture of the family situation;

6. What are the contact arrangements?
7. How is the child's health, do they have any allergies or medical problems, specific equipment or are they currently on medication;
8. Are they at school, nursery or placement? Are there any issues?
9. Does the child have any communication issues?
10. Are there any behavioural problems?
11. Are there any known risks from the child/parent, e.g. aggressive or sexualised behaviour?
12. Who will bring the child and with what clothes and belongings?
13. When will you have full information about the child?

You need as much information as possible about a child/ young person before they come into your home.

You should receive written information before the placement from the child's social worker. Occasionally for example in emergencies, there can be a delay in receiving all the information about the child in writing, however the social worker should make as much information as possible available at the time of the placement. No information can be withheld from you without a manager's approval and this will only be in rare cases.

## 4. Meeting the Child/Young Person

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Wherever possible there should be a period of introductions between you, your family and the child.

This should involve:

- The child/young person receiving information about you, your home and members of your family network; it is expected that you will have a welcome book ready for your first placement. You will receive guidance on how to complete this.
- The child/young person having at least one introduction before a placement is confirmed. This may consist of a child visiting your home and perhaps having a meal. Preferably, further introductions are possible to ensure you and the child/young person are content with the proposed placement.

Throughout the introduction process, you should talk to the child/young person about general information about bedtimes, meals, visitors, pocket money, school, privacy and your general expectations about behaviour.

The child should be encouraged to talk about what they expect so they can sort out any concerns before the placement starts.

## 5. The Child's Care Plan

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The child's [Care Plan](#) provides information of the work that must be done to meet the needs of the child/young person. The social worker of the child or children holds responsibility for specific advice or support in relation to the child and his or her Care Plan and Placement Plan.

The Care Plan usually includes:

- The child's Placement Plan (setting out why the placement was chosen and how the placement will contribute to meeting the child's needs);
- The Permanence Plan (setting out the long term plans for the child's upbringing including timescales);
- The Pathway Plan (where appropriate, for young people leaving care);
- The Health Plan;
- The Personal Education Plan;
- The Contingency Plan;
- The date of the child's first Looked After Review (**within 28 days of placement**);  
*(A Looked-After Child (LAC) Review is a regular meeting that brings together those people who are closely concerned with the child in your carer. It is an opportunity to review the child's care plan.)*
- The name of the Independent Reviewing Officer.

## 6. The Child's Placement Plan

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The Supervising Social Worker, you, the child/young person, family members and the child's social worker will put together the [Placement Plan](#). This is completed prior to, on the day or within 5 working days of a placement being made.

The Placement Plan covers:

- Purpose of the placement;
- Social & leisure activities;
- Any agreements about health or educational needs;

- Emotional and behavioural development;
- The child's personal history;
- The child's likes/dislikes;
- The rules of the placement, including how the child should behave;
- Agreements for contact between the child/young person, family or relevant individuals;
- When social work visits to the child and yourself will happen and any review meetings.

See [Understanding Placement Plans and Looked After Reviews](#).

## 7. The Children's Guide

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The child/young person should receive this when they start a placement. This guide will help children and young people understand about foster care and provide information that may be important to them. It will tell them about their rights and how they can contact people such as their [Independent Reviewing Officer](#), [Children's Commissioner](#) or Children's Rights Officer if they wish to raise a concern. It will also explain the information which The Children's Service keeps on them and why, including who it might be shared with, and their right to access their case file. You should go through the guide with the child/young person in terms they understand.

If the child needs the Children's Guide in another format such as in another language or Makaton the fostering service should provide it.

# Foster Care Agreement

This is the written agreement made between you and the fostering service when you are approved.

It sets out the fostering service's expectations of you, what you are able to offer and the support and training you can expect.

## **You need to:**

- Read and sign the [Foster Care Agreement](#), keep one copy for yourself and return one signed copy to the Fostering Service;
- Following any change to your terms of approval, you will receive an amended copy of the Foster Care Agreement which you will need to sign again as above.

## **The agreement will contain:**

- Terms of approval;
- It will state what your approved fostering level is and if a fee is paid to you (level 1 – 3 or intensive fostering );
- Support and training;
- The review process;
- The process for making a complaint;
- Confidentiality.

## **It will also cover your responsibilities:**

- To care for the child with at least the same care and concern as you would if they were your own, keep them safe and promote their welfare;
- To keep the fostering service updated on the child's progress and any significant events that affect the child;
- Not to carry out any physical/corporal punishment;
- To keep all information about any child placed with you confidential unless the fostering service says you can share it;

- To attend relevant meetings including Child Protection Conferences and LAC Reviews concerning the child/young person and provide written reports if requested, and help prepare the child/young person where appropriate for meetings;

(A child protection conference will be called when concerns about a child have been investigated and it is believed the child is suffering, or likely to suffer, significant harm.)

- To carry out their duties from the child's [Placement Plan](#);
- To work within the fostering service's policies and procedures and guidance;
- To allow inspectors of the fostering service to visit your home, see you or the child/young person by prior arrangement;
- To attend the mandatory training courses as required.

**You should inform the fostering service of:**

- Any change of address or people living in the household;
- Any changes in your personal situation or events which affect their ability to care for the child placed with them;
- Any criminal convictions or cautions or criminal charges pending at any time following your approval as a foster carer, involving you or someone in your household;
- Any request by you or any member of your household, to foster or adopt children;
- Any request to be a registered childminder or day care provider by someone living in your household.

# Developing a Safe Care Plan

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## 1. Introduction

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Working out a Safe Care Plan for your family including your foster child is not about changing everything that you do. It is about thinking about what parts of your family's behaviour involves risk and working out what you can all do so that safer care becomes part of everyday life. This will have already been covered on the training course.

It will also help you to know how to deal with situations that might seem OK in your own family but are not safe in a foster family. It is important that everybody that is in the house is aware of the plan and is signed up to it. Regular visitors to the home need to know about the Safe Care Plan.

The whole family should be involved in agreeing your plan and in reviewing it each year (or when circumstances change). Your Supervising Social Worker can support you with this. When you have completed your Safe Care Plan, your supervising social worker will ensure that a copy is

placed on your electronic file (Mosaic) and you also have a copy. Sometimes you may need to review your Safe Care Plan because something new happens, like a new placement.

The aim is for all those involved to understand what might happen and to avoid the child feeling worried or anxious.

When you go on holiday, your Safe Care Plan will help you think about managing any risks to keep the child and yourself safe.

## 2. Adults and the Safe Care Plan

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The latest guidance from the Fostering Network states that: "Contradictory and unhelpful attitudes to men undertaking child care can crop up in guidance about male and female foster carer's roles. Whatever the intention, the consequence of such guidance is to reinforce anxieties that many male foster carers have about undertaking ordinary parenting tasks with fostered children and young people, and inhibit them from taking an active caring role. In recent decades, there has been a shift in the extent to which men are involved in the care of children. This is an important, albeit slow, sign of some progress. The idea that men can be nurturing and sensitive to children's emotions, and able to meet their care needs is liberating for men, for women and for the children they care for", (Slade.J. (2012), Safer Caring: A New Approach, Fostering Network).

That said, some Children Looked After may not previously have had male figures in their lives or may have had negative relationships with men. The experience of having a positive male role model can help improve the chance of being able to have good relationships with men in future. "The role modelling by male (foster) family members of an appropriate loving relationship based on clear boundaries and a love that is unconditional (not based on what the child can provide to the adult or on a relationship tainted by grooming and abuse), provides an optimal environment where a child can heal the wounds of past trauma". (Bridget Griffin, Serious Case Review, Croydon).

A good start is for both carers to ensure that they are involved from the outset in developing the family's Safer Caring Plan in partnership with their Supervising Social Worker and the child's social worker. When developing the plan, the child's background, experiences and individual needs must be taken into account.

## 3. Working out your Safe Care Plan

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The following are some of the issues which you may need to consider when developing your families Safe Care Plan. This is not intended to be an exhaustive or prescriptive list but should help in drawing up your own personalised plan, which should be tailor-made for your family.

You may wish to also think about:

- Each issue from everyone's point of view (the foster child, other children in the household, yourself, visitors, pets etc.);
- Any specific situations when and where areas of conflict might arise;
- Which caregiver is responsible for implementing each aspect of the plan (remember to include outsiders like babysitters);
- Setting times to review the plan, not just annually or when there are significant changes;
- What will happen when you go for a holiday or weekend away?
- What will you do if one or more aspects of the plan aren't working?

### **3.1 The Names you Use**

Children ordinarily should call you by your first name/s or your chosen name. In general, and especially in short term placements, it is recommended that the foster child is discouraged from calling you 'mummy' and/or 'daddy' because it may cause confusion about their own family.

In long term placements there may be more discretion as to what your foster child calls you. There needs to be open discussion with social workers as we do have children who chose to call their foster carers 'mum and dad' or 'gran and grand-dad'. Some communities use the terms 'Auntie' and 'Uncle' to address not related adults/family figures and this may be an appropriate alternative.

### **3.2 Physical Contact and Showing Affection**

#### **Physical Contact and Showing Affection**

As with all children, fostered children need to be shown love and affection. You must provide a level of care, including physical contact, which demonstrates warmth, respect and a positive regard for children.

Whilst it is sensible to be cautious in short-term placements, in situations where a child has been living with you for some time and the relationship is established, then showing physical affection is appropriate. Showing affection is a very important part of your caring role and should never be avoided because of fear of allegations.

You should always check out with children whether they would like to receive a hug or a kiss. They need to learn from a caring adult that they can say no if they wish and to understand what is appropriate touching. In the case of infants you will need to use your emotional skills to look for the different ways they respond in order to judge their attitudes to and preferences regarding physical contact.

Families will all have different ways to show affection and you need to be careful not to impose your way onto others. If touch has meant something other than affection to a child in the past, they might not understand that you are trying to show them affection.

### 3.3 Playing

It is important for all children to play and learn to socialise with peers. In order for them to do this safely, carers should know where the children are and with whom they are playing. Children Looked After can be more vulnerable than those who have always benefitted from a loving family. They may not have the same knowledge and experience of playing safely and of negotiating everyday hazards such as roads, parks and water.

All parents will do a simple, almost unconscious, 'risk assessment' every time a child goes out to play that balances a child's freedoms with possible dangers. Foster carers may need to exercise a little more caution in this assessment of a Child Looked After due to associated vulnerabilities. It may be helpful to discuss any fears, thoughts and reasoning with your Supervising Social Worker.

Likewise if you have delegated authority about whether a child can go to visit a friend or have a sleepover at a friend's house etc, always refer to any factors highlighted in the Placement Planning Meeting and delegated authority tool when making your 'risk assessment'.

Boisterous Play is usually strongly discouraged in guidance for foster carers:

"For those children and young people who are less able to regulate their own behaviour and emotions, there is a risk the boisterous play will involve them losing control and becoming angry or upset. Another reason for the unease is the controlled nature of the touching in boisterous play, which could cause a child or young person to make an allegation...boisterous play is very normal behaviour, particularly for boys. It can also be fun and harmless" (Slade, Safe Caring, The Fostering Network).

How safe this kind of play is within fostering placements will depend upon various factors including: who is involved, how long the children have known the carers, the child's previous experiences, how it is supervised and the length of time it continues.

Tickling - The Fostering Network recommends that 'blanket bans' on tickling are not helpful but that decisions regarding tickling children should be properly assessed, recorded and reviewed:

"Some foster carers struggle with being told they are not allowed to tickle children because it is seen as a normal thing to do. The problems, where there are any, lie in the fact that the tickler is usually in a dominant position and the activity can cause problems for children with difficulties in

self-regulation: they can lose control of themselves. There is also the risk of inadvertent sexual contact.

That said, there are few small children who do not like the ‘round and round the garden like a teddy bear’ tickling rhyme. There are some children for whom tickling is not appropriate, and some children for whom, with proper care, it is fine – and this might change over time”. (Slade, Safe Caring, The Fostering Network).

Although we do not wish to impose a ‘ban’ on activities such as boisterous play or tickling, the advice is to be cautious, especially with unfamiliar children. There is the potential for accidental intimate touching or memories of past experiences to be triggered which can lead to children feeling unsafe or to an allegation.

### **3.4 Stopping Bullying (please also see Anti-Bullying Policy for foster carers)**

- Put in place clear rules that say bullying is not acceptable and what actions will be taken if the foster carers suspect bullying or are told of bullying happening;
- Make it clear to children what is acceptable behaviour;
- Provide opportunities for children to think about the issue of bullying e.g. writing stories or poems or drawing pictures about bullying;
- Have discussions about bullying and why it matters;
- Be good role models as foster carers.

### **3.5 Intimate Care**

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 and these should be detailed in the foster carers Safe Care Plan.

Carers will need to help children develop personal care skills and do so in ways that promote their self-esteem and dignity.

#### **The Bathroom/Toilet**

Some children and young people can feel unsafe and vulnerable at bath time. This may be linked to prior experiences or because they feel uncomfortable being naked with an unfamiliar adult.

Arrangements for intimate care of young and/or disabled child should be set out in the Placement and Safe Care Plan for each child.

Children who are old enough should be encouraged to wash themselves and should have privacy in the bathroom. It may be possible to sit outside the bathroom so a child remains safe yet is able to bathe in privacy.

### **Menstruation**

Be aware that many girls begin to menstruate around the age of 10 years so ensure that you prepare children placed with you. Do not assume that an adolescent girl will have an understanding of menstruation or what to do when their periods start.

Wherever possible, girls should be supported and encouraged to keep their own supply of sanitary products without having to request it from carers. There should also be adequate provision for the private disposal of used sanitary products.

### **Enuresis and Encopresis**

If it is known or suspected that a child is likely to experience enuresis (wetting themselves, especially at night), encopresis (soiling themselves) or may be prone to smearing it should be discussed openly, but with great sensitivity, with the child if possible, and strategies adopted for managing it; these strategies should be outlined in the child's Placement Plan. This can occur for many reasons including delays in development or as a result of trauma or abuse. Please be mindful of the fact that the review of the plan may be held in the presence of a variety of involved professionals and be mindful of a child or young person's sensitivities when discussing such sensitive issues. It may be appropriate to consult a Continence Nurse or other specialist, who may advise on the most appropriate strategy to adopt. In the absence of such advice, the following should be adopted:

- Talk to the child in private, openly but sympathetically;
- Do not treat it as the fault of the child, or apply any form of sanction;
- Do not require the child to clear up unless agreed as part of the treatment strategy; arrange for the child to be cleaned and remove then wash any soiled bedding and clothes;
- Keep a written record;
- Consider making arrangements for the child to have any snacks in good time before bed , and arranging for the child to use the toilet before bed; also consider arranging for the child to be woken to use the toilet during the night if advised/necessary;
- Consider using mattresses or bedding that can withstand wetting/soiling. You may be able to request mattress/pillow/duvet protectors from the fostering service if you need them.

Children who are old enough should be encouraged to wash themselves and should have access to age appropriate toiletries.

### **3.6 When you go out**

You have responsibilities towards the children you are looking after and towards those, you ask to baby-sit or look after children. You need to think what you can do to minimise risk.

You should be clear about what your Supervising Social Worker considers are satisfactory arrangements for caring for children when you are out. As part of the agreement about delegated authority, you will discuss with your child's social worker the best arrangements to make for when you need someone to look after your foster child for a few hours.

### **3.7 Travelling by Car**

The most important aspect of car travel is that children are safe and that carers comply with the legislation about age / size appropriate restraints. It is also useful to consider other aspects of safety in relation to being in the car. It can be a good way of the child having one-to-one time because it can be easier to talk without any eye contact. However, a child who has, or may have been, abused might feel unsafe alone in a car with an adult.

Where appropriate, give consideration to avoiding travelling alone with a foster child, especially early in the placement. If this cannot be avoided, the child should ideally travel in the back of the car. If there are two carers with a child, it may be safer for the child to be in the front of the car rather than in the back seat with one adult. Once you know the child well you may want to review this situation.

This advice needs to be considered in the context of practical arrangements about school runs, car sickness, whether children squabble when in the back of the car together as well as aspects of the child's particular history. As with other aspects of safer caring, it is generally best to talk to the child or young person and their social worker and agree what feels comfortable and sensible, rather than having a blanket 'one size fits all' policy.

### **3.8 Photos, Videos and the Internet**

It should be clear in the [Placement Plan](#) and Delegated Authority who can sign to agree for the child's photo or video footage being taken in settings such as school.

If photos, videos or the internet have been part of any abuse for the child/young person, you should check the best way forward with the child's social worker.

It is always helpful when you do take photos or videos, to ask the child's permission first (where age appropriate) and make sure that they get copies and that they know who else will see them and why.

Be sensitive to how children react to having their photo taken. Do not take photos of children having a bath or wearing limited/no clothes

When the child uses the internet, take an interest in what they do and agree, when, where and how they will use it. Look into some software that filters inappropriate material for children. As a

foster carer you will also have access to training regarding keeping children safe on-line, please ask your supervising social worker for advice.

Also see [Internet, Photographs and Mobile Phones](#).

### **3.9 Children with Disabilities**

Disabled children may be particularly vulnerable to abuse.

They may need intimate personal care. Where a child/young person has a disability or other complex health need, you should speak to the child's social worker for advice.

Foster carers will need to make sure that a child/young person with communication difficulties is able to express their wishes about personal care, and this should also be recorded.

Try and encourage a child or young person's independence as far as possible in relation to their intimate care. Where the child or young person is fully dependent, talk to them about what is going to be done and give them choices about this where possible. Ask the child or young person about any likes or dislikes while carrying out intimate care and whenever possible gain verbal consent. Treat every child or young person with dignity and respect and ensure privacy appropriate to their age and situation

Confident, self-assured children and young people who feel their body belongs to them are less vulnerable to sexual abuse. The approach adults take to intimate care can convey lots of messages to a child or young person about their body's worth. A foster carers' attitude to a child or young person's intimate care is important to helping them be safe outside the home.

### **3.10 The Way you Dress**

It is important for people to dress appropriately when in the house. Make sure that your family, and foster children have nightwear.

Everyone in the household should wear nightclothes / dressing gown for example when moving between bedroom and bathroom.

### **3.11 The Foster Carers' and Other Family Member's Bedrooms**

Some parents like to let young children get into their bed to talk, and listen to stories or to be comforted when they are not well. It is one of the dilemmas you face when as a family you are trying to give your own children a normal upbringing whilst wanting to provide a safe environment for the children you foster.

Sharing your bed can trigger the memory of abuse and give the wrong messages about what might happen and what is acceptable. It will be safer to provide all children with a time of affection outside your bedroom, telling stories and maybe having a hot drink together on the sofa or at the kitchen table.

### 3.12 Children's Bedrooms

Your plan should be clear about bedroom rules.

Standard 10.6 (NMS) states “In the foster home each child over the age of three should have their own bedroom. If this is not possible, the sharing of a bedroom is agreed by each child’s responsible authority and each child has their own area within the bedroom. Before seeking agreement for the sharing of a bedroom, the fostering service provider takes into account any potential for bullying any history of abuse or abusive behaviour, the wishes and of the children concerned and all other pertinent facts. The decision making process and outcome of the assessment are recorded in writing where bedroom sharing is agreed”.

Statutory Guidance for Family and Friends Care 5.30 states “Children living with family and friends foster carers have the same rights to privacy and suitable sleeping accommodation as other looked after children, but these should be seen as part of the total assessment of suitability, to be balanced against other factors. A child who would be unhappy to share a bedroom with a child unknown to them may not mind sharing with another child who is a relative and who they know well. They may already be living in the carer’s home and happy with the overall situation. In approving the foster carer the fostering service will need to be satisfied that there is adequate space to a suitable standard, as set out in Standard 10.6 of the NMS or if this is not the case set out proposals as to how it will be met in the future. The wishes and feelings of the child will be an important factor in helping the social worker to assess the suitability of the accommodation.”

The following guidance and process will be adhered to in respect of looked after children and sleeping arrangements:

1. Where possible the fostering service will aim for all looked after children over the age of three to have their own bedroom.
2. If children will be expected or would prefer to share a bedroom a risk assessment must be carried out for each individual child prior to the children sharing a bedroom. This should be done in conjunction with the child’s social worker and must include the wishes and feelings of all the children who would be involved in this arrangement.
3. A copy of the risk assessment should be kept on the foster carer’s file. If it is concluded that sharing a bedroom is the best way to promote the child’s welfare and keep them safe this should also be recorded by the assessing or supervising social worker on the foster carer’s record.
4. If there is a change in the circumstances of any of the children who are sharing a bedroom which will impact on the welfare or safety of that or any other child the risk assessment must be updated and reviewed.

5. If foster carers are taking children away on holiday and the accommodation necessitates children to share a bedroom where there is not already a completed risk assessment this must be completed prior to the holiday.
6. Any bedroom sharing and the conclusion of any risk assessment must be recorded on the Placement Plan for all the children involved. This should be reviewed as part of the care plan in the child's statutory review.
7. If children are sharing bedrooms this should be considered and recognised within the foster carer's family safe care policy.
8. If children are sharing bedrooms it should also be considered as part of the annual review of approval for carers to ensure that this is still an appropriate arrangement.
9. Children should not share beds.
10. It may be decided that you should knock on their bedroom door before going in, especially with an older child/young person.
11. Some children who have been abused might need their own space so that they learn that they have the right to be safe and private. The most important thing is for them to have somewhere to keep their belongings safe and have a safe space to think/process what is going on in their lives.

### **3.13 Bedtime**

Bedtimes are an opportunity for carers to show care and warmth towards the child, striking the balance between rules and safe caring need to be found for each individual child. The rules are similar to bath time. Consideration should be given to whether the child's previous experiences and preferences mean it might be better for either a carer identifying as a particular gender to carry out this task, or for both joint carers to do it. Carers should leave the door open when putting children to bed.

### **3.14 Education about Relationships, Sex and Sexuality**

Relationships and sex education is important for all of us as we grow up. Children need to be helped to think about what makes a good friend and what makes a bad friend. They need to learn how to avoid situations that might put them at risk of abuse and how to protect themselves and others. Children need to learn how to say 'no'. Carers need to know how to explain the difference between what is and is not acceptable behaviour and how to help children change behaviour that is not appropriate for their age. You may need to say that you are talking to them about relationships and sex to help them deal with situations, feel safer and as part of growing up.

When we talk about relationships and sex it can often feel like quite a difficult subject. What you need to remember is that this subject covers many things including friendships, body parts and body changes.

Figures show that Children Looked After and care leavers are at high risk of becoming a teenage parent or being in an abusive relationship, so it is vital that you feel able to deal with this subject.

You should ensure that as part of the Placement Plan you are clear about any family values or religious beliefs that underpin this subject. A parent may express wishes about their child's sex education, which should be taken into account, but your over-riding objective must be to safeguard a young person's health and well-being.

Families will have different approaches to this subject and how children get information about relationships, sex and sexuality and what they are told. You will need to find out from the child's social worker what the family's approach was and the best way of dealing with this, particularly if the child/young person has a different cultural or religious background from your own. You may also want to check out with school/educational setting what they are doing on the subject so you can be prepared.

Age-appropriate conversations about relationships should begin early in a child's life and continue as they grow up. But if a young person is placed with you as an older teenager, it's never too late to talk about sex. All children need communication, guidance, and information about these issues, even if they sometimes don't appear to be interested in what you have to say. They may come across a lot of inappropriate and incorrect information on the TV, radio or internet so they need to be able to check what is right and what is wrong.

Remember to talk to both girls and boys and don't assume if there are two carers that the other is doing it. Both carers should be involved in these conversations.

Discussing relationships and sex can be more complex if the child/young person has been sexually abused or exploited. They may blame themselves and have confused feelings about the purpose of sex. You may need to work closely with other professionals including the child's social worker to ensure they are clear on appropriate relationships and sexual behaviour, and to rebuild self-esteem and develop trusting relationships.

You should try to not to project how you feel about the subject onto the child, so if you cringe when asked a question, the child may also shut down or be unsure what this means.

Research says that if parents/carers talk to children about this subject, children are more likely to delay having sex and use contraception when they do.

Effective relationship and sex education at home and at school is essential if young people are to make responsible and well-informed decisions about their lives and resist peer pressure.

Schools are required to provide relationships and sex education as part of the curriculum for all children and young people. School programmes are based on national and local guidelines and take place both at primary and secondary level. Sometimes you will be automatically notified by a child's school of what they are planning to deliver. If not, you should try to find out when programmes are being introduced so that you are prepared for any questions the child may have.

Providing a safer environment means that other children in the foster home must be clear that any sexual activity with other fostered children is as unacceptable as with a biological brother or sister.

Some useful tips for discussing sex and relationships:

- Start early, don't feel you need to know it all, but if the child asks you a question and you don't know the answer, say you will get back to them and make sure you do. Answer questions simply if asked - e.g. what is a condom? It prevents unplanned pregnancies and sexually transmitted infections.
- It is always best to check out what a child/young person already knows, so if they ask you a question, ask them what they think it means.
- Do not wait for them to raise the subject. You could talk to a young person about something that has been on the television or in the news to get their views. This should also cover topics such as friendships, respect, consent and trust.
- Find books, leaflets or appropriate websites dependent on age for the child to look at, or look at them together.
- Find out where local services are that can help. Contact local youth services or look online for more information.
- Try to be truthful as stories about storks can be confusing and will need to be changed later.
- It is important to ensure that children know the proper names for body parts. You may have informal terms which you use in your family but children should also know proper terms such as penis and vagina.

Whilst not encouraging or condoning, it is understood that young people may engage in sexual activity; some before they reach the age of consent which is 16. You should speak to your Supervising Social Worker and the child's social worker to agree what steps to take to reduce the risk of pregnancy or infection, including contact with sexual health services. As a foster carer, you should not give advice on contraceptive choices, sexual health services are trained to do this. Children under the age of 16 years can ask for contraceptive advice without the consent of a parent or guardian.

If a young person is suspected or known to be pregnant or have a sexually transmitted infection, you should speak to your Supervising Social Worker, who should consult the child's social

Children under the age of 13 are deemed unable to give consent to any sexual activity. If you are concerned that a child placed with you has engaged in sexual activity, this must be referred to Children's Social Care worker to decide on the actions that should be taken as soon as possible.

Issues of confidentiality are vital in promoting positive relationships and sex education. The main principle regarding confidentiality is that you should not share anybody someone's personal information, unless failure to do so would put them at risk or potential risk of harm. Young people have a right to expect that those who work with or care for them respect their privacy.

If you are concerned that a young person is being abused, exploited or at risk of significant harm, you should encourage them to agree for you to do something that will protect them.

Even if they do not agree, and you are still concerned, then you should share the information without their consent.

If you are worried that a child or young person in your care is being abused or is having sexual contact with another child or where there is concern about consent, you should contact the social worker and your Supervising Social Worker without delay

### **3.15 Fire Plan**

Discuss as a family what routes you will take if a fire starts and practice an evacuation. Think about where keys are kept so everybody knows where they will be for the front and back doors and windows.

As part of your application process you will have a fire risk assessment carried out by the States of Jersey Fire and Rescue Service, please ask your Supervising Social Worker for guidance on this.

# Support and Supervision

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Appendix – Foster carer supervision agreement

## 1. Introduction

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You will face many challenges when you become a foster carer and you will also feel very rewarded when you see a placement progress in a positive way. Once approved you will be allocated a Supervising Social Worker. The primary task of the Supervising Social Worker is to supervise and support you to enable you to carry out your role as a foster carer.

You will be required to sign a supervision agreement with your supervising social worker. This agreement sets out why supervision is undertaken, the frequency and roles of you as carers as well as your supervising social worker. It is vital for your continued registration as a foster carer that you sign and agree with the contents of this agreement.

Supervision is an important part of practice and as foster carers it is considered a key part of your training and development and an opportunity to reflect and learn from fostering experiences. Supervision also allows you time to consider complex case dilemmas and give you space to think through and share strategies and ways of helping a child in placement with your Supervising Social Worker.

The Supervising Social Worker will ensure you have the necessary guidance including an understanding about working within the National Minimum Standards for Fostering and all the fostering service's policies, procedures and guidance.

The Supervising Social Worker will also work closely with the child's social worker.

There will also be a number of other places you can get support from including:

- The child's social worker;
- Other foster carers including Foster Carers' Support Group (Jersey Foster Carers Association);
- Other professionals; (for example Education, CAMHS, Health Visitor, Youth Service etc.)
- Out of Hours on call Manager – through the Hospital Switchboard, 442000.

It is the social worker for the child/young person in the foster placement who holds responsibility for specific advice or support for the child and their [Care Plan](#) and [Placement Plan](#).

## 2. Regular Supervision Meetings

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Frequency of supervision meetings will be agreed between the foster carer and the supervising social worker and as appears necessary in the interest of the children placed with them. Your allocated Supervising Social Worker will agree times and dates, each session will be recorded and you should receive a copy.

Supervision should be seen as a two way process to:

- Ensure you are taking into account the child's wishes and feelings;
- Ensure you have the opportunity to discuss any issues you have;
- Help you to identify possible solutions to any issues;
- Discuss any issues you may be having with your own children;
- Ensure you understand how you contribute to Children Services objectives;
- Give you feedback on your work to make sure you have the right skills and competencies;
- Ensure you are accessing relevant training and resources and are working towards achieving the [Training, Support and Development Standards](#) within a year of approval;
- Ensure you are working within the [National Minimum Standards](#) for fostering;
- Sort out any financial or practical issues;
- Keep you updated about new policies, procedures, training and good practice.

The supervision meetings will be an important part of collecting information for your annual review as a foster carer. The supervision session will be confidential; however, the Supervising Social Worker will discuss relevant information with their line manager, the child's social worker, or other professionals working with the child or family.

As a foster carer, you are seen as a professional and both you and the Supervising Social Worker are expected to work within a framework of respect, honesty and trust.

Supervision helps you to evidence how you are developing, meeting the induction standards and providing an appropriate placement for the child/young person.

If you are not happy in any way with the arrangement or content of supervision, speak to your Supervising Social Worker or a manager from the fostering service.

Your Supervising Social Worker will do at least one unannounced visit per year. The main purpose of the unannounced visit will be to look at the home environment that a child is living in. This visit will be recorded.

You will be provided with information about what support will be available from the fostering service outside office hours, including the contact details.

### 3. What Your Supervising Social Worker Will Do

Your Supervising Social Worker should ensure the following tasks are done:

#### **After Approval**

1. Ensure you complete the induction programme and that your support, development and training needs are assessed and met so that you meet the standards and achieve the Training, Support and Development Standards by your first annual review, or soon after if extra support is required;
2. Give the [Foster Care Agreement](#) to you: 2 copies to be signed and one returned and placed on your electronic file;
3. Support you with any specialist issues for disabled children for e.g. support in completing applications for relevant entitlements etc.

#### **Before Placement**

4. Complete risk assessments surrounding bedroom sharing (each child over 3 has their own bedroom or, where this is not possible, the sharing of the bedroom has been agreed by the child's social worker), mixing with other children in the home, etc.
5. Discuss and check equipment (especially in the child's bedroom) and ensure it is appropriate to the age of the child to be placed;
6. Take part in discussions about potential placements and planning meetings;
7. Ensure that the child's social worker gives you full information about children, including a history of abuse or suspected abuse and the reason for the placement;
8. Discuss contact with birth parents and family members;

9. Discuss how the child's health needs are promoted and how children should be encouraged to adopt a healthy lifestyle;
10. Help you in dealing with services such as health and education;
11. Help you with training needs for safer care practice, including skills to care for children who have been abused or training on issues affecting disabled children;
12. Discuss financial issues with you: allowances, pocket money, leisure activities, toiletries and travelling and the importance of your insurance policy;
13. Find out about holiday plans you have made, and whether the child is going with you? If not the child's social worker must be informed so alternative arrangements can be made. It is expected that foster children will go on holiday with you, unless the placement is made too close to your holiday date, or there are care planning issues that prevent you from taking the child on holiday;
14. Exchange contact numbers with all relevant members of the family, including out of hours support;
15. Ensure that arrangements are made for the provision of specialist equipment for disabled children;
16. Set a date for a first visit after a child is placed with you.

## **During Placement**

17. Check and follow up on all issues raised during the placement planning. Discuss any concerns with you and ensure appropriate support is provided straight away rather than waiting for reviews;
18. The need for breaks from caring will be considered but must meet the needs of placed children;
19. Take part in any [Strategy Meetings](#) and [Article 42 Enquiry](#) relating to your foster family. Be involved in interviews/support as agreed if allegations are made against you;
20. Ensure you receive invitations to a child's [Looked After Reviews](#) and [Child Protection Conferences](#), and attend when appropriate;
21. Prepare for and attend your Review meetings;
22. Ensure the training programme is updated and accessed by you and your family and children;
23. Visit regularly;
24. Make unannounced visits as required;
25. Update [Disclosure and Barring Service](#) checks on members of your family every three years, including those reaching 18, and other persons who come to live at the home, who are 18 or over;
26. Update medicals on you every 2 years or as necessary;

27. Record all contact with you;
28. Assess and review any health and safety issues within the fostering household including the addition of any new pets and the environment in which they are kept;
29. Provide reports for panel as required under the relevant procedures;
30. Where appropriate contribute to Court Reports as agreed with child's social worker;
31. Discuss how you can support young people into adulthood.

### **At the End of a Placement**

32. Support your family in what can be a difficult time;
33. Discuss with you and your family all the issues that have led to any unplanned end of a placement and identify any learning opportunities;
34. Record the positives about the placement and where you identified development of the child/young person.
35. Support you to complete an end of placement report;
36. Attend Placement Disruption Meetings as required.

If your Supervising Social Worker has any concerns about your care or feels you need extra support, they will not wait until supervision meetings or reviews but deal with any issues as they arise.

### **Foster Carer Supervision Agreement**

- As part of the ongoing support package offered to States of Jersey foster carer(s) they will receive formal supervision. Supervision will be held in line with the requirements detailed in the Fostering Service: National Minimum Standards 21 (Supervision and support of foster carers).
- Supervision supports carers to 'ensure they provide foster children with care that reasonably meets those children's needs, takes the children's wishes and feelings into account, actively promotes individual care and supports the children's safety, health, enjoyment, education and preparation for the future' (National Minimum Standards 21.1). The best interest and welfare of the child(ren) placed with the carer(s) will remain paramount at all supervision sessions.
- Supervision meetings will have a clear purpose and provide the opportunity to supervise the foster carer's work, ensure the foster carer is meeting the child's needs, taking into account the child's wishes and feelings, and offer a framework to assess the carer's performance and develop their competencies and skills (Standard 21.8 – Training Support and Development Standards)
- Supervision will have a standing agenda including; how the child's needs are being met/outcomes in the Care Plan being progressed by the foster carer(s); providing support and advice; addressing concerns and complaints; viewing foster carers daily records/children's bedrooms; discussing personal issues which may impact on the fostering role including the emotional and practical impact of fostering on them and their family; and the development and training needs of the foster carers. Specific topics that either party wishes to discuss during supervision sessions can be agreed at the beginning of each supervision session.
- All foster carers are allocated a named appropriately qualified supervising social worker (SSW) who will be responsible for undertaking their supervision.
- Supervision will be held 6 weekly and on average supervision sessions will last for around an hour and a half. Supervision may take place more often in accordance to the needs of

the carer(s), the children they have in their care or less frequently when carer(s) do not have any children placed with them (3 monthly). For children in long-term foster placements there is the option to revert to supervision every 3 months; however, the child/ren must have been in placement for at least one year. This must be agreed by the SSW's line manager and by agreement with the foster carer(s).

- Where there are two jointly approved carers it is good practice that both carers are present for supervision sessions. However it is understood that due to other commitments this may not always be possible. Both carers should be part of supervision meeting at least once per year and if necessary arrangements made to facilitate attendance.
- Supervision will usually take place at the foster carer's home address, however the time and venue will be agreed between the SSW and foster carer(s). Supervision should be held in a place of privacy to ensure confidentiality with minimal interruptions.
- Supervision is a right and a responsibility. All parties need to ensure that supervision takes place and is only cancelled in exceptional circumstances. When supervision needs to be cancelled, it should be re-arranged within agreed timescales (within 5 working days).
- All supervision visits will be recorded by the SSW on the Children's Service electronic recording system, called Mosaic. It is an expectation that the foster carer (s) will have sight of this recording to ensure that all actions are clearly recorded and with agreed timescales. SSWs will ensure these supervision notes are made available to the foster carer(s) before or at the next planned supervision session.
- The supervising worker will complete at least one unannounced home visit annually when they will use this opportunity to check the family home as part of their monitoring and quality assurance responsibilities.
- Foster carer(s)'s own children living in the household should be seen separately and spoken to by the SSW or a Family Support Worker as appropriate. This will be at least once a year and be part of the foster carer(s)'s annual review process.
- Supervision will be conducted in an open, non-discriminatory and non-oppressive way.
- Information from the supervision session will be used to inform the foster carer(s)'s Annual Review.
- Foster carer(s)'s supervision records will be audited by the Team Manager/ Senior Practitioner on a regular basis
- Any disagreements or complaints arising from supervision should be resolved by the parties concerned wherever possible (which could include a problem-solving meeting); however, any matters that cannot be resolved should initially be addressed by contacting the SSW's line manager/team manager for further exploration of a resolution. If there is no resolution at this point, the foster carer(s) are within their rights to make a formal complaint through the States of Jersey complaints procedure.

This supervision agreement will be reviewed as part of the foster carer(s) annual review.

Signed ..... Date.....  
Supervising social worker

Signed ..... Date.....  
Foster carer

Signed ..... Date.....  
Foster carer

# Matters and Insurance

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## 1. Introduction

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Once you have completed the preparation training and have been approved as a foster carer, and have a child placed with you, you will begin to receive your fostering allowance, which is paid fortnightly in arrears.

The allowance consists of two elements, an amount for the upkeep of the child and an allowance which is your 'fee' in recognition of the work involved in fostering, however a 'fee' is not normally paid until you have completed your Training, Support and Development Standards.

You will receive details of the allowances once you are approved as part of your induction pack or they can be found on the website.

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

## 2. Allowances

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While a child is Looked After, they are entitled to a number of other allowances.

The level of these payments is reviewed at the start of every financial year i.e. January.

## 3. Holiday Allowance

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All carers with a child or young person in a full time and ongoing placement are entitled to request an annual holiday payment of 3 times the standard weekly allowance. This may be requested at the time of booking or prior to departure, equally, carers may claim the 3 weeks at once or separately.

In exceptional circumstances, a 'special holiday allowance' can be requested as a one-off where it serves a specific purpose e.g. educational. Foster carers should work within a 'reasonable' parameter when requesting this and take into account issues of equity for all looked after children. The maximum amount of the 'special holiday allowance' is £2000. This can be used to fund holidays alongside the regular holiday allowance provided. This 'special holiday allowance' can only be requested for children **once** during their foster placement. All requests for this will need to be discussed with your Supervising Social Worker in the first instance who will in turn discuss the request with the fostering service Team Manager. Any agreements made about this will be recorded and put in writing to you.

## 4. Pocket Money

**There are two basic principles which apply to pocket money:**

- There needs to be some measure of equality between children in the foster household. Therefore, carers need to take into account the pocket money paid to other children in the household, either fostered or birth children; recommended levels of pocket money are detailed in the allowances document in your induction pack.
- The pocket money should be realistic depending on the age of the child. Children can be encouraged to save their pocket money to buy special items as well as for treats such as sweets or computer games. When they are old enough, carers should open a cash card account at their local bank or building society to encourage children to manage their pocket money. These can usually be opened from the age of 11.

It would also be helpful if you know the child/young person is going to be with you for while that you open a bank account for them to save a portion of their pocket money. This may help them

save for something they want and teach them about money management. You will probably need certain documentation from the child/young person's social worker that the bank may request.

## 5. Christmas/Festival Allowances

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Christmas/Religious Festival allowance is payable equal to one weeks standard boarding out allowance at the appropriate age category.

## 6. Birthday Allowance

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Birthday allowance is payable equal to one weeks standard boarding out allowance at the appropriate age category.

## 7. Travel Expenses

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Expenses can be paid by The Children's Service at certain times, for example making trips to hospital; attending reviews, contact arrangements or other exceptional travel expenses outside of Jersey. Where you provide transport for the child you foster, for example taking to school, the GP, activities or for contact you are able to claim at a set rate per mile. You will be provided with a travel claim form for this mileage in your induction pack. You will need to give this to your supervising social worker and they will arrange for the claim to be processed.

## 8. Equipment

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Carers are expected to provide the basic equipment needed for fostering, such as a furnished, carpeted, and decorated bedroom for each foster placement. However, in some circumstances, such as the emergency placement of a baby, where the carers had no equipment, basic baby equipment can be provided e.g. cot, buggy, car seat, baby monitors. The provision of other equipment is at the discretion of the manager of the Fostering and Adoption Team.

## 9. Initial Clothing Allowance

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An initial clothing allowance may be available on a discretionary basis when a child has limited access to clothing & footwear at the commencement of placement. Ongoing clothing costs should be met from the child's weekly allowances.

The Children's Service supports the notion that Looked After Children should be well presented at school and understands the benefits of this for children. To achieve this it is agreed that foster carers can claim the costs of a new school uniform at the start of each school year. There is already a commitment to funding the purchase of a new uniform when a child moves school or

when a child comes into foster care without a suitable uniform. This arrangement will remain in place. This arrangement will be for all fostered children (not just permanent/long term) at the start of a new school year as the principles of being well presented applies to all looked after children.

We will refund the cost of a uniform upon receiving the receipts. The uniform includes 3 pairs of trousers, 3 blouses/ shirts, one pair of shoes, 3 pairs of socks, a school jumper, a blazer, outdoor coat, PE kit as required by the school and a school bag. Supervising social workers will actively encourage foster carers to take up this option, however foster carers will remain to have some discretion as to whether the replacement of all the items is needed at the start of each school year.

## 10. Passports and Documents

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The cost of getting birth certificates (and copies), passports and producing Life Story books will be met by the Children's Service.

## 11. Claiming Benefits While Fostering

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You will need to take advice from Social Security.

## 13. Pensions

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You will need to take advice from Social Security.

## 14. Receipts

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You should keep a record of how the allowance is being spent on a child/young person. You should keep receipts where possible. The child/young person should sign for money they are given e.g. pocket money and clothing allowance. This helps build a record of what has been spent, which you can show if asked about it at a later date.

## 15. Insurance

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You must inform your Home, Building, Contents, and Car insurance company once you have been approved as a foster carer.

Tell them about the numbers of children and age ranges you expect to take. You should ask the insurance companies for written confirmation that they have included foster children on your policies. A copy of these letters should be given to your supervising social worker.

## Support to your own children

Foster carers' own children play an important part in the success of fostering, often being the ones who welcome a new foster child into the home and help them to settle in.

However, sharing their home and parents with another child/young person can be hard and foster carers' own children need support to deal with the daily challenges of growing up in a fostering family. Discussions will need to take place about behaviour for everyone, what is acceptable and what is not.

When children don't get the support they need, a placement is more likely to break down, which leads to more instability for fostered children.

In the future, your children will have been invited to their own children's group as part of the Skills to Foster group, which will have helped to prepare them for fostering. This is dependent on age and their cognitive understanding of their role in a family that fosters.

There will be regular events for 'Children Who Foster' (at least twice yearly) held by the Fostering and Adoption Team where they have the opportunity to meet with other children and young people who are part of fostering families.

Your children depending on their age should be part of developing your Safe Care policy so that everyone is clear on the boundaries of everyday life to make sure everybody feels safe. See [Developing a Safe Care Policy](#).

When children don't get the support they need, a placement is more likely to break down, which leads to more instability for fostered children.

You may get disagreements between your own children and fostered children but also fun friendship and memory making for the whole family.

When you consider taking a child, always think about how this child will fit with your family. You can discuss any questions you may have with your supervising social worker who will want to get to know your children so that the children feel that they can have their say and that they have somewhere else to turn to if needed.

Birth children (dependent on age) will be consulted as part of your annual review, where there wishes and feelings in relation to fostering can be explored.

Remember it is important for you to spend time with your own children, think about a family planner where you agree times, dates and activities you will do with your own children and your fostered child. These can be separately and at times together.

Look out for early signs of problems arising and talk to your child and your fostered child, speak to your supervising social worker during your supervision meetings or before that if it won't wait. You may also look for general advice from other foster carers.

If you feel an issue is getting worse and you need some support, don't leave it and always record any relevant information as part of your regular recording.

# Reviewing my Approval and Appeals

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2. [Terminating Your Approval in Response to Your Resignation](#)
3. [The Annual Review Process](#)
  - o [Step 1 - The Report](#)
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4. [Appeals - What can you do if you Disagree with the Decision](#)

## 1. Introduction

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Once you have been approved, your supervising social worker will work with you to support you in caring for children placed with you. Their role is also to monitor and help you in your development as a carer.

Your approval will be reviewed at these times:

- Annually - your very first review will go to the fostering panel. Following this you will be reviewed within the fostering service internally every year, with every THIRD annual review going back to the fostering panel for quality assurance purposes.
- If there is a significant change to your family circumstances, this will be reviewed at the next available fostering panel.
- If there is a serious cause for concern raised about your practice or you are subject to an allegation, this will also be reviewed at the next available fostering panel.
- If you or the fostering service wishes to change the terms of your approval, this will also be presented at the next available fostering panel

See [What happens when an Allegation is made against me or my family.](#)

## 2. Terminating Your Approval in Response to Your Resignation

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You may at any point give notice in writing that you wish to resign from the role. This will then be presented to the next available fostering panel which you will be invited to attend. If you resign and you wish to foster again, you would need to go through the assessment process again.

### 3. The Annual Review Process

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Your supervising social worker is responsible for completing an annual review report. The purpose of the review is to decide whether you continue to be suitable as a foster carer and if so, whether your terms of approval should stay the same or change. If agreement is made for your approval status to change, you will be notified about this in writing as soon as the Agency Decision maker has endorsed this.

#### Step 1 - The Report

Your supervising social worker will visit you and is responsible for writing the annual review report by putting together a range of information. This will involve them doing the following:

- Talking to you, your partner, your own birth/adopted children, fostered children/young people and other significant members of the household - to find out everyone's views on fostering since the last review;
- Talking to your previous and current children's social workers about the placements you have provided/are providing since the last review - to find out their views about the positives noted and any issues raised since the last review. They will also be required to complete a report for the review.
- Looking at information regarding any complaints or allegations made against you or your family since the last review and the outcome of these;
- Looking at the training you have completed and any future training needs you may have and how these will be achieved/addressed, including the completion of a new Personal Development Plan(PDP) and part of your overall training plan;
- Reviewing your health and safety checklist and addressing any issues/risks within the physical home environment since the last review;
- Reviewing your families Safer Caring Plan, and checking if this remains appropriate or needs to be changed in mind of any issues/placement changes;
- Carrying out at least one unannounced visit to your home each year in the interests of safeguarding and quality assurance. Observations made during this visit will be reflected in the annual review report.
- Completing a [Disclosure and Barring](#) check for you and relevant members of your family every three years, as well as an updated health check every 2 years. If you are a new foster carer you will be expected to join the DBS update service, which will allow your supervising social worker to check your DBS status as part of your annual review. Existing carers will be required to join the update service when their DBS is due for

review. The fostering and adoption team administrator will guide you through this process.

- Providing a recommendation about your continuing suitability as a foster carer and the age range and number of placements that you are best suited to. This is your approval status.

Your supervising social worker will share the report with you and will seek your views regarding the content and make changes if they are agreed. You will also be required to complete your own 'foster carer's' report. If you are not happy with any of the areas in the report, you must speak to your supervising social worker and share your views in the first instance and the Team Manager can also be contacted should there be any areas of dispute which cannot be resolved.

Once the annual review report has been completed, it will be seen by your supervising social worker's line manager who will add their comments.

## **Step 2 - The Fostering Panel**

The fostering panel will consider the first annual review report written by your supervising social worker, any other available reports or feedback and consider any changes proposed to your approval status.

You will be asked to attend this meeting and will have the opportunity to share your views and answer any questions raised by the panel. The fostering panel's function is to consider your approval as a foster carer and is not a forum for discussion around care planning for children you have or are currently caring for.

This is also your opportunity to raise any concerns you may have about working for Fostering and Adoption Jersey, or about the support you have been receiving.

On the basis of all the information provided, the fostering panel will make a recommendation to the Agency Decision Maker about your ongoing approval as carers. The Agency Decision Maker will then make a final decision on this which you will receive in writing within 7 working days of the panel meeting.

Following this, the fostering panel will undertake a further review every third year, starting at year 3. As stated, this will be brought forward if there are any significant changes to your circumstances, if there are any serious concerns or allegations made about you or if your approval status needs to be changed.

If your annual review report does not need to go to the fostering panel, it will be reviewed internally by the Team Manager for Fostering and Adoption.

You will be informed in writing about the outcome of all annual reviews and any changes in approval status or recommendation for any additional support/training. You will also be provided with an updated copy of your foster carer training record, which includes areas for development.

## 4. Appeals - What Can You Do if You Disagree With The Decision

If a recommendation by the fostering panel is made to refuse your re-approval and if this is endorsed by the Agency Decision Maker and you disagree with this recommendation, the foster carer has the right to submit representations to appeal the decision to the Agency Decision maker, within 28 days of the date of the written notice of the decision.

The only circumstances where the foster carer will not have the right to request a review by a subsequent Fostering Panel is if he or she is regarded as disqualified as a result of a conviction or caution for a specified offence – see **Persons Disqualified from Fostering Procedure**.

If no written representations or notification of a request for a review are received within this period, the decision to refuse the re-approval remains.

If written representations are received within the period, the Panel Advisor will arrange for the reports, any other documentation and the written representation to be reconsidered by a subsequent Fostering Panel and they will make a new recommendation to the Agency Decision Maker.

The Panel Administrator will advise the foster carer of the date of the Panel meeting and will invite them to attend to discuss their representation with the Panel. The foster carer should provide information to the panel relating to their registration as a foster carer and if they wish they can arrange for a friend or supporter to accompany them.

After considering the representations, the Panel will make a new recommendation, which could be confirming or amending their previous views, or could be an entirely new recommendation. Either way, details of the recommendation made, the reason for making it, and the part the foster carer's representation played in the Panel's considerations should be carefully recorded and the new recommendation should be communicated to the Agency Decision Maker, who will then consider all relevant documentation before making their final decision.

If that decision remains one of not approving the foster carer, further representation may be made within 28 days, directly to the Agency Decision Maker. The Agency Decision Maker may then refer the case to a meeting of the Adoption Panel (sitting as a 'review' panel) for further consideration and a fresh recommendation. The Adoption and Permanence Panel will act as an Independent Reviewing Mechanism and will only consider decisions regarding the foster carer's 'ability to foster'. Any disagreements about the 'terms of an approval' can only be resolved by reference to the Panel who approved the application.

If the recommendation remains not to approve the foster carer, the Team Manager will arrange for the foster carer to be informed verbally within 2 working days. Written notice of the final decision, together with reasons, must be sent to the applicant by the Agency Decision Maker within 7 working days of the Panel meeting. Information about the Children, Young People, Education and Skills Department's Complaints Procedure must also be provided to the foster

carers at this stage. A copy of any reports to Panels, the Panel's recommendations and the decisions made, with reasons, must be retained on the foster carer's electronic file.

If you remain unhappy with the outcome, you can decide to make a formal complain to the Group Director- Children's Service or the Director General - Children, Young People, Education and Skills Department. The Group Director/Director General will then scrutinise the process, documentation and other relevant information in order to review your complaint. The decision of the Group Director/Director General is final with no further appeal process.

## Training, Support and Development (TSD)

As a foster carer you will have already completed some basic training and induction including the Skills to Foster course.

It is important for you to continue to build on this training and personal development in order to be fully equipped to deal with the many situations you may face. The support and training you will be offered will help you to become more confident.

This support and development continues throughout your fostering career, making fostering a positive experience for both you and the child/young person.

All new foster carers must complete a workbook which shows evidence of their ability to meet the [Training, Support and Development Standards for Foster Care](#) within 12 months of being approved. This should have been completed by the time the first annual review goes to the fostering panel or a plan should be in place to achieve this shortly after.

Two foster carers' in the same house can use the same workbook.

Training, support and development will be geared towards each carer's needs.

The TSD standards cover the main areas of the foster care role and what you should know, understand and be able to do. This evidence will begin to be gathered before you are approved, through the Skills to Foster course and will continue after you are approved. All evidence will be recorded in your foster carer training record.

There will be some standard training (core) that you must attend. There will also be further training which may be identified by you or your supervising social worker through your supervision meetings and through your annual appraisal. We have access to a range of on-line training courses that you can access through Fostering and Adoption Jersey and your supervising social worker will be able to give you details.

You will be invited to the Solihull training course, during your first year of fostering so long as you have had or have a child in placement. This is a 10 week course which is highly rated by foster carers as it offers practical advice and guidance about understanding your foster child and dealing with difficult behaviour. The principles outlined in this course will be used by your supervising social worker to work with you during supervision sessions.

Your foster carer training record will set out how you will be supported with training and development. Your supervising social worker will also discuss any help or support needed by your own children.

Training sessions are held during the day, evenings or sometimes at weekends in convenient places. Where necessary you will be provided with refreshments and lunch.

Fostering and Adoption Jersey is committed to providing tailored training and support to all its foster carers that is based on equal opportunities and anti-discriminatory practice.

Your supervising social worker will provide you with a local training programme and will discuss with you courses that will help your development as a foster carer.

If you move to another fostering service, your training portfolio will be transferred if requested.

# Recording Policy for foster carers

## Standards & Regulations

Fostering Services National Minimum Standards (England) 2011:

### [Standard 26 - Records](#)

Desired Outcome: Records are clear, up to date, stored securely and contribute to an understanding of a child's life.

### [Training, Support and development Standards:](#)

Standard 1 - Understand the principles and values essential for fostering children and young people;

Standard 2 - Understand your role as a foster carer;

Standard 4 - Know how to communicate effectively.

## Contents

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1. [Introduction](#)
2. [What to Record](#)
3. [Records - the Child/Young Person](#)
4. [Confidential Information](#)
5. [Foster Carer Records](#)

## 1. Introduction

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The child's records are an important source of information for them. It provides information about the sequence of events which brought about Children's Social Care's intervention into their life and (in many instances) the reasons why important decisions were made in the child's and/or family' life. This can be a key feature for a child in understanding themselves and their past. It may also be helpful for the child in later life when they want to understand more about their childhood.

It is essential that you keep accurate records, because:

- Records can offer children and young people an opportunity to look back at what has happened during the placement, and to understand why decisions were made, clarify what your role was in the child's life and improve a child's identity;
- Recordings can provide an opportunity to reflect, and allow analysis of behaviour; it also allows sharing of information with other professionals to enhance the child's life, it also assists in continuity when there are changes in care;
- Records can provide accurate information that can be used in plans and assessments about your fostered child;
- The information may be required in court;
- Recording can be useful if allegations are made against a foster carer. It also forms part of ensuring you as foster carers are meeting the accountability and standards expected of your role. Recording also supports your supervision and professional development as a foster carer.

As part of your induction as a foster carer you will be provided with a placement recording file. This file contains the following:

- A copy of this foster carer recording policy.
- Placement Diary sheets.
- Incident/accident report template and Body maps for recording injuries.
- Medication recording charts.
- Behaviour tracking sheets.

The placement recording file is also the place you can keep mementos of the child's stay with you - certificates, photos etc.

Try to write down things, using the placement diary sheets as soon as they happen, including the date time, who was present and what exactly was said. Notes should be brief and to the point.

You should also try and record things in a manner that you could let the child/young person concerned see. If you think that something is so private that the young person should not see what you are going to write, you should contact your supervising social worker (SSW) to talk about this and whether and how the information should be kept private.

You will be expected to share your placement recording with your SSW at least monthly, at their request or as part of care planning where the frequency can be determined if there is a need to see recording on a more regular basis.

At the Placement Planning meeting, it should be made clear to parents and young people, depending on their age that you will be recording. This helps to develop an open and honest relationship; you will only be recording exactly what happens.

## 2. What to Record

- Contact - with the child's family/others, how was the child (before and after contact), how was the family/others.
- Details of visits, meetings with social workers or other professionals and the child's reaction if any;
- School/nursery/educational setting - any important conversations you have with school, open evening, concerns or good things;
- Dates of medical or dental appointments and treatment given. Include dates of cancelled or rearranged appointments;
- Dates and types of immunization;
- Date, type and length of any illnesses;
- Details of any accidents or injuries, however slight. Name any witnesses and action taken. Record the time, date and name of the social worker to whom the incident was reported; The incident or accident is serious the foster carer should complete the Incident/accident report form and Body map if necessary.
- Comments the child makes that give you cause for concern, record using the child's own words;
- Details of the child's behaviour that causes concern. Record their actual behaviour, what happened before the behaviour and how you dealt with it;
- If you identify that behaviours are becoming repetitive or as a result of similar stimuli or situations then you should complete an entry of the behaviour tracking sheet. It might be helpful for you to speak with your supervising social worker at this stage.
- Any positive improvements, achievements and happy events for the child;
- Dates when the child is away from the foster home – with family, friends, school trips, introductions to new carer's;
- If the child/young person goes missing;
- Details of times when the child is with other carer's such as babysitters and who they were;
- Any involvement with the Police;
- Details of any theft or damage caused by the child;
- Details of any specific incidents, events or changes of circumstances of your household. Include any complaint disagreements with the child or their family;
- Any significant milestones in the child's development such as their first word or first steps;
- Any other significant event or information.

### **Good Practice Tips**

**Be accurate**

**Be concise**

**Avoid personal views**

**Record child's comments in the child's words**

**Keep records separate for different children**

**Record in date order**

**Keep all information secure and confidential**

**Write in a way that you would be happy for the child or young person to read what you have written**

## **3. Records - the Child/Young Person**

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When a child/young person is placed with you and during a child's journey through 'looked after' processes, the child's social worker should give you copies of the following documents:

- Placement plan and Delegated Authority (which should be developed in consultation with the foster carer/s);
- Care Plan;
- Personal Education Plan;
- Placement Plan
- Any minutes from Care Planning meetings.
- Any minutes from 'Looked After Child' reviews (posted to you directly from Independent Safeguarding and Standards administration team)

If there are any further reviews about the child/young person's progress, you should attend the review and receive copies of the minutes. Copies of all these documents should be kept as part of the child's records.

You should ask the child their views, wishes and feelings and make sure their voice is heard when planning care and support. They should also be told when this is not possible and why.

## **4. Confidential Information**

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All records, irrespective of whether they are paper or electronic, should be securely kept and electronic messaging (e.g. e-mails) should also be sent in a secure and safe way so as to preserve their confidential and professional nature.

You may need to share limited information with close family members and your own children depending on their age and understanding. If you are unsure about how much to share ask the child's social worker or your supervising social worker.

You can share basic information with doctors; health visitors etc, but if they need further information that you are unsure whether you can share, give them the social worker's contact details. If professionals visit the child/young person at home you should ask to see their identification card.

A breach of confidentiality could lead to a review, at panel, of your suitability as a foster carer. If you have any concerns about confidentiality, or if you are worried you may have accidentally breached confidentiality, please talk to your supervising social worker.

At the end of a placement, you are expected to liaise with your supervising social worker to ensure that any records you hold in relation to the child/young person you cared are collected by your SSW and disposed of where necessary in accordance with data protection policy.

## 5. Foster Carer Records

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Every carer has an electronic record which stores all information kept on you. This includes details of your original application, the Form F written on you, subsequent annual reviews and regular recording of your supervision meetings, any allegations or complaints, training and development records, including your annual PDP (personal development plan).

These will be retained for at least 10 years after the date that your approval was terminated.

# Monitoring and Notifications - When I need to tell other people about things

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1. [Introduction](#)
2. [Critical Incidents](#)
3. [Notifications](#)

## 1. Introduction

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This information tells you which agencies must be notified where certain situations that are either critical incidents or notifiable events happen.

Wherever an event listed in the table at the bottom of the page happens, your main priority is to make sure the child is as safe as possible. You must then contact your supervising social worker as soon as possible so they can inform their line Manager, who is responsible for responding to the information shared.

If the critical incident takes place out of normal office hours, you should contact the out of hours, duty manager who will manage any immediate issues or concerns.

Please also refer to the record keeping policy for foster carers and the record keeping pack. You may also be required to complete an incident/accident report as a record of the event. This must be completed as soon as possible and sent to your supervising social worker.

The fostering service manager or duty manager may notify the agencies initially by telephone, especially if the foster child is perceived to be at risk of harm.

## 2. Critical Incidents

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Critical Incidents are not always as clear as notifiable events; however if you have any doubts or are uncertain you should always seek advice from your supervising social worker.

Examples are:

- Assault by a foster child on you or a member of your household;

- Serious accident or injury to you whilst carrying out their duties;
- Any event which may result in media interest;
- Conduct of any foster carer, not directly connected with their role, which may raise questions about their suitability as a foster carer.

All foster carers have a responsibility to report to their supervising social worker, duty worker or out of hours social worker who will inform the fostering service manager of the incident. There should be no delay in reporting the incident or event.

Table of incident:

Event
Death of a child placed with foster carers.
Information is provided to the <a href="#">Disclosure and Barring Service</a> under any of sections 35, 36, 39, 41 or 45 of the Safeguarding Vulnerable Groups Act 2006 in respect of an individual working for a Fostering Service.
Serious illness or serious accident of a child placed with foster carers.
Outbreak at the home of a foster parent of any infectious disease which in the opinion of a general practitioner attending the home is sufficiently serious to be so notified.
Allegation that a child placed with foster carers has committed a serious offence
Involvement or suspected involvement of a child placed with foster carers in sexual exploitation.
Serious incident relating to a child placed with foster carers necessitating calling the police to the foster carer's home.
A child placed with foster carers is missing from the placement.
Any serious complaint about any foster carers approved by the fostering service.
Instigation and outcome of any child protection enquiry involving a child placed with foster carers.

# Working with Families and other Professionals

1. [Introduction](#)
2. [The Child/Young Person's Social Worker](#)
3. [Education](#)
4. [The Independent Reviewing Officer](#)
5. [Guardian](#)
6. [Advocate](#)
7. [Child Adolescent Mental Health Service \(CAMHS\)](#)
8. [The Looked After Children Nurse](#)
9. [Out of Hours](#)
10. [Adoption \(Permanence Team\) Team](#)

## 1. Introduction

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As a professional you have an important part to play in the lives of children and families that you may work with.

Some children who are Looked After will go home, so it's important for them to keep their relationships with parents and other family members.

Contact between fostered children and their families generally takes place at identified venues or in the community. This can be supervised due to risk or unsupervised if this has been agreed as part of the child's care plan. There may be occasion where (with your agreement and as part of the child's care plan) parents or other relatives may visit a child in your home. Contact arrangements with birth parents and extended family will be set out in the child's [Placement Plan](#) and [Care Plan](#). It is important that you develop an open and honest relationship with the parents and at all times they know that the child is the most important person and their well-being is being looked after by you.

This will be difficult for parents so you need to ensure you work sensitively with them and show them respect. Sometimes no matter what they have done, a child will continue to love their parents; you should never speak about parents in a negative way.

During your time as a foster carer, you will also work alongside many other professionals including your supervising social worker as part of a team around the child/young person that makes sure the child's needs are met and developed and they are safe from harm.

Professionals will include amongst others;

## 2. The Child/Young Person's Social Worker

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Each child or young person placed in foster care will have an allocated social worker

Social workers work with the whole family, not just the child/ren, and although their primary concern is for the child's welfare they do have to balance this with the wishes and needs of the parents. They should keep you informed about the progress of the plan for the child and any changes of plan or direction.

Their role is to:

- Assess the needs of a child;
- Develop a relationship with the child;
- Plan for the child and regularly review that plan;
- Work with you, the child and the child's family;
- Share information with you;
- Identify and obtain resources so that the child's needs are met;
- Place the child with the fostering family and then see the child at the foster home within 5 working days of the placement and then at least every six weeks for the first year. Thereafter, at intervals of not more than three months as long as this meets the needs of the child. The decrease in frequency of visits should reflect increased stability in the placement and to reduce intervention in children's lives to make them as normal as possible.
- If as a foster carer you or the child in placement is having some difficulties contacting the social worker it is important to let your Supervising Social Worker know so that they can work to try and resolve this.

## 3. Education

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Promoting and valuing education

Foster carers should promote education and have aspirations and expectations that are the same as those they hold for their own children. They should establish clear expectations about regular school attendance, completing homework and providing a suitable environment for doing

so, support for exam course work, exam revisions, assist with transport to school and respond promptly when a child starts to refuse to attend.

Carers should ensure that a child is out of school as little as possible. This may mean suggesting that planning meetings, reviews or life story work take place after school.

### Supporting the child in school

It is expected that foster carers will liaise with schools (teacher, head teacher, ELSA) and other education services on behalf of the children placed with them, will attend school open evenings and encourage and take an interest in homework and extra-curricular activities including attending plays and concerts. Some children require special education or specialist help within mainstream education. The sooner this education is available to the child, the better. If you are looking after a child who may have special educational needs or who are not proficient in English, you should discuss with the child's social worker what specialised opportunities may be available to them, and to their individual needs.

### Education planning

The role and responsibilities of foster carers in relation to the education of individual children will be discussed and agreed at the start of a placement and clearly written down in the Placement Plan. Each child of school age will have a Personal Education Plan. It is expected that foster carers will contribute to the development and implementation of this plan, and attend PEP meetings.

It is important that carers acknowledge achievements - no matter how small - and appropriately celebrate and reward educational successes. Certificates and school prizes should be treated with care, displayed within the home if appropriate, and carefully stored in the child's memory box so they are not lost to the child in later years.

### Personal Education Plan (PEP)

A personal education plan (PEP) is a school based meeting to plan for the education of a child in care. It is a requirement for children in care to help track and promote their achievements.

A PEP should help all those who support their education, and therefore have the biggest impact on how they do in school, to meet, share information and plan for the child's education. The child's out of school activities will also be discussed as these activities can have a very positive impact on the child's life and their education.

## 4. The Independent Reviewing Officer

Each child or young person placed in foster care will have an Independent Reviewing Officer (IRO). Wherever it is possible, the IRO will meet the child before the first [Looked After Review](#).

Sibling groups, whether or not placed together, should usually have the same IRO who will be allocated for the duration that the child is looked after.

The IRO has two roles: chairing a child's [Looked After Review](#) and monitoring a child's case on an ongoing basis. They can be a good source of support to you if needed when plans for a child are not going how they should, although it is the child's social worker or you supervising social worker you should try to speak to in the first instance.

## 5. Guardian ad Litem

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A Guardian is appointed by the court from JFCAS (Jersey Family Court Advisory Service) when they want an independent view of what has been happening and what should happen in the child's life. They may also be involved in adoption proceedings.

You should support the child to share their views particularly about their future, and are supported to spend time with the guardian appointed so that the guardian can tell the child's story in court where the child is not able to do this themselves.

## 6. Advocate

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This is a person appointed to speak on behalf of another person and/or to support them. All children who are Looked After should be given information about how to access an Advocate and the child's Independent Reviewing Officers should also make sure that this information is available to the child and assist the child to identify and appoint a suitable Advocate is appropriate.

## 7. Child Adolescent Mental Health Service (CAMHS)

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The Child and Adolescent Health Service take referrals for Looked After Children up to the age of 18. Some of these children due to their experiences may have higher levels of behavioural, emotional and mental health problems. Your role will be to highlight any issues of concern about a child/young person that may result in the need to refer to this service. The referral will be made by the child's social worker. If the service is needed, you should make sure appointments are kept and work with professionals from the service.

As part of the child's care plan another specialist service maybe commissioned to provide therapeutic support with the child in your care. It is imperative that they will also work closely with you as a foster carer and give you advice and support on how to support the child/young person in your care.

## 8. The Looked After Children Nurse

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You will work alongside the LAC Nurse and other health professionals to make sure the health needs of Looked After Children are met.

## 9. Out of Hours (OOH)

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The OOH service for the child in placement is available outside of office hours and at weekends. The OOH's duty manager is available to take emergency calls and will respond to you as soon as possible. You can access this service through the hospital switchboard main number of 442000 and request to speak to the duty Children's Service manager.

## 10. Adoption Team

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The Adoption Team is responsible for finding adoptive families for children who cannot remain with their birth families. They will look at the child's background, health and any special needs and find the right adoptive family. You will play an important part in the matching of a child in your care with an adoptive family and you will be asked to share information with prospective adopters, for example likes and dislikes, what is it like to look after the child, information that adds to the child's life-story etc. When the adoptive family is linked with a child, they have a period of introductions before the child goes to live with them. You will play an important role in supporting the child through this time and co-operating with the introductions. It is important that the child sees you working alongside the adoptive parents. You can also give valuable advice and support to the adoptive parents who will be feeling anxious about getting it right. Your supervising social worker will guide you through this and should be contacted if you have any concerns.

# Advice for Foster Carers on Smoking

## Contents:

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1. Introduction
2. Foster Carers
3. Children
4. Electronic Cigarettes

## 1. Introduction

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Since the 2<sup>nd</sup> of January 2007, virtually all enclosed public places and workplaces in Jersey became smoke-free. It is illegal to smoke in most indoor places other than private homes and the law prohibits smoking in enclosed public places.

Since 1<sup>st</sup> of September 2015 it is also illegal to smoke in a motor vehicle carrying young people under the age of 18.

Although foster carers' homes are not regarded as a workplace it is essential that the rights of carers to smoke are balanced against the rights of Looked After Children to be healthy.

The health risks from smoking and passive smoking are well known, with smoking being the single greatest cause of preventable illness and premature death in the United Kingdom.

A number of children and young people will have experimented with tobacco by the age of 16 and this is a key age at which behaviour can be shaped and influenced. Research suggests that smoke free environments, promoting non-smoking as the culture now and providing children with information about the dangers of smoking does help to prevent young people from starting to smoke. Providing non-smoking role models and support to stop smoking can help them to quit.

The health, safety and well-being of children and young people are at the heart of policies and practice related to children in care. This includes taking into consideration the effects of smoking on children who are in foster care and recognising the important role foster carers and supervising social workers have in protecting all aspects of a child's health whilst they are in care.

Fostering and Adoption Jersey acknowledges children's rights to:

- Be brought up in a foster home that is smoke free;
- Schools, youth clubs and public places that are smoke free;
- Be taught about the impact of smoking on health and well-being;
- Be taught how to recognise and resist pressure to smoke;
- Not be sold cigarettes and tobacco products;
- Be free from and aware of the impact of any form of tobacco advertising and promotion;
- Live in a community where non-smoking is the normal way of life for all age groups.

## **2. Foster Carers**

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It is important that foster carers understand and are made aware of the detrimental effect of smoking and passive smoking on their health and that of other people in their household.

During the recruitment, assessment and preparation process, discussions will take place with applicants regarding the Service's expectation and requirements.

Whilst it is acknowledged that some current carers smoke, it is the Service's policy that carers must not smoke in front of children in their care and that efforts must be made to discourage children and young people from smoking.

The Service will make every effort to support and encourage carers who wish to give up smoking.

Matching considerations for carers who smoke will be considered carefully during the assessment process and no children under 5 will be placed with foster carers who smoke.

Matching considerations will consider any significant health needs of an individual child and assess where foster carers have been identified as a good match with the exception of the foster carers smoking, that if they smoke, whether the placement can meet the health needs of the child. Further advice in this circumstance against whether carers should have quit smoking for a period of time before being approved for 0 – 5 can be taken from the Medical Advisor or the child's G.P. or Looked After Children's nurse.

This issue will be raised regularly with all approved carers who smoke 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 levels of stress experienced.

The Supervising Social Worker will agree a smoke-free plan with the carers to include the following:

- 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 be accessible to children.

### **3. Children**

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It is illegal for retailers to sell any tobacco products to anyone below the age of 18. In the same way foster carers will not be permitted to provide children with tobacco products.

Some children may start smoking or be smokers at the point of becoming Looked After. You should support and encourage them to reduce or stop smoking. Support is available from the Looked After Children's Nurse, the young person's GP or the Help2Quit Stop Smoking Service. This should be discussed with the child/young person's social worker and addressed as part of the child's health plan.

### **4. Electronic cigarettes**

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#### **Foster Carers**

Most people using these products are recent or ex-smokers and are using these products to quit or prevent a relapse. Current data shows almost no regular use of e-cigarettes among people who have never smoked.

Concerns have been raised that these products could model smoking for children and therefore encourage them to smoke. An alternative hypothesis is that adults using these products rather than smoking could further de-normalise smoking by demonstrating a preference for safer alternatives. Therefore, carers and prospective adopters who use electronic cigarette, and do not smoke, should be treated as an ex-smoker and the same rules apply i.e. they will be considered as a non-smoker when a year has elapsed since smoking cigarettes. This is in line with revised CoramBAAF guidance issued in February 2015 which indicates that different judgements need to be applied to those smoking cigarettes and those using e-cigarettes.

Advice should be provided to carers and adoptive parents about keeping products out of reach of children as the components can be harmful if swallowed.

#### **Children**

It is an offence for shops to sell e-cigarettes to under 18s or for an adult to buy e-cigarettes for them.

The long term effects of vaping / E-cigarettes on health are unknown, but current research indicates that their use is significantly less harmful than conventional smoking, and that the use of e-cigarettes is currently the most popular tool used by smokers who want to quit.

However, if a young person indicates that they would like to try e-cigarettes as a way of giving up smoking, they should be encouraged to contact the LAC nurse, their GP or local stop smoking services, which are recommended as the most effective way to stop smoking.

For more information please see Electronic Cigarettes: an Evidence Update (GOV.UK)

### **Support for smokers**

#### 4.25 Help2Quit Stop Smoking Service

- T [0800 735 1155](tel:08007351155)
- E [help2quit@health.gov.je](mailto:help2quit@health.gov.je)

Maison Le Pape  
The Parade  
St Helier  
Jersey  
JE2 3PU

# Advice for Foster Carers on Use of Alcohol (including Fostering and Adoption Jersey's policy)

## 1. PURPOSE / INTRODUCTION

- 1.1 The use of alcohol is a growing issue within the UK and Jersey. There is increasing evidence of the damage it causes to health and the results of abuse can have a range of anti-social, offending and personal relationship consequences.
- 1.2 This policy is designed to give practical advice for staff in advising foster carers on their own use of alcohol within the foster home as well as that relating to young people.

## 2. SCOPE / LEGAL FRAMEWORK / GUIDANCE

- 2.1 The use of alcohol outside the foster home is regulated by licensing laws that apply to Jersey.
- 2.2 Children in foster care should not be offered any alcohol by their foster carers.
- 2.3 Children and young people under the age of 18 should be actively dissuaded from drinking alcohol.
- 2.4 Alcohol should be stored, so that children do not have easy access to it.
- 2.5 Although, 16 or 17 year olds can be bought beer or cider as an accompaniment to a meal in Jersey, but not in a bar [i.e. only in an area specifically set aside for meals], it is recommended that foster carers do not purchase alcohol for this age group.
- 2.6 It is against the law for anyone under 18 to buy alcohol in a pub, off licence, supermarket or other outlet; Adults (including foster carers) who purchase alcohol for children (under 18) could be prosecuted under the law.
- 2.7 Foster carers need to understand and be aware that alcohol reduces concentration and impairs responses; this may lead to unprofessional conduct. Foster carers have a responsibility to model the sensible use of alcohol to children and young people they are caring for.

- 2.8 Alcohol misuse means drinking excessively – this means drinking more than the recommended limits of alcohol consumption.
- 2.9 Men and women are advised to not drink more than two or three units of alcohol a day, with a suggested maximum of 14 units a week. It is further recommended to have two or three alcohol free days each week. A unit of alcohol is 10ml of pure alcohol, which is about half a pint of ‘normal’ strength lager or a single measure [25mls] of spirits. The number of units of alcohol in the drink is recorded on the bottle or can.

### **3. PROCEDURE**

- 3.1 Foster carers should be aware that children and young people may have experienced trauma and abuse associated with alcohol consumption or have existing patterns of alcohol abuse themselves. It is therefore vital that carers have full background information about the placed child and are sensitive to the child / young person’s perceptions of adult drinking patterns and behaviour. These should be shared by the social worker as part of the matching process and discussed in the placement planning meeting.
- 3.2 Foster carers have a responsibility to promote the health and wellbeing of children in their care. Any issues relating to a young person and alcohol misuse should be discussed with the supervising social worker and the child’s social worker. All parties should be clear about what strategies to adopt in managing any particular behaviour relating to alcohol. A ‘behaviour management meeting’ should be considered where appropriate.
- 3.3 Foster carers have a responsibility towards children they look after and need to consider their use of alcohol when caring for a fostered child. Foster carers always need to be aware that at least one carer has to be alert to the possibility of an emergency to a child and to be able to respond accordingly.
- 3.4 It is recommended that carers should not drink any alcohol if they need to drive a foster child anywhere. If an emergency arises and the child needs to be taken somewhere and the carer has had alcohol to drink than a taxi should be ordered or other alternative transport used.
- 3.5 It is not appropriate or acceptable for children to see their foster carers under the influence of alcohol; this may lead to action to remove the placed child and for the fostering panel to recommend that a foster carer’s approval to foster be terminated.
- 3.6 Young people in placement should not bring alcohol into the foster home and foster carers should store alcohol safely where young children cannot access this.
- 3.7 If carers have any concerns or questions about this policy and its implementation within their own home this should be discussed with their supervising social worker.

#### 4. RELEVANT SUPPORT

Alcohol Pathway Team

- T [01534 445008](tel:01534445008)
- F [01534 445010](tel:01534445010)

Monday, Tuesday, Thursday and Friday, 9am to 1pm and 2pm to 5pm. Wednesday 2pm to 5pm.

Alcohol and Drugs Service

Gloucester Lodge

79 Stopford Road

St Saviour

Jersey

JE2 7LB

# Advice to Foster Carers on DBS checks

## 1. PURPOSE / INTRODUCTION

- 1.1 This guidance concerns the policy and procedure which needs to be followed specifically in relation to the DBS (Disclosure and Barring Service) checks for foster carers, their households, and their networks.

## 2. SCOPE / LEGAL FRAMEWORK

- 2.1 The obtaining and use of Disclosure and Barring Service Certificates for all staff and carers is carried out in accordance with The Rehabilitation of Offenders (Exceptions) (Jersey) Regulations 2002.
- 2.2 Enhanced DBS checks need to be taken out for all those involved in certain professions, which includes approved foster carers.
- 2.3 Enhanced checks should also be taken up for those individuals 'who have the care and supervision of children if carried out by the same person frequently (once a week or more often) or on 4 or more days in a 30 day period or regularly overnight', and this care is unsupervised. Occasional overnights, such as a stay at a friend's house, do not require a DBS check in light of the attempt to ensure that looked after children are not penalised when compared to their peers.
- 2.4 Standard checks should be taken up on all administration staff and panel members as they have access to sensitive information about children.
- 2.5 The main change with the new DBS certificates is that they are only issued to the applicant, not to the registered body. However, they have some degree of portability in that any applicant or foster carer who subscribes to the update service does not need a new certificate each time an update, or status check, is required, unless the level and type of disclosure is different to that which is required.
- 2.6 Jersey Foster carers and adopters can now complete an online DBS checking service through GBG, and this simplifies and speeds up the process. The administrator in the Fostering and Adoption Team will guide you through this process.

## 3. POLICY

- 3.1 DBS checks must be taken up for all fostering household members aged 16 and over, to include any member of the fostering family, friends or relatives who stay regularly overnight in the foster home. DBS checks can be taken up on members of the foster carer's network who have substantial unsupervised contact with foster children (e.g. act as a regular back up in collecting children from school etc.)
- 3.2 Standard DBS checks also need to be taken up on all serving members of fostering panels who are included on the central list.

#### **4. PROCEDURE**

- 4.1 Enhanced disclosures are sought for all posts involving greater contact with children or vulnerable adults, for example jobs involving caring, supervising, training and being in sole charge of children and vulnerable young adults. These posts are exempt from the Rehabilitation of Offenders Act as they involve access to children and young people. These will be sought in respect of all applicants applying to become foster carers and members of their household aged 16 and over.
- 4.2 The Enhanced Disclosure contains the same information as the Standard Disclosure along with non-conviction information from local police records if that is thought to be relevant to the position being applied for (this is often referred to as 'soft' information).
- 4.3 The Enhanced Disclosure will no longer contain details of convictions which have been 'spent' i.e. are more than 11 years old, subject to provisions outlined below in 4.12.
- 4.4 Where an applicant has spent periods of time abroad as an adult, or has settled in Jersey from abroad, police checks should be taken up in that country. However, each situation will need to be considered individually and advice sought from the Team Manager or Head of Service. See Appendix 2 of this procedure for further information, or look at the DBS website.
- 4.5 All adult members of the foster carer's household must also complete an enhanced DBS disclosure form. These can all be completed online.
- 4.6 This also applies to any adults who had previously been fostered and may be part of a Supported Lodgings or Staying Put arrangement, or an adult placed with a baby under a Child and Parent Placement arrangement.
- 4.7 Where the DBS disclosure certificate contains convictions/cautions etc. a risk assessment form should be completed and uploaded to the carers MOSAIC record. Where the information does not, in the opinion of the Head of Service, Team Manager and assessing social worker, precludes approval, the DBS check should be marked on the Form F (Section A (Part 1) Checks) as 'completed'. The details of the disclosure and decision not to preclude approval should be noted in this section.

- 4.8 In some cases, where serious offences are disclosed during the assessment, the fostering panel's view may be sought before completing the assessment.
- 4.9 Any information disclosed on the DBS certificate must be discussed with the prospective foster carers and a brief summary written up in the Form F, under the section 'Any other Information'. Their permission will be required to include this information in the Form F, with an explanation as to why panel needs this information. If permission is refused, the Form F assessment may have to be stopped.
- 4.11 If previous criminal history is complicated or contentious, a more detailed record should be included with the Form F paperwork, but marked 'confidential' and kept separately. This would be made available to panel members to aid discussion, but would not be incorporated into the main body of the Form F.
- 4.12 Under the Disclosure and Barring Service, an adult conviction will be removed from the DBS criminal record certificate if a) 11 years have elapsed since the date of conviction, and b) it is the person's only offence, c) it did not result in a custodial sentence, and d) it does not appear on the list of offences relevant to safeguarding.
- 4.13 Approved foster carers will be required to disclose any subsequent offences, convictions etc. by themselves or any adult member of the household on an ongoing basis.
- 4.14 When the DBS is completed, the online screen will state one of the following:
- Certificate contains no information (this means the DBS check is clear and we do not need to see the certificate).
  - Please wait to view applicants certificate (this means that there is information on the DBS check, the certificate will need to be seen by your assessing social worker).
- 4.15 The Team administrator or person undertaking the DBS check should upload a copy of the outcome (clear or see paper disclosure) onto the person's Mosaic electronic file.

#### **Obtaining DBS certificates for fostering applicants (now on-line)**

- 4.16 All adult fostering applicants must complete an enhanced DBS disclosure through GBG (on-line application). As part of the application process a link will be sent to your email address, where you can start your application.
- 4.17 You will be asked to disclose if you have any previous involvement with the police. This includes driving offences and any offences committed as a young person, no matter how minor. It includes any previous convictions, cautions, periods of incarceration or reprimands regardless of when these occurred.
- 4.18 You will be asked to supply the following information:

- Your gender.
- Full name and any changes of name, for example if married, your maiden name.
- Your date of birth.
- What town you were born in, what country and your nationality.
- Confirmation of your identity documents
- Your current address and any other addresses that you have stayed at in the last 5 years.
- Previous addresses 'overseas' or where you had two addresses, for example if you were at University in the last five years and still had a home address.

4.19 The fostering and Adoption team will pay for the DBS check, and reimburse applicants/carers who subscribe to the update service (see below), which is recommended.

4.20 You must select that you require a paper version of your DBS certificate. As the organisation applying for your DBS check, we will be able to see if your certificate is 'clear', however if it is not we will need to see the paper certificate.

4.21 If your DBS certificate contains information regarding involvement with the police or courts, you will be asked as part of the assessment process about this information by your assessing supervising social worker.

4.22 If an applicant already has a DBS certificate and subscribes to the update service, as long as the certificate applies to the 'child' workforce, a status check can be undertaken on line and there is no need for a new DBS application to be made at a later date.

4.23 The status check on line is free for employers and organisations.

### **Adult children of the household**

4.24 Enhanced disclosures are required for all adult children and those over 16 years of age still living in the household. We will ask to see a copy of the original DBS certificate, if it is not recorded as 'clear'. Where the DBS certificate indicates a conviction, caution or final warning, this will need to be dealt with sensitively.

4.25 The parents may not know about their child's involvement with police/courts, so the person in question should be seen first, their version of the offence discussed and permission sought to share this information with their parents.

4.26 This also applies if an offence comes to light later during the fostering career of their parents.

### **Visitors to the household**

4.27 There is no requirement for a check to be carried out for visitors to the household. However, discretion may be used where there are grounds for concern about a visitor to the household or where the frequency of visits could result in significant unsupervised contact with a foster child.

- 4.28 Supervising social work staff must as part of supervision discuss with foster carers if there are any visitors to the fostering household and if so the role [if any] that they undertake with the foster child/ren. This discussion may result in a DBS being undertaken on the person if this is regular/frequent/ unsupervised contact. The views of the foster child's social worker should also be sought prior to making any DBS application.
- 4.29 There is no requirement to take out DBS checks on adult children of the family living away from home. However, if there is cause for concern, or the adult may have regular, sole charge of foster children, on behalf of the foster carers, discretion can be used in deciding whether a DBS check is appropriate (see earlier definition).

### **Staying with family members**

- 4.30 The recent move towards giving foster carers more 'delegated authority' to decide who it is safe to leave children with means that it is no longer necessary to take up DBS checks on, for instance, grandparents or family members who may offer support to the carers and have children to stay at weekends or for holidays. Please refer to section 2.3 as this gives relevant criteria to when we should undertake a DBS check.
- 4.31 However, any decision about this should be made in conjunction with the placing social worker and the supervising social worker. This may well be most appropriate in the case of children who are placed long term or permanently with foster carers as part of the desire to 'normalise' their lives. The issue of staying over with family members or friends should be addressed at the placement planning meeting, considered as part of the 'delegated authority' discussion and reviewed at every LAC review as part of the care plan.

### **Staying with friends**

- 4.32 DBS checks do not need to be completed on families where children or young people go for sleepovers. This is left to the discretion of the foster carer to check that this is a suitable and responsible household for the young person to visit and carers are expected to use the same judgement they would make with their own children. However, the supervising social worker and placing social worker should always be informed in advance where possible.

### **Back up carers and relief carers**

- 4.33 We will try to link carers with other approved foster carers to provide support and back up for the fostering family. This is usually mutually beneficial. However, where this is not possible, the carer will be encouraged to identify someone in his or her network who can be on hand to provide support. While it is not usually necessary to complete a detailed back up carer's report, if the people identified are likely to be providing regular support, including overnight stays, it is important that the supervising social worker meets them. In addition, it may be considered appropriate to take up an enhanced DBS check.

4.34 There may be some situations, particularly when a child is in a permanent placement, where the carers need regular relief care either because the child has particularly complex needs arising from disabilities or behaviour as a result of trauma. In these cases, if an appropriate relief carer is identified within the carers network, a version of the form F assessment may be considered necessary, and the proposed relief carers brought to panel for approval. These decisions should always be made in discussion with the child's social worker.

### **Repeat disclosures**

4.35 Disclosures will be repeated every 3 years in line with the National Minimum Standards 2011, unless the carer has subscribed to the update service in which case an online status check will be done annually, with the person's consent.

### **The update service**

4.36 The Service can apply for a status check through the update service if the applicant/carer has subscribed, the applicant/s has given their consent, and the existing DBS certificate applies to the correct workforce i.e. child workforce, (or 'child and adult workforce' in the case of child and adult parent placements).

4.37 Carers have the right to subscribe to the update service, but if they choose not to, a repeat disclosure would be applied for every three years.

4.38 This will also apply to adult members of the household, and any other person engaged in regulated activity with foster children.

4.39 When a check is carried out through the on-line update service, one of the following results will be shown:

- This DBS certificate did not reveal any information and remains current as no further information has been identified since its issue.
- This DBS certificate remains current as no further information has been identified since its issue.
- This DBS certificate is no longer current. Please apply for a new DBS check to get the most up to date information.

### **Retention of disclosure records**

4.40 The original DBS certificate will be retained by the applicant/carer. A copy must not be kept by the service. The following information should be transcribed from the original DBS certificate.

- Date of disclosure.
- Name of disclosure subject.
- DOB of disclosure subject.
- Type of disclosure.
- Position in question – e.g. foster carer/adult in foster carer's household.
- DBS certificate number.

- Recruitment decision – i.e. satisfactory/unsatisfactory.  
If the DBS check has been obtained on line, a screen shot will contain all the above information.



# Caring for Children

# What Decisions can I Make?

## Standards & Regulations

Training, Support and Development Standards for Foster Care:

- [Standard 2 - Understand your role as a foster carer;](#)
- [Standard 3 - Understand health and safety, and healthy care.](#)

## Introduction

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Delays and missed opportunities for looked children as a result of poor planning around delegation of authority can be a bar to children experiencing a fulfilled childhood and feeling part of the foster carer's family. Looked after children say that problems obtaining parents' and local authorities' consent to everyday activities can make them feel different from their peers, causing them embarrassment and upset. It is therefore very important to agree upfront who can make which decisions about a looked after child, and that this is understood by all key parties and reviewed regularly.

Foster carers should be given the maximum appropriate flexibility to take decisions relating to children in their care, within the framework of the agreed placement plan and the law governing [Parental Responsibility](#) (PR). Except where there are particular identified factors which dictate to the contrary, foster carers should be given delegated authority to make day to day decisions regarding health, education, leisure, etc.

In Jersey, The Children's Service and its representatives act on behalf of the Minister in respect of care proceedings and other statutory duties, such as Child Protection. During this procedural document when the 'Minister' is referred to, it is the Children's Service that exercise the Minister's duties in respect of children.

## Who can decide?

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Those with PR for a child (the mother will have PR, the father might do too) retain their PR once a child becomes looked after. If a child is placed voluntarily under Article 17 of the Children (Jersey) Law 2002, the Children's Service (acting on behalf of the 'Minister') does not have PR and so agreement must be reached about what decision-making the parents will delegate to the 'Minister' (The Children's Service) and the foster carers at the

Placement planning meeting (held within 5 working days of placement if an emergency placement) or should be held before the placement if it is a planned move. The Children's Service representatives, will be qualified and registered social workers, who should work with the parent(s) as far as possible to help them understand the benefits to their child of appropriate delegation to The Children's Service and foster carers.

If a child is subject to a care order, interim care order or emergency protection order, the parent(s) share PR with the 'Minister' who can limit the extent to which the parent(s) can exercise their PR if this is necessary to safeguard or promote the child's welfare. As far as possible, however, parents whose child is subject to a care, interim or emergency protection order should be consulted about their child's care and their views taken into account. Whatever the legal status of a child's placement, parents should be helped to understand the role of foster carers and the relevance of appropriate delegated authority, in order that they can support the foster carers.

## How do you know what you can decide?

It is important that foster carers know what authority they have to make decisions about everyday matters involving the child. Arrangements for delegating authority from the parents to The Children's Service and/or from The Children's Service to the foster carers, must be discussed and agreed as part of the care planning process, particularly at placement planning meetings, and agreements should be recorded in the placement plan.

More generally, the placement plan should provide clarity about what authority the parents have delegated to the local authority, and how the day to day parenting tasks will be shared between the foster carer(s) and The Children's Service. The person(s) with the authority to take a particular decision or give a particular consent must be clearly named on the placement plan and any associated actions (e.g. a requirement for the foster carer to notify the named social worker or The Children's Service that a particular decision has been made) should be clearly set out.

Arrangements for delegated authority should be given particular scrutiny when children are confirmed in long term or permanent placements, and attention given to how responsibilities are shared in order to reinforce and support the long terms bonds and attachments which foster carers will be expected to build with the child. In all placements, particularly those that are long term or permanent, what is appropriate to delegate to the foster carer, and what the parent(s) are prepared to delegate to the local authority, may change. Agreements about delegation of authority should therefore be regularly reviewed through care planning and review meetings, taking into account the views of birth parent(s), the child, the foster carer and the legal status of the placement; any changes should be recorded in the placement plan.

Where authority for a particular decision or consent lies with The Children's Service or birth parent with PR, The Children's Service should ensure that decisions are made in

the same timely way whether or not the foster carer has been approved by themselves, and the social worker should ensure that any information that may be required to enable a foster carer to take a decision about a child is provided promptly.

Difficulties obtaining permission for sleep-overs is often highlighted as a particular concern by looked after children. Looked after children should as far as possible be granted the same permissions to take part in normal and acceptable age appropriate peer activities as would reasonably be granted by the parents of their peers. It should be normal practice for the responsible authority, in agreement with those with PR, to delegate to the child's foster carer day to day decision making about allowing a looked after child to stay overnight with friends, and to state this in the placement plan. Parents 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 carers. Judgements should be based on a reasonable assessment of risks. In all cases foster carers should be made urgently aware of any individuals, addresses or areas which may place a child at risk, and this should also be included in the placement plan.

There may sometimes be exceptional reasons to require foster carers to seek the permission of either the Children's Service or a person with parental responsibility for the child, or to place specific restrictions on permitting a child to stay overnight with friends. When this is the situation it should be based on clearly stated reasons which are necessary to safeguard and promote the child's safety or welfare in that child's particular circumstances. In such cases, the restriction should be clearly stated in the child's placement plan. Wherever practicable the child should be consulted over the issue and their views and feelings taken into account in reaching the decision. The restriction and the reasons for it should be fully explained to the child concerned unless, exceptionally, this would not be consistent with the child's welfare. Any restrictions should be reviewed regularly to ensure that they remain relevant.

## Making decisions about overnight stays

In making decisions about whether or not to permit a looked after child to stay overnight with a friend or to have a holiday with their friends or with relatives of their foster carers, or to go on a school trip, the following factors should be considered:

- Whether there are any relevant restrictions contained for exceptional reasons in the child's care plan, including the placement plan;
- Whether there are any court orders which restrict the child from making a particular overnight stay, visit or holiday;
- Whether there are any factors in the child's past experiences or behaviour which would preclude the overnight stay, visit or holiday;
- Whether there are any grounds for concern that the child may be at significant risk in the household concerned or from the activities proposed;

- The age and level of understanding of the child concerned;
- What is known about the reasons for the overnight stay, visit or holiday;
- The length of the stay.

If in doubt about the appropriate decision or if there is reason to consider that a child may be at specific risk in staying in a particular household, the foster carers should consult the allocated social worker for advice. The child and their carers should always be told of the criteria that will be used to make decisions about overnight stays, visits and holidays.

Foster carers should always have contact details for the household in which the child will be staying. They should also make contact with the household beforehand, as would any good parent, 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).

There is no statutory duty for Disclosure and Barring Service (DBS) disclosures to be sought in relation to adults in a private household where a child may stay overnight or visit, or who the child may accompany on a holiday or on a school trip. DBS checks should not normally be sought as a precondition. 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 an approved foster carer, as the child will remain formally placed with their usual foster carers.

More detailed guidance about care planning and the placement plan can be found in Standard 3 - Understand health and safety, and healthy care of Volume 2. Statutory guidance for fostering services.

# Health and Wellbeing

## Standards & Regulations

Fostering Services National Minimum Standards (England) 2011:

- [Standard 1 - The child's wishes and feelings and those significant to them;](#)
- [Standard 6 - Promoting Good Health and Wellbeing.](#)

Training, Support and Development Standards for Foster Care:

- [Standard 3 - Understand health and safety, and healthy care;](#)
- [Standard 4 - Know how to communicate effectively;](#)
- [Standard 5 - Understand the development of children and young people.](#)

See also [First Aid and Medication](#).

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/605266/Delivering\\_better\\_oral\\_health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf)

<https://www.gov.uk/government/publications/the-eatwell-guide>

You should be provided with a child's basic medical history when they are placed with you. Even if this is an emergency placement, basic information on for example medication, allergies, any health issues should be provided.

A child/young person will have a [Health Care Assessment](#) which forms the Health Care Plan. If the child/young person does not have one, the child's social worker will discuss this with you. Parents should have given consent to this happening.

The Health Care Assessment happens at particular times;

- The first Assessment must be done before the first placement or, if not possible, before the child's first [Looked After Review](#) (unless one has been done within the previous 3 months);
- For children under five years, further Health Care Assessments should occur at least once every six months;
- For children aged over five years, further Health Care Assessments should occur at least annually.

You play an important role in looking after and promoting the health needs of children in your care. This means talking to them and providing them with information about doing the things that keep them healthy and well.

You should encourage children/young people to follow their interest and leisure activities.

You should help the child/young person to identify where they can access activities they are interested in and support them to attend. This may be linked to the educational setting they attend. It could be sporting activities or activities which they enjoy which make them feel good about themselves.

It is important that you keep a record of the child's health and that you take the child for their health assessment and relevant appointments.

The information you hold about the child - including their daily routine, likes and dislikes, health issues etc. - may need to be shared with other professionals.

You should check whether you need to register a child with a GP, Dentist and Optician and whether you have delegated authority to take the child for any treatment. This will usually have been decided when completing the [Placement Plan](#) and the delegated authority form.

Each time a child is given medication, you must record this in the medication log, which is part of the record keeping pack you were given as part of your induction. All medicines should be stored securely and accessible for those who need it.

You should help children/young people to make informed decisions about their health and their views should be taken into account when making decisions.

In the event of an accident or incident, you must record the details of what happened on an incident/accident sheet and inform your Supervising Social Worker and the child's social worker as soon as possible. If out of working hours, you should inform the out of hour's duty manager, through the hospital switchboard on 442000.

As part of the assessment process or within your first few months of registration, you will be expected to undertake paediatric first aid training. This is also refreshed every 3 years and is a mandatory training requirement for you to maintain your approval.

## Consent for Medical Treatment

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You may be able to sign forms such as consent for medical treatment including anaesthetics, dental treatment, and permission for inoculations. These forms may only be signed by you if:

- the child's parents have delegated their power to consent to the Local Authority; and
- the child's legal status permits this;
- if you have been provided with delegated authority to carry out specified responsibilities towards the child's health care.

In certain circumstances, you are not authorised to sign medical consent forms. You should discuss this fully with the child's Social Worker immediately or before a child is placed in your care so you are clear what levels of discretion you can exercise. The delegated authority from the parent/s should detail what the process is for seeking their consent. In situations of medical emergency medical staff will be able to exercise their professional discretion to administer lifesaving treatment.

### **Young Person's Consent**

Young people of 16 years and over can give or withhold their consent for their own medical examinations and treatment. Young people under 16 may also be able to give or withhold such consent, depending on their capacity to understand the nature of the condition and the treatment. It is for the doctor to decide when a young person is capable of giving informed consent after consultation with those that best know them. This is described as being 'Frazer competent'.

It is often the case that young people who have experienced frequent disruption in their lives have health care needs that are treatable, but which over a period of time have been undetected, ignored or given insufficient attention. You should adopt a vigilant attitude towards the health of young people, especially in emergency and short-term situations where their needs are not well known. If concerns arise, medical advice should be sought promptly, especially where this relates to drugs, solvents, alcohol.

You must pay attention to the storage of medications, making sure that a locked cabinet is used. A lockable box, such as a cash tin, provides suitable storage for medications which need to be refrigerated. Young people of 16 years and over should, in general, be trusted with the retention and administration of their own medication. This should be based on their level of maturity and understanding, alongside any known risks, such as suicidal ideation and threats of self-harm. Some younger children with illnesses like asthma, they may be used to using inhalers. It is important for you as a carer to know what level of responsibility their birth parent and personal carers have given their children, and whether this is appropriate.

## **Child Adolescent and Mental Health Services (CAMHS)**

CAMHS is a multi-disciplinary service comprising of Child Psychiatrists, Child and Adolescent Psychotherapists, Social Workers, Nurses, Family Therapists, Psychologists and Occupational Therapists. The service is for children and young people aged 0-18

years and aims to help children with a range of mental health issues. They often have special services for Looked After Children.

Children or young people who are seen by specialist CAMHS may be experiencing one or more of the following:

- Emotional disturbance;
- Attachment disorders;
- Attention Deficit Hyperactivity Disorder (ADHD);
- Eating difficulties;
- Depression and / or anxiety;
- Self-harming;
- Psychotic illness;
- Behaviour difficulties.

Support is generally offered to you as carers, and children may receive counselling, group work, family work, carer / child work, individual psychotherapy or more general support. Occasionally, they may need the help of medication.

Decisions about whether to refer a child to the service will be part of a child's Care Plan / Review. It is important that the child's social worker will receive information from you about the child's behaviour that is of concern, and they will make a referral either through the child's GP or direct to the service.

## The Personal Health of Looked-after Children

We have a responsibility to ensure that children and young people looked-after attain and sustain as healthy a lifestyle as possible given their individual circumstances. This requires providing them with information and support appropriate to their age and understanding, and helping to develop the personal awareness and personal skills necessary to act on such information.

It is a policy that considers good health to be a positive state of physical, psychological and emotional well-being, not simply the absence of illness.

It recognises that there needs to be separate guidance about the provision of medical checks, about response to symptoms of illness, and about treatment and medication.

### **Good Health Care General Guidance**

There should be a comprehensive health record / Personal Health Plan available on each child. Where this is not available, or where significant information is missing, efforts

should be made to obtain it from the child's social worker with the help of your supervising social worker.

According to their age and ability, children and young people should be encouraged to learn about their health history and its possible importance for later life.

Priority should be given to the maintenance of routine health care - especially dental, sight and hearing checks, and where appropriate, immunisations.

Specific attention should be paid to the needs of Black and Minority Ethnic Children. Young people from African Caribbean backgrounds may have specific potential for illnesses such as sickle cell, and unaccompanied asylum seeking children may have very unclear medical histories with no significant parental history. In these situations for example a complete update of all the immunisation process may be needed.

Taking into account age and ability, children and young people should be taught the importance of good health care, the range of services available, and how to access them.

As appropriate, they should be encouraged to take responsibility for their own health care. In particular, young people approaching independent living need to know how to register with a GP and dentist, when to use them, and how to deal with any particular medical conditions to which they may be susceptible.

A young person's sexual health needs should be included and addressed in the Personal Health Plan as part of the care planning process. Where you are unsure of how to deal with a situation, you should consult the young person's social worker or your supervising social worker.

## **Healthy Lifestyle Guidance**

Generally, the care of children and young people needs to be mindful of health implications. Those caring for children should be seeking to encourage a healthy lifestyle. This is particularly so in relation to diet, exercise, rest, and personal hygiene.

There is increasing medical evidence of the growth in obesity in children and young people linked to poor diet and lack of exercise and it is important that you are aware of these issues and the associated health risks of other conditions such as diabetes which has also grown significantly. There has been attention given to healthy eating with the benefits of eating five portions of fruit and vegetables being highlighted. The following information highlights key issues and indicates the importance of you encouraging a healthy diet and lifestyle for children in your care.

Almost 1 in 5 children are overweight or obese when they start primary school, rising to 1 in 3 when they start secondary school. By 2020 it's estimated half of all children will be overweight or obese. Obese children are much more likely to be obese adults, causing significant health risks as well as low self-esteem and body image (Royal College of Pediatrics and child health 2018).

The UK government produced the 'Eatwell' guide in 2016, please access this via the following link:

<https://www.gov.uk/government/publications/the-eatwell-guide>

The recommended levels of physical activity for children aged 5 - 17 years is as follows (WHO 2019):

- Children and youth aged 5–17 should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily.
- Amounts of physical activity greater than 60 minutes provide additional health benefits.
- Most of the daily physical activity should be aerobic. Vigorous-intensity activities should be incorporated, including those that strengthen muscle and bone\*, at least 3 times per week.

NHS (England 2016) report that in England almost a quarter (24.7%) of 5 year olds have tooth decay, so 1 in 4 children will have tooth decay when they start school. Each child with tooth decay will have on average 3 to 4 teeth affected.

The first survey of 3 year olds in 2015 (NHS) found that 12% had visible dental decay with on average 3 teeth affected. In total there were 26,111 hospital admissions for tooth decay among five to nine-year-olds in 2017/18, the data shows, up from 25,923 in 2016/17 and 25,875 in 2015/16.

From a Jersey context, in May 2018 the government advised that tooth decay was on the rise and extractions had increased by 300% in the last 6 years. This is linked to poor oral hygiene and diet, where children and young people are consuming excessive amounts of sugar in their diet. Children who are admitted to care will often have had poor dental care and a lack of oral hygiene support from their parents.

The UK Government has produced some guidance in respect of oral hygiene. This can be accessed via the following link:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/605266/Delivering\\_better\\_oral\\_health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf)

To be able to establish a healthy lifestyle, children and young people need to be provided not only with information and advice, but also the skills with which to utilise that knowledge and the wish to do so.

Those caring for children need to be aware of their own behaviour, the example they provide, and the need for consistency. There are also areas where the experiences, preference and beliefs of those caring for children are most likely to affect their approach to the issues.

## HIV, AIDS and Hepatitis

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These health issues are rare but because of the vulnerable background of some children who come into care, they may have been exposed to health risks that would not normally be the case for other children and young people in the community. The following gives general information about these health conditions and safe care guidance. **If you have any concerns please discuss with your supervising social worker.**

### **Human immunodeficiency virus (HIV)**

HIV 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 affects 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 significantly improve the quality of life and extend the lifespan of people with HIV. However, such treatments may have debilitating side effects.

People with HIV do not necessarily have symptoms or feel unwell. Some people may experience a short illness soon after they become infected. This may range from a mild 'flu-like' illness to a more severe illness with symptoms such as prolonged fever, aching limbs, skin rash, sore throat, diarrhoea, severe headaches and aversion to light. All these symptoms could be caused by other infections.

Children with HIV should be referred for assessment by an HIV specialist physician.

### **How is HIV Spread?**

HIV infection is spread by direct contact with an infected person's blood or certain body fluids. The main routes by which infection is spread are:

- By sexual intercourse with an infected person without a condom (including oral sex);
- By sharing contaminated needles or other equipment for drug injecting;
- From an infected mother to her baby during pregnancy – while giving birth or through breastfeeding;
- By tattooing, ear and body piercing or acupuncture with unsterilized needles or equipment;
- Through a blood transfusion in a country where blood donations are not screened for HIV. (All blood for transfusion in the UK is screened);
- By sharing razors and toothbrushes (which may be contaminated with blood) with an infected person.

There has been a great deal of concern expressed about HIV and AIDS, but it is far less likely that anyone caring for a child who is infected with the HIV virus will be at risk from infection, than they would be from any other infection that the child may have.

## **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.

Most adults infected with the virus recover fully and develop lifelong immunity. However, a small proportion – about 1 in 10 – may remain infected 'Hepatitis B carriers'. Babies infected at birth from their mothers have up to about a 90% chance of becoming carriers and children infected aged 1-10 years have about a 25% chance of becoming carriers.

Hepatitis B carriers are infectious to other people, and about 1 in 5 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, gastroenterologist or infectious disease physician. Drug treatments may be available, although they are not effective in every case.

### **How is Hepatitis B spread?**

Hepatitis B infection is spread by direct contact with an infected person's blood or certain body fluids. The main routes by which infection is spread are similar to HIV:

- From an infected mother to her baby at birth or by breastfeeding (many people with Hepatitis B from countries in which Hepatitis B infection is highly endemic will have been infected by this route themselves);
- By sexual intercourse with an infected person without a condom;
- By sharing contaminated needles or other equipment for drug injecting;
- By tattooing, ear piercing and body piercing or acupuncture with unsterilized needles or equipment; through a blood transfusion in a country where blood donations are not screened for hepatitis B (all blood for transfusion in the UK is screened);
- By sharing razors and toothbrushes (which may be contaminated with blood) with an infected person.

## **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.

About 1 in 5 people with Hepatitis C infection recover completely. The majority of people who get Hepatitis C infection become chronically infected (Hepatitis C 'carriers'), most of whom will have only mild liver damage and many with no obvious symptoms. About 1 in 5 people with chronic infection develop severe scarring of the liver (cirrhosis) after 20-30 years. A small number of those patients who develop cirrhosis may go on to develop liver cancer. The majority of patients who get Hepatitis C infection are likely to live out their normal lifespan. Children with chronic Hepatitis C 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.

### **How is Hepatitis C spread?**

Hepatitis C infection is spread by direct contact with an infected person's blood or certain body fluids. In the past, infection could have been transmitted by blood and blood products before measures were introduced to minimise this risk. Currently, the main way in which Hepatitis C infection is passed on in the UK is through the sharing of contaminated equipment by injecting drug users.

Other less common ways in which the infection may be passed on are:

- From un-sterile equipment used for tattooing, ear and body piercing or acupuncture;
- From an infected mother to her baby at birth;
- By sexual intercourse with an infected person without a condom;
- By sharing razors and toothbrushes (which may be contaminated with blood) with an infected person.

## **Universal Infection Control**

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Control of infection can only reliably take place when exactly the same (universal) precautions are taken in every instance in which direct contact with a potentially infectious substance is likely. This applies not only when working with children in your own home, but in all situations and places of work. Rather than identifying 'high risk' groups, the emphasis should be on applying the same infection control procedures for everyone and regarding all blood and body fluids as potentially infectious. The likelihood of infection is minimised by using, as a matter of course, good hygiene procedures at all times.

The above guidelines apply to HIV and AIDS as well as to other infectious diseases.

### **Personal hygiene procedures**

- Hands must be washed after handling any body secretions;
- Towels, face flannels, razors, toothbrushes or other implements which could be contaminated with blood must not be shared;
- Never share toothbrushes; gums often bleed;
- Minor cuts, open or weeping skin lesions and abrasions should be covered with waterproof or other suitable dressings;
- Sanitary towels must be placed in the waste disposal unit or incinerator;
- Tampons may be treated similarly or flushed down the toilet;
- Disposable nappies should be burned or double wrapped in polythene bags.

### **General hygiene procedures**

- Cleaning: normal cleaning methods should be used. No special disinfectants are necessary for toilets, wash hand basins, or sinks;
- Surfaces which have been soiled by body secretions should be wiped with bleach, diluted 1:10;
- Crockery and cutlery can be shared. Utensils can be hand washed in hot soapy water or in a dish-washer or dish steriliser;
- Spillages of blood, vomit and bodily waste should be cleaned up as quickly as possible. Preferably, use disposable gloves. If however you use non-disposable gloves, they should be washed in hot soapy water after use. Ensure any cut or wound you may have on your hands is covered with a waterproof plaster/dressing;
- If disposable aprons are available, then wear one.

### **Accidents involving external bleeding**

- Cover up any exposed cuts or abrasions you may have with a waterproof dressing before treating a casualty, and wear disposable gloves;
- Blood splashes should be washed off the skin with warm soapy water;
- Wash your hands both before and after applying dressings.
- A first aider should be called;
- If you are a first aider, follow the guidance you have received during your training which protects you against a whole range of infections.

Most of these standards of hygiene should become second nature in all families. However, you may be aware that children in your care either have the HIV infections or have come from circumstances where the risks are high.

In these circumstances, you should expect to receive help, support and advice from a range of local specialists via the child's social worker. These specialists will give advice in testing, management and confidentiality – all of which need careful consideration to balance the needs of the child with the protection of those around him. Social Services do not know the HIV status of all the children they place. This means you may have to cope with the uncertainty.

For all children placed there is no expectation of an HIV test being undertaken unless there are very clear reasons for believing that it would be in the child's best interest to be HIV tested. If this situation arose the permission of the parents would be needed (and the child's permission depending on age and understanding). If the child is subject to a Care Order, the permission of the Assistant or Director of Children's Social Care must also be obtained.

The advice to you therefore, is that basic hygiene procedures and universal infection control procedures should be used at all times for dealing with all children in your care, including your own children. In this way, the risk of any infection being transferred will be minimised.

**Please seek advice and guidance about this issue from your supervising social worker and the child's GP where you have any concerns.**

The British Agencies for Adoption and Fostering (BAAF) also produce a leaflet entitled 'Hepatitis and HIV' and this is available from the Fostering and Adoption team.

You are able to have a Hepatitis B Vaccination as part of your approval as a foster carer. Please see the attached information leaflet.

## Hepatitis B Immunisation

People at increased risk of contracting hepatitis B should be immunised. The hepatitis B vaccine is also very effective at preventing infection with hepatitis B if you have been at risk from a possible source of infection (for example a needle stick injury) and you are not immunised. Some people need blood tests to check if they are immune. See your practice nurse if you think you need this vaccine.

### What is hepatitis B?

Hepatitis B is a disease caused by the hepatitis B virus. The disease mainly affects the liver. However, if you are infected the virus is present in body fluids such as blood, saliva, semen and vaginal fluid. In the UK, it is estimated that about 1 in 1000 people are infected with the hepatitis B virus. It is much more common in other countries - these include sub-Saharan Africa, most of Asia and the Pacific islands.

If you are infected with the hepatitis B virus, the initial symptoms can range from no symptoms at all to a severe illness. After this 'acute phase', in a number of cases the virus remains in the body long-term. These people are called 'carriers'. Some carriers do not have any symptoms but can still pass on the virus to other people. About 1 in 4 carriers eventually develop a serious liver disease such as chronic hepatitis, cirrhosis, and in some cases liver cancer develops after a number of years. See separate leaflet called 'Hepatitis B' for more details of the disease.

All pregnant women in the UK are offered testing for hepatitis B during each pregnancy.

### How is hepatitis B passed on?

The hepatitis B virus is passed from person to person as a result of:

Blood to blood contact. For example: drug users sharing needles or other equipment which may be contaminated with infected blood. (Blood used for transfusion is now screened for hepatitis B virus.)

Having unprotected sex with an infected person.

From an infected mother passing it to her baby.

A human bite from an infected person.

### **Who needs hepatitis B immunisation?**

Anyone who is at increased risk of being infected with the hepatitis B virus should consider being immunised. These include:

Workers who are likely to come into contact with blood products, or are at increased risk of needle stick injuries, assault, etc. For example, nurses, doctors, dentists, medical laboratory workers, prison wardens, etc. Also, staff at day care or residential centres for people with learning disabilities where there is a risk of scratching or biting by residents.

People who inject street drugs, their sexual partners and children.

People who change sexual partners frequently (in particular homosexual men and sex workers).

People who live in close contact with someone infected with hepatitis B. (You cannot catch hepatitis B from touching people or normal social contact. However, close regular contacts are best immunised.)

People who regularly receive blood transfusions (for example people with haemophilia).

People with certain kidney or liver diseases.

People who live in residential accommodation for those with learning difficulties. People who attend day centres for people with learning difficulties may also be offered immunisation.

Families adopting children from countries with a high or intermediate prevalence of hepatitis B when the hepatitis B status of the child is unknown. (It is, however, advisable for the child to be tested for hepatitis B.)

Foster carers or if you live with foster children.

Prison inmates. Immunisation against hepatitis B is now recommended for all prisoners in the UK.

Travellers to countries where hepatitis B is common who place themselves at risk when abroad. The risk behaviour includes sexual activity, injecting drug use, undertaking relief work and/or participating in contact sports. Also, if you may need a medical or dental procedure in these countries and the procedure may not be done with sterile equipment.

## **The immunisation schedule**

You need three doses of the vaccine for full protection. The second dose is usually given one month after the first dose. The third dose is given five months after the second dose.

One month after the third dose, you may need to have a blood test. You may need one if you are at risk of infection at work, especially as a healthcare or laboratory worker or have certain kidney diseases. Your doctor will be able to advise you if you need a blood test. This checks if you have made antibodies against the hepatitis B virus and are immune. This is because for about 1 in 10 people, three doses of the vaccine are not sufficient and a booster is needed after five years.

The schedule is the same for the combined hepatitis A and B vaccine, which is also available.

## **Rapid immunisation schedule**

A schedule of giving three doses quicker than usual may be used in some situations. That is, three doses with each dose a month apart. An even quicker schedule is also sometimes used. That is, the second dose given seven days after the first and the third dose given 21 days after the first. These quicker schedules may be used if you are at very high risk of infection and need to be immune as soon as possible. For example, if you are soon to travel abroad, are new to prison or are sharing needles to inject drugs. However, a more rapid schedule may not be as effective for long-term immunity unless a fourth dose is given 12 months after the first dose. Your doctor will advise on the best schedule for your circumstances.

## **Are there any side-effects from hepatitis B immunisation?**

Side-effects are uncommon. Occasionally, some people develop soreness and redness at the injection site. Rarely, some people develop a mild fever and a flu-like illness for a few days after the injection.

## **What if I come into contact with hepatitis B and am not immunised?**

Seek medical attention as soon as possible if you have been at risk from a possible source of infection and you are not immunised. For example, if you have a needle stick injury or have been bitten by someone who may have hepatitis B, etc.

You should have an injection of immunoglobulin as soon as possible. This contains antibodies against the virus and gives short term protection. You should also start a course of immunisation. The hepatitis B vaccine is very effective at preventing infection if given shortly after contact with hepatitis B. Even if you have had the hepatitis B vaccine and are at risk of infection (for

example by having unprotected sex or sharing contaminated needles) you should ask your doctor for advice as you may be advised to have a booster vaccine or even an injection of immunoglobulin.

Babies who are born to infected mothers should have an injection of immunoglobulin as soon as possible after they are born. They should also be immunised. The first dose of vaccine is given within the first two days after birth. This is followed by three further doses at 1 month, 2 months and 12 months of age.

### **Who should not receive hepatitis B vaccine?**

If you have an illness causing a high temperature it is best to postpone immunisation until after the illness.

You should not have a booster if you have had a severe reaction to this vaccine in the past.

The vaccine may be given if you are pregnant or breast feeding and immunisation against hepatitis B is necessary.

### **Further information**

#### **Information on immunisation**

Web: [www.immunisation.org.uk](http://www.immunisation.org.uk)

#### **From the NHS aimed at the general public.**

The Hepatitis B Foundation UK

The Great Barn, Godmersham Park, Canterbury, Kent, CT4 7DT

Tel: 01227 738279 Web: [www.hepb.org.uk](http://www.hepb.org.uk)

One of their aims is to raise awareness about the prevention of hepatitis B virus (HBV) infection, including the key role of immunisation.

# School and Education

## Standards & Regulations

Fostering Services National Minimum Standards (England) 2011:

- [Standard 8 - Promoting Educational Attainment.](#)

Training, Support and Development Standards for Foster Care:

- [Standard 2 - Understand your role as a foster carer;](#)
- [Standard 4 - Know how to communicate effectively;](#)
- [Standard 5 - Understand the development of children and young people;](#)
- [Standard 6 - Keep children and young people safe from harm.](#)

## Useful Information

- [Promoting the Education of Looked After and Previously Looked After Children;](#)
- [Special Educational Needs and Disability Code of Practice: 0 to 25 years: Statutory Guidance for Organisations who work with and Support Children and Young People with Special Educational Needs and Disabilities \(2014\);](#)
- [Designated Teacher for Looked-after and Previously Looked-after Children; \(DfE\);](#)
- [Keeping Children Safe in Education \(DfE\).](#)

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## 1. Introduction

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[Looked After Children](#) (LAC) may have experienced disrupted education due to changes in their placements. This can have an impact on how well they do and how they feel about themselves and school.

It is vital that a child's educational arrangements and needs are discussed with the child's social worker and your supervising social worker before the placement starts.

You play an important role in promoting education, including pre-school and providing a learning environment outside of educational settings for the child/young person.

### **Your role:**

- Keep nursery, school, alternative education or college informed of any significant changes and issues;
- Help the young person to express their concerns or aspirations and advocate on their behalf;
- Attend open evenings and any school meetings needed and encourage where appropriate parent's involvement;
- Provide uniform, equipment including a computer and appropriate financial support for trips and after school clubs;
- Establish clear expectations and support with attendance, punctuality, uniform, and completion of homework;
- Liaise with the school and other agencies including the child's social worker if non-school attendance is an issue;
- Support a child/young person to achieve their education or training goals;
- Encourage a child/young person to look at alternative education/placements, further or higher education or training;
- Have up to date information about progress and attendance;
- Contribute to the on-going assessment of the child's educational needs and progress including the support of the [Personal Education Plan \(PEP\)](#);
- Record any relevant information with regards to the child/young person;

- Speak to the child's social worker if you have any concerns.

## 2. The Personal Education Plan (PEP)

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The Personal Education Plan (PEP) allows the social worker, birth parent, foster carer and the Designated Teacher (DT) at the child's school/setting or, where the child has no school place, the Education Department, in conjunction with the child, to set out what needs to happen to meet the educational needs of the child.

The first PEP should be initiated by the social worker as part of the Care Plan before the child becomes Looked After (or within 10 working days in the case of an emergency placement), and be presented to the first Looked After Review meeting. Subsequently, the PEP should be reviewed termly. All LAC from the age of 3 to 18 years must have a PEP, whether or not currently in education. It provides essential information to ensure that appropriate support is in place to enable the child to achieve the targets set. It is also a record of the child's leisure interests and educational achievement. The DT chairs the PEP meetings and leads on how the PEP is developed and used in school to make sure the child's progress towards education targets is monitored, with the Virtual School Head (VSH) having a quality assurance role. Whilst it is acknowledged the VSH will not be able to attend all PEPs, the social worker should liaise with the VSH and school to decide when to hold it.

All of those involved in the PEP process at all stages should involve the child (according to understanding and ability) and, where appropriate, the child's parent and/or relevant family member. The PEP is an evolving record, and arrangements for the flow of information to develop, review and update the PEP should be in place to ensure the VSH, DT, foster carer, the child's IRO and, where appropriate, child and parent have a copy of the latest version of the document. The DT is responsible for making sure arrangements are in place for PEPs to be reviewed each school term.

The PEP should set clear objectives and targets for the child, covering the following:

- Chronology of education and training history which provides a record of the child's educational experience and progress, including information about educational institutions attended and the reasons for leaving, attendance and conduct record, academic and other achievements, any special educational needs, an indication of the extent to which the child's education has been disrupted before entering care or accommodation.
- Existing arrangements for education and training, including details of any special educational provision and any other provision to meet the child's educational or training needs and promote educational achievement.
- Any planned changes to existing arrangements and provision to minimise disruption.
- The child's leisure interests.

- The role of the appropriate person and any other person who cares for the child in promoting the child's educational achievements and leisure interests.
- The effective use of the Jersey premium in relation to the specific child's needs should be discussed as part of PEP Meetings. The VSH should make sure the Jersey premium funding for the LAC is fully accounted for and allocated to help meet the needs identified in the child's PEP.
- Details of who will take the plan forward, with timescales for action and review.

The PEP should:

- Identify developmental (including any related to attachment) and educational needs (short and longer term) in relation to skills, knowledge, subject areas and experiences/
- Include SMART short-term targets, including progress monitoring of each of the areas identified against development and educational needs.
- Include SMART longer-term plans for educational targets and aspirations. These should, according to age and understanding, typically focus on public examinations, further and higher education, managing money and savings, work experience and career plans and aspirations.
- Identify actions, with time scales, for specific individuals intended to support the achievement of agreed targets and use of any additional resources (e.g. the Jersey premium specifically designated to support the attainment of LAC).
- Highlight access to effective intervention strategies and how this will make/has made a difference to achievement levels

The PEP must include the contact details of the VSH.

### **Previously looked-after children**

The Children's Service also have a duty under The Children (Jersey) Law 2002 (Article 22) to promote the educational achievement of previously looked-after children (children who have been subject to a care order or been voluntarily accommodated) who qualify as per this law in their area by befriending and providing advice and support in relation education and training.

**Both Looked After and Previously Looked After Children are eligible for Jersey Premium funding.** This is additional funding provided to help improve the attainment of looked-after and previously looked-after children and close the attainment gap between this group and their peers. It is not a personal budget for individual children. The extra funding provided by this funding acknowledges the significant additional barriers faced by looked-after and previously looked-after children. The DT has an important role in ensuring the specific needs of looked-after and previously looked-after children are understood by the school's staff and reflected in how the school uses Jersey Premium funding to support these children.

The Jersey Premium funding is a key component in ensuring resources are available to support the child's Personal Education Plan and the plan should clarify what the support is and how it will be delivered.

### 3. When a Child Needs or Joins a New School

The choice of school requires close working between relevant people. It should be based on a discussion between the child's social worker, the birth parents and their foster carers. The VSH should be consulted to avoid choosing a school that is unlikely to meet the child's needs. LAC have been given the highest priority within school admission arrangements in Jersey. The VSH, working with education settings, should ensure the school/setting has implemented individual Jersey premium arrangements for LAC.

Schools judged to be 'good' or 'outstanding' should be prioritised for LAC in need of a new school. Unless there are exceptional evidence-based reasons, LAC should never be placed in a school judged by Ofsted to be 'inadequate', or 'requires significant improvement' (the Jersey equivalent as outlined in the Jersey Peer Review Framework).

The child's wishes and feelings should be taken into account and the suitability of the education setting tested by arranging an informal visit with the child.

Changes of school should be minimised to avoid disruption to the child's education and should not take place in the middle of a school year or in years 10 and 11, unless this is unavoidable - see Section 4 (below), Avoidance of Disruption in Education.

Notification - At least one member of staff in the school (the DT or the head teacher) must be informed by the social worker within 48 hours that the child is looked after and be provided with a copy of the child's current PEP. Other members of staff who need to know should be identified at the PEP meeting, taking into account the child's wishes concerning confidentiality.

Pupils with a Record of Needs - A change of school at any time should be discussed and agreed with the Head of Special Educational Needs. This needs to be planned for as early as possible.

In discussion with either the school or the SEN team, the child's social worker should ensure that he/she is aware of the current position with regard to the Record of Need (RoN), including any additional support provided and by whom.

The first PEP in a new school - A meeting should be held at the new school as soon as practicable. A new or updated PEP should be in place within the first 10 school days of a child joining a new school. Subsequent PEPs should correspond with the LAC review cycle.

The first PEP in a new school should:

- Identify the child's immediate and priority needs (e.g. English as an additional language, literacy support, behaviour management).
- Establish contact between residential staff/carer, school staff and social worker - the basis of a working partnership.
- Identify a named person for the day-to-day management of the PEP and agree who contacts whom about what.
- Establish boundaries of confidentiality.
- Share important information.
- Ensure records are forwarded from the previous school and/or carer.
- Agree a date for the next PEP review meeting and how and when the next full PEP is going to be drawn up (this needs to take account of the looked after review cycle because the PEP has to be ready before or at the review; but also term dates, parents' evenings, school target setting days, IEP reviews, annual reviews of the Record of Need etc.)

The completed PEP should be distributed to those invited to the meeting and the child's IRO.

#### 4. Avoidance of Disruption Whilst at School

There is a need for all services for children to work together to promote continuity of care and education for LAC. In so doing, care and education provision needs to be considered together, recognising that secure integration into school life is a major contributing factor to the maintenance of placement stability and the healthy development of personal identity and friendships. The Children's Service will strive to ensure that a child in its care does not experience unnecessary placement changes. For those who cannot return home, it will endeavour to find a permanent placement and appropriate school enrolment for each child as soon as practically possible.

The child's wishes and feelings must have been ascertained and given due consideration. These should sit alongside expectations as follows:

- In the case of an emergency and/or where the placement is terminated because of an immediate risk of serious harm to the child or to protect others from serious injury. In those circumstances, appropriate arrangements must be agreed to promote the child's educational achievement as soon as reasonably practicable.
- The wishes and feelings of the parent(s) have been ascertained where the child is accommodated (where possible) and where appropriate when the child is subject to a Care Order.
- The proposed educational provision will promote educational achievement and is consistent with the PEP.
- The IRO has been consulted.
- The DT at the child's school has been consulted.

Specific consideration should be given to the need to maintain a consistent and stable school experience for LAC and in particular in KS4, which is a pivotal period for ensuring successful progression to post 16 opportunities.

## 5. When a Child Moves to a New Local Authority

If the child is to be placed in the area of a different local authority and therefore needs a new school, efforts to obtain a school place should (unless it is an emergency placement) begin well before s/he moves to a new placement. The relevant Education Officer and, if appropriate, a member of the SEN team, should be provided with a full educational history and asked to assist in the search for a school place. Whenever possible a child should not be moved to a new placement until s/he also has a school place.

Pupils with a Record of Needs Where a child has a RoN, it must be transferred – according to the Jersey Code of Practice. The Department for Children, Young People, Education and Skills must send a representative to attend annual reviews of all LAC placed off-island to confirm that the arrangements outlined in a RoN are being delivered and that the pupil is making satisfactory progress. Wherever possible, annual reviews will be arranged to take place at the same time as other meetings (e.g. PEP reviews).

## 6. Celebrating a Child's Achievements

A child's educational (and other) achievements should be acknowledged at one or more of the following times: at looked after reviews; in the PEP; at school-based meetings; in school reports and after exams.

### **Recording a Child's Achievements**

A LAC's educational attainments at Key Stages 1-3, GCSE, A Level and GNVQ should be recorded, including on the electronic record and in the PEP.

## 7. Safeguarding in Schools

Looked After Children are a vulnerable group. Staff, in the school, should all be aware of the systems in place that will support safeguarding. The aim of safeguarding and promoting the welfare of all children in education should be:

- Protecting them from maltreatment;
- Preventing any impairment of their health or development;
- Ensuring they are growing up in circumstances consistent with safe and effective care;

- Being proactive in enabling them to experience positive outcomes.

There should be staff (usually the DT or the SEN coordinator) who will be able to share with you information about:

- The school's child protection policy and procedures;
- The Data Protection Act (GDPR) and safeguarding;
- The child behaviour policy;
- The staff behaviour policy (code of conduct);
- The safeguarding response to children who go missing from education.

They will also explain that staff must report any concerns regarding Female Genital Mutilation (FGM).

## 8. When a Child is Absent from School

You must notify the school and the child's social worker and school immediately if the child does not attend school for any reason.

If the child has been absent from school for more than 10 days, the social worker should talk to you, the school and the child, and any other relevant person to understand:

- The reasons for the absence;
- How to ensure the child returns to school or education;
- Whether and how the child can be helped to catch up on what they have missed.

If the child is missing, also read [My Foster Child is Missing](#).

## 9. Holidays and Short Breaks

You should talk to your supervising social worker if you are planning a holiday or short break during term time. It is most unlikely that the local authority responsible for the child in placement with you will agree to the child being taken out of school, except in the most exceptional of circumstances. TACT supports the local authority and school in expecting the child to take full advantage of their education, particularly as their education may have been severely disrupted in the past.

## 10. School Exclusions

The suspension of a LAC requires serious consideration since suspension may have a significant impact on their home lives and in some circumstances lead to a change in placement because of additional pressures on carers. Where a school has concerns about a LAC's behaviour the VSH should be informed and, where necessary, involved at the earliest opportunity. This is to enable the VSH, working with others, to:

- Consider what additional assessment and support (such as additional help for the classroom teacher, one-to-one therapeutic work or a suitable alternative placement) needs to be put in place to address the causes of the child's behaviour and prevent the need for exclusion.
- Make any additional arrangements to support the child's on-going education in the event of an exclusion.

Where a LAC is excluded from school, the child's social worker must inform the child's IRO.

If a LAC has escalating behaviours, the DT should schedule a multi-agency meeting, which includes the VSH, within 5 working days to explore possible causes and solutions. This should allow partners the opportunity to review the PEP and minimise risks. In most cases, it will be appropriate to work through the risk assessment process.

Suspensions - Head teachers should, as far as possible, avoid suspending any LAC. Exclusion from school should be a last resort for children who are looked after; therefore, it is important to work with the school and carers to intervene as soon as a child's behaviour becomes a cause for concern.

The school will communicate the reasons for the exclusion to the residential staff/carer and the social worker. Whoever is the most appropriate one to do so will discuss this with the child. The social worker should inform the parents, if appropriate.

When a LAC is suspended, schools must provide the keyworker support to ensure the pupil's continued access to statutory education. The pupil remains the responsibility of the mainstream school and will be provided with a base at La Sente.

The social worker, in consultation with the child and parents, must seek advice as to whether to appeal against the decision to exclude the child.

If a LAC is suspended for up to 2 days, schools are required to arrange a 'return to school' interview no later than the morning of their return date. If suspended for 3 days or more, the 'return to school' interview should take place within the period of suspension.

Permanent exclusions - A Head teacher cannot permanently exclude a looked after child. Instead, a multi-agency meeting including the LAC's social worker and carers, VSH, IRO, representatives from Inclusion and Early Intervention Service and other agencies should be convened and a plan agreed and alternatives considered.

## 11. When a Young Person Becomes Pregnant

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Becoming pregnant is not in itself a reason to stop attending school, nor to cease education.

Where a young person becomes pregnant, the social worker must ensure that the young person remains in education if at all possible and arrange for her to receive support from the States of Jersey/ local authority for the area in which she lives and/or the school she attends.

## 12. School Transport

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In order to maintain continuity of school, it is expected that if a child comes into care he/she continues to stay at the same school. Any issues related to transport to and from school should be discussed with your supervising social worker and the child's social worker. And a decision will be made taking into account the child's age and the distance from the child's address to the school.

# Contact Between the Child and their Family and Others

## Standards & Regulations

Fostering Services National Minimum Standards (England) 2011:

- [Standard 1 - The child's wishes and feelings and those significant to them;](#)
- [Standard 9 - Promoting and supporting contact.](#)

Training, Support and Development Standards for Foster Care:

- [Standard 2 - Understand your role as a foster carer;](#)
- [Standard 4 - Contact between the Child and Their Family.](#)

See also:

- [Babysitters, Day Care and Overnight Stays;](#)
- [What Decisions can I Make?](#)

For many children, relationships with family members, previous carers, friends and others are valued. Contact can be very important in helping children develop their sense of identity and understand their lives.

Research says that maintaining links between a child and their families increases the possibility of them returning to their family home.

Contact with family and friends will be set out in the [Placement Plan](#). This will detail where, when and how contact will take place including whether it will be supervised. Contact may take place in the foster home or somewhere else depending on what might be best for all those involved.

The child's social worker will provide you with the necessary information including any assessment of risk for those involved. The child's welfare is the paramount consideration at all times. The needs, wishes and feelings of the child are also important when planning contact and should be gathered. This may involve using advocacy or other ways to

understand the child's views. It may be useful to find out how they communicate with others (this may include mobile phones or other social networking sites and apps and consoles such as Xbox or Play Station) so that this can be taken into consideration and an agreement reached about how safely to do this.

The fostering service, through your supervising social worker will give you practical advice and support including financial help where needed to make sure contact is appropriate and safe.

Face to face meetings and visits will generally be the best way of maintaining relationships, but other means such as letters, phone calls, photograph exchanges, cards etc. can also play a part.

You should also talk to the child's social worker to explore how electronic media can support positive relationships for children. Children should be supported to ensure they are safe online rather than this form of contact being avoided.

It is important that children from a dual heritage background or who are not a cultural match but placed with you, maintain their links with their family, friends and community so that their cultural history is encouraged, developed and valued.

It is not unusual for children to ask to have contact with relatives or friends they may have lost touch with before becoming Looked After. If this happens, speak to the child's social worker.

You should record the behaviour and reaction of the child before and after contact. This may identify patterns, which can contribute to future decision making.

You should discuss contact in your supervision meeting with your supervising social worker so that problems can be identified and hopefully resolved.

Contact can increase a child's sense of security when the people who are important to them are comfortable with each other. This can also help parents and other family members to feel less awkward and threatened.

The child may be allowed to visit their birth parents at home. These visits, which may include staying overnight, must be planned in advance, with the child's social worker.

Sometimes the child may appear anxious and upset by a visit. This may be because the visits:-

- Remind them of feelings of loss and separation;
- Remind them of feelings about past experiences;
- Highlight feelings of divided loyalties.

If you have any concerns at all, you must speak to the child's social worker.

## **Confidentiality**

Working with birth parents is an important part of fostering. A vital element of this is trust and confidentiality.

In sharing the care of a child, you will receive a lot of confidential information which you may need to share with those closest to you, discuss this with the child's Social Worker or your supervising social worker in the first instance.

You may also talk to other carers about children you are caring for perhaps in general or to seek support. You should remember to treat any discussions in confidence and children should never be specifically identified or named.

## **Problems with Contact**

Contact can cause distress and upset for a child/young person and you are often the person who has to deal with this when a child feels confused, angry or disappointed. You may also have mixed emotions when this happens. You should be offered practical support your supervising social worker (SSW), including financial help if needed to support appropriate contact.

You may feel that the family is letting the child down, but there could be many reasons for this.

- The family may feel guilty or angry that their child is in foster care;
- A child may have been placed in an emergency when the family was experiencing problems;
- Parents may feel angry that their children are living with you if this against their wishes and resent having to comply with plans they don't agree with;
- Parents can also worry that you will take their place in the child's life and may have heard in the media about foster carers wanting to adopt fostered children;
- Parents may also feel they have let their child down which can impact on their motivation and reliability.

These reasons and feeling can lead to parents behaving in ways which appear inappropriate during contact. They may be very emotional, give the children unrealistic messages or make promises they are unable to keep.

Understanding the parents experience can help to make sense of the situation for the child as well as the family.

Any restrictions on communication by the child with their parents should be agreed by the child's social worker and reviewed alongside the child's wishes and feelings.

If you feel that changes should be made to contact to protect the child from [Significant Harm](#) the child's social worker should be told immediately or within 24 hours. If the child returns from contact and you are concerned in any way about something that has been said or done particularly if you think it has harmed the child in anyway, you must report this to the child's social worker or a duty worker in their office immediately or within 24 hours.

# Children with a Disability and those Children who May Need Special Medical Help

## Standards & Regulations

Fostering Services National Minimum Standards (England) 2011:

- [Standard 1 - The child's wishes and feelings and those significant to them;](#)
- [Standard 6 - Promoting Health and Wellbeing.](#)

Training, Support and Development Standards for Foster Care:

- [Standard 2 - Understand your role as a foster carer;](#)
- [Standard 3 - Understand health and safety, and healthy care;](#)
- [Standard 5 - Understand the development of children and young people.](#)

Also see [First Aid and Medication](#).

[Special Educational Needs and Disability Code of Practice: 0 to 25 years: Statutory Guidance for Organisations who work with and Support Children and Young People with Special Educational Needs and Disabilities \(2014\)](#)

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1. [Introduction](#)
2. [Caring for a Child](#)

### 1. Introduction

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This chapter talks about children who have disabilities and those who have complex health needs. There are too many types of disability and complex health needs to list here but you must remember that if you are caring for a child with these needs, there will be at least one professional who has a clear idea about what the disability is and what it means for the child to function on a day-to-day basis.

Sometimes a child or young person may have been given a label like 'autistic' by somebody and this might not be accurate so you need to work with the other people involved with the child to understand better what this means and what they are really like.

Disabled people often find that their disabilities are the first and only thing that people notice about them and you must remember that the child or young person should be thought of first before the special need that they have.

## 2. Caring for a Child

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The sort of help that children with a disability need are:

- Help with physical disabilities like mobility issues;
- Help with learning difficulties and social disorders such as those on the Autistic Spectrum;
- Sensory impairments (e.g. partial sight).

The sort of help that children with complex health need are:

- Special medication and dealing with things like epilepsy;
- Help with breathing, eating and other daily functions like using the toilet and bathing.

Some children may need help in both of these categories. Some children have entitlements to benefits that are not affected by being in a foster home. See [Money Matters and Insurance](#).

Where a child needs special help, you should be in a position to provide this. This means that these things should be in place before the child moves in:

- You may need special training from a suitably qualified medical professional. This could include giving special medication or treatment and understanding the child's needs;
- You should be provided with suitable equipment such as a hoist or a special car seat or wheelchair;
- Where there are risks around manual handling, risk assessments should be completed.

It should also be clarified as to what equipment the child may bring with them and what else they may need.

When considering caring for a child with a disability, you need to be given full information in order to be clear whether you can meet their needs. You must be approved to care for these children before they can be placed. Once you have decided to take the child, the Placement Planning meeting should detail all the support including medical needs the child has. It should be clear what decisions you can make regarding the child's day-to-day life including medical decisions.

All children with a disability should have an assessment which identifies the help that they need to get the best out of going to school, pre-school and college. You should know what this says before a child is placed.

Many children with disabilities need continuing services throughout their lives.

Assessment should take a long-term perspective. This will help you, the birth family and professionals to make decisions about the kind of help needed, at different points in time, for example with education, respite or other services.

Your supervising social worker or the child's social worker should help you to identify appropriate support and advice from relevant agencies including following their interests and taking part in activities they are interested in.

You should make sure they have all they need to reach their potential and lead as full a life as possible.

# Promoting Positive Behaviour

## Standards and Regulations

Fostering Services National Minimum Standards (England) 2011:

- [Standard 3 - Promoting Positive Behaviour and Relationships.](#)

Training, Support and Development Standards for Foster Care:

- [Standard 2 - Understand your role as a foster carer.](#)
- [Standard 3 - Understand health and safety, and healthy care.](#)
- [Standard 5 - Understand the development of children and young people.](#)

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## 1. Introduction

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Children learn how to behave by watching, listening and talking to the adults who care for them. Children develop their morals and values from what they observe of how adults treat others.

Children need clear boundaries and consistent rules. You should have high aspirations of a child/ young person placed with you and be clear about what is acceptable and not.

You are expected to understand, manage and deal with young people's behaviour including encouraging children to take responsibility for their behaviour and helping them to learn how to resolve conflict.

## 2. Helping the Child/Young Person to Settle in

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Since your foster child is new to your home, they will not know or understand your rules unless you explain them. You will need to be mindful of the child's background and early life experiences when setting boundaries and expectations.

It is important that the child is treated consistently by everyone who is dealing with them, particularly when there are two carers.

Everyone needs to agree on an approach and stick to it. Depending on the age of the child, it is useful for them to be involved in conversations about what behaviour is accepted and when appropriate to consider possible consequences. Ongoing communication is really important and can be helpful as you start to get to know each other.

## 3. Ways to Encourage Positive Behaviour

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It is easy to only notice difficult behaviour, but by praising good behaviour it encourages the child/young person to do this more. This is an effective method of managing behaviour used by childcare professionals.

The child needs to be aware of what they did well and when and should be told as it is happening, not later or after the event.

You should record behaviour as per the recording policy to help you and other professionals understand it. You should also as part of your mandatory training have undertaken Record Keeping Training.

There are many techniques for helping to manage children's behaviour but remember, children and young people respond best to people that they like and respect and regardless of which technique you use, a positive relationship is the key to helping them to behave positively.

One technique is the use of star charts, which can be effective for young children. They must be set up as a reward for the hard work a child puts in. They must also be geared to a child's age.

Older children and teenagers can have similar systems. It may be useful to talk to them about what they would really like and set something up that rewards them for positive behaviour.

As a child/young person gets older they need to understand the consequences of their behaviour and take some responsibility for it. You might find that giving rewards at both agreed and less specified times when you think that they are deserved can be the most effective way to encourage good behaviour. It is also useful to try and talk to a child when they are calm about a situation that may have happened, to not only try and understand it but agree how it may be different in the future.

## 4. Understanding Challenging Behaviour

A child/young person placed with you may be at a low point in their lives. They are vulnerable and may 'act out' their feelings.

This may show itself in ways such as bed-wetting, stealing food or money, being rude or aggressive, destructive or running away.

You should talk to the child/young person to check out their reasons for the behaviour and discuss the situation with the child's social worker and your Supervising Social Worker to agree how the behaviour can be best managed.

Sometimes the child or young person might not understand the reasons that things are going wrong for them and they might need your help to make sense of what is happening. Children who have experienced emotional trauma may not be able to respond to reasoning or guidance in a positive way. Patience, acceptance and consistency by the foster carer is most important.

Remember that children and young people often do things wrong because of their age and understanding and these things are hard to help or to iron out. Examples of this might be clumsiness, sleeping in and being grumpy. On the other hand, their experiences might leave them behaving badly and until you both recognise this, it will be hard to change.

All children need rules and boundaries but these should be focused on keeping them safe.

Try not to burn your bridges with threats and sanctions - use these little and often and when you feel they will be most effective.

Praise and positive responses often go a lot further than sanctions. Remember that body language and the tone of your voice can sometimes make things worse, e.g. if you raise your voice they may also.

## 5. Dealing with Unacceptable Behaviour

Most children present behaviour that needs to be responded to with some form of discipline at some point. Because of their formative experiences, some children may display very challenging behaviour.

Foster carer training, support and care planning should equip you with a range of positive strategies for managing challenging behaviour and discipline that is appropriate. Remember, in managing any unacceptable behaviour, it is the behaviour that is not acceptable and not the child.

Within the Foster Care Agreement signed by you, you have agreed not to use any form of corporal punishment. The term 'corporal punishment' should be taken to cover any intentional application of force as punishment including smacking, slapping, pinching, squeezing, shaking, throwing missiles, rough handling and all other humiliating forms of treatment or punishment. Jersey is also to introduce a law that parents/carers cannot use physical punishment against children in any form. Parents/carers are at risk of prosecution if they use such intervention and are also at risk of the children they care for being removed from their care.

Similarly, restriction of contact visits to and from the birth family and friends must not be used as a punishment, nor withholding receipt or sending of letters or phone calls.

Children and young people must not be stopped from getting in touch with their social worker, Children's Guardian or advocacy worker.

There are many different techniques used to help children and young people with behavioural problems. Examples such as positive reinforcement and contracts are all based on some sort of negotiated agreement between a carer and child or young person.

In order for the technique to work the adult must give clear messages, be consistent, be persistent, watch what happens, draw conclusions, and decide what must change.

This guidance does not prevent a person taking necessary physical action, where any other course of action would be likely to fail to avert an immediate danger of personal injury to the child or another person, or to avoid immediate danger to property. Your approval range may qualify for you to undertake MAYBO de-escalation training (please ask your SSW).

## 6. Calming a Distressed Child/Young Person

Sometimes children become so excited that it affects their behaviour. You may need to take them to one side and tell them that they are going to remain there until they feel able to behave properly. Time-out must be age appropriate and should not be used to increase distress in a child.

A bedroom is not an appropriate place to use for punishment or time out.

With many children it is sometimes easier to remove yourself from a situation to prevent further escalation and promise to return when they have calmed down.

[Looked After Children](#) should not receive any physical/corporal punishment. The [Foster Care Agreement](#) you sign when you became a foster carer states that this is not acceptable and it is also against the Law in Jersey. The children you will care for may have frequently suffered [Sexual](#), [Physical](#) and [Emotional](#) abuse. Therefore, it is important that you teach children about love and care rather than anger and violence. It is the behaviour that is not acceptable, not the child/young person.

## 7. Serious Incidents and Physical Intervention

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If a serious incident such as an accident, violence, assault or damage to property takes place, you should do what is needed to protect children/yourself from immediate harm, and then notify the fostering service immediately or if out of office hours the on-call duty manager for the Children's Service through the hospital switchboard on tel. 442000.

You should not use any form of [Physical Intervention](#) except as a last resort to prevent you or others from being injured or to prevent serious damage to property. Some carers receive training on understanding behaviour and physical intervention but the rule above still applies in these situations.

If any form of [Physical Intervention](#) is used, it must be the least intrusive to protect the child, you or others.

At no time should you act unless you are confident of managing the situation safely, without escalation or further injury.

You should endeavour to deal with as many as possible of the challenges that are involved in caring for children without the involvement of the Police, who should only be involved if:

- An emergency occurs that requires their immediate involvement to protect the child or others;

Or

- Following discussion with your supervising social worker or their manager;
- The Out of Hours duty manager.

If any serious incident occurs or the Police are called, the child's social worker and your Supervising Social Worker must be notified without delay. If the incident is out of normal office hours, you must contact the duty on-call manager. You must provide a full written report of the incident and actions taken using the incident/accident report form in your record keeping pack and in accordance with the recording policy for foster carers.

# Relationships and Sex

## Standards & Regulations

Fostering Services National Minimum Standards (England) 2011:

- [Standard 1 - The child's wishes and feelings and those significant to them;](#)
- [Standard 6 - Promoting Health and Wellbeing;](#)
- [Standard 8 - Promoting Educational Attainment.](#)

Training, Support and Development Standards for Foster Care:

- [Standard 2 - Understand your role as a foster carer;](#)
- [Standard 3 - Understand health and safety, and healthy care;](#)
- [Standard 5 - Understand the development of children and young people.](#)

See also:

- [www.brook.org.uk](http://www.brook.org.uk) - information, facts, games and advice on contraception and sexual health;
- [www.nhs.uk](http://www.nhs.uk) - general health information and signposting to local health services;
- [www.parentlineplus.org.uk](http://www.parentlineplus.org.uk) - information and advice for parents/carers.

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### 1. Introduction

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Sexual Development is a crucial feature of the teenage years for all teenagers, and nowhere more so than for young people who are in foster care. This is partly because young people in foster care may have experienced sexual abuse, sexual exploitation or other forms of inappropriate sexual experience. In addition to this, however, what might be called normal sexual development may be derailed as a result of trauma, dysfunctional attachments or developmental delay. This creates a major task for the foster carer.

Young people in foster care will be especially in need of good education about sex and relationships. Even if information has been provided in school, young people may need to be supported by foster carers to make sense of that, and to be able to ask about issues that may be worrying them in a safe environment.

When we talk about relationships and sex it can often feel like quite a difficult subject. What you need to remember is that this subject covers many things including friendships, body parts and body changes.

Topics such as consent in sexual relationships, bullying and peer pressure, and the legal framework relating to sexual relationships may all need to be acknowledged as those on which people need appropriate guidance..

You should ensure that as part of the [Placement Plan](#) you are clear of any family values or religious beliefs that underpin this subject. A parent may express wishes about their child's sex education, which should be taken into account, but your over-riding aim must be to safeguard a young person's health and well-being.

## 2. Talking About Relationships and Sex

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Age-appropriate conversations about relationships should begin early in a child's life and continue as they grow up. However, if a young person is placed with you as an older teenager, it's never too late to talk about sex. All children need communication, guidance, and information about these issues, even if they sometimes don't appear to be interested in what you have to say. They may come across a lot of inappropriate information on the TV, radio or internet so the need to be able to check what is right and what is wrong.

Remember to talk to both girls and boys and do not assume if there are two carers the other is doing it. Both carers should be involved in these conversations.

Many young people in foster care will be uncertain or confused about their sexual identity and orientation and for some their gender may be causing them anxiety or distress. It is important not to judge or be dismissive in conversation with the young person. Your personal views are not relevant to your role in supporting the young person to talk, avoid risk, seek help and make informed decisions.

Discussing relationships and sex can be more complex if the child/young person has been sexually abused. They may blame themselves and have confused feelings about the purpose of sex. You may need to work closely with other professionals including the child's social worker to ensure they are clear on appropriate relationships and sexual behaviour, and to rebuild self-esteem and develop trusting relationships.

You should try to not to project how you feel about the subject onto the child, so if you cringe when asked a question, the child may also shut down or be unsure what this means.

Research says that if parents/carers talk to children about this subject they are more likely to delay having sex and use contraception when they do.

Effective relationship and sex education at home and at school is essential if young people are to make responsible and well-informed decisions about their lives and resist peer pressure.

Schools are required to provide relationships and sex education as part of the curriculum for all children and young people. School programmes are based on national and local guidelines and take place both at primary and secondary level. Sometimes you will be automatically notified by a child's school of what they are planning to deliver, if not you should try to find out when programmes are being introduced so that you are prepared for any questions they may have.

When young people do come into care following sexual exploitation or sexual abuse. It is all too easy to label them as 'victims' or as 'being at risk;'. This is not helpful, since it ignores the differences between young people's reactions to these experiences and their capacity to manage these effects. We need to recognise the different perspectives that young people bring to this issue. We should underline the importance of seeing young people as individuals who have resources and capabilities. Building on the strengths of the individual can be the most helpful way of mitigating risk.

Sexual health is likely to prove one of the most difficult areas for foster carers to manage. Some feel that they are not equipped to discuss sex with troubled teenagers, and that they do not have the background and experience to handle such sensitive issues in an appropriate manner. It is here that training, the provision of suitable resources, supervision from the supervising social worker and peer support are important.

### 3. Useful Tips

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Some useful tips;

- Start early, don't feel you need to know it all, but if the child asks you a question and you don't know the answer say you will get back to them and make sure you do. Answer questions simply if asked - e.g. what is a condom? It stops ladies from having babies;
- It is always best to check out what a child/young people know, so if they ask you a question, ask them what they think it means;
- Do not wait for them to raise the subject. You could talk to a young person about something that has been on the television or in the news to get their views. This should also cover topics such as friendships, respect and trust;
- Find books, leaflets or appropriate websites dependent on age for the child to look at, or look at them together;
- Find out where local services are that can help. Contact The Jersey Youth Service for guidance or look on-line for more information;
- Try to be truthful as stories about storks can be confusing and will need to be changed later.

#### 4. My Foster Child Thinks They Want a Baby

Some young people may have a strong desire to have a baby. They may think by doing this they can create their own family which could offer love and stability. It may be useful to seek support from their social worker or your supervising social worker about how to deal with this. They could help you identify possible agencies that may be able to advise you. They may look at exercises such as:

- How they plan to support a baby emotionally and financially;
- What are the day to day costs needed to care for a baby;
- Experiencing what it is like to care for a baby;
- What do they want for their children?

You should talk to the young person about waiting to have children until they finish school, have a job, and a committed partner. Encourage them to aspire to something before they have a child so they can provide appropriately for all their futures.

#### 5. Contraception and Pregnancy

Whilst not encouraging it, it is understood that young people may engage in sexual activity, some before they reach the age of consent which is 16. You should speak to your supervising social worker and the child's social worker to agree what steps to take to reduce the risk of pregnancy or infection, including contact with a sexual health service. As a foster carer you should not give advice on contraceptive choices, the sexual

health services are trained to do this. A child under the age of 16 years can ask for contraceptive advice without the consent of a parent or guardian.

If a young person you care for or know is suspected or known to be pregnant or have a sexually transmitted infection, you should speak to your supervising social worker, who should consult the child's social worker to decide on the actions that should be taken as soon as possible.

Children under the age of 13 are deemed unable to give consent to any sexual activity. If you are concerned that a child placed with you has engaged in sexual activity, this must be referred to the child's social worker or representative of The Children's Service without delay under the Jersey Safeguarding Partnership Board Child Protection Procedures (these can be accessed online at <https://safeguarding.je/policies-strategies/>).

Issues of confidentiality are vital in promoting positive relationships and sex education. The main principle regarding confidentiality is that you should not tell anybody someone's personal information, unless failure to do so would put them at risk or suspected risk. Young people have a right to expect that those who work with or care for them respect their privacy.

If you are concerned that a young person is being abused, exploited or at risk of [Significant Harm](#), you should encourage them to agree for you to do something that will protect them.

If they do not agree, and you are still concerned, then you should share the information without their consent. The Jersey Safeguarding Partnership Board Child Protection Procedures must be followed at this stage.

# Alcohol, Drugs and Smoking

## Standards and Regulations

Fostering Services National Minimum Standards (England) 2011:

- [Standard 5 - Promoting Educational Attainment.](#)
- [Standard 6 - Promoting Good Health and Wellbeing.](#)

Training, Support and Development Standards for Foster Care:

- [Standard 2 - Understand your role as a foster carer.](#)
- [Standard 3 - Understand health and safety and healthcare.](#)
- [Standard 5 - Understand the development of children and young people.](#)

See also:

- [Talk To Frank.](#)
- [NHS Choices.](#)
- [Electronic cigarettes – NHS.](#)
- [Drinkaware.](#)

Remember there are many misconceptions about young people in today's society. They will not all be smoking, drinking or taking drugs, if you have any worries you should speak to the child/young person's social worker or your Supervising Social Worker. This is really important if you think that drinking or the use of drugs has become a habit, or if a young person has had an excessive amount to drink - i.e. more than you might expect a person of their age to experiment with.

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1. [Alcohol](#)
  - 1.1 What to do if a child or young person is drunk
  - 1.2 The legal position and alcohol
2. [Drugs and Substance Misuse](#)

### 3. [Smoking \(including e-cigarettes\)](#)

## 1. Alcohol

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Foster carers should ensure that young people are educated about alcohol. It is accepted that the more that young people know, the more likely they are to make good decisions about how to deal with smoking, drinking and the inappropriate use of drugs. It is good to talk about this subject so that you can give the right messages and information.

Changing the way that people behave with alcohol and drugs is partly dependent on persuasion, so it is really important that channels of communication are kept open. This does not mean that you approve of what the young person might be doing.

Children should never be given alcohol by foster carers. As foster carers you need to set an example of appropriate use of alcohol and within acceptable limits. You may also need to consider any religious or cultural issues for children you may foster, as well as reflecting if alcohol might have been a negative feature of their home life.

### 1.1 What to do if a Child is Drunk

Where you suspect that a child/young person has had alcohol, depending on how much they think they have drunk, you may need to:

- Offer fluids - water, squash;
- Monitoring and check the child/young person - 10 minutes, 30 minutes, hourly, etc. especially if they go to sleep;
- Contacting health professionals for advice i.e. G.P.
- Consider hospital treatment.

You should never ignore a child/young person who appears drunk or under the influence of another substance. Make sure that:

- If a young person has drunk alcohol it is recorded;
- You are clear about a young person's religious or cultural beliefs as they may forbid the use of alcohol;
- The young person is aware of the possible conflict between taking prescribed medication and drinking alcohol;
- You are aware of the amount of alcohol in your home and ensure that the quantity is regularly checked;
- You understand that young people may have had bad experiences of people getting drunk and so may become anxious if you drink.

## 1.2 The Legal Position and Alcohol

See: [GOV.UK website](#).

## 2. Drugs and Substance Misuse

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Foster carers do need to have a good understanding about drugs and substances in order to respond appropriately and competently to young people that they are caring for.

All young people can be tempted to experiment with drugs, no matter where they come from or their background. Some children and young people will be in foster care because of substance misuse in their family and this may inform how they feel about drugs and their knowledge of the use of drugs could be extensive.

Substances are any substances, whether restricted or prohibited, which may have a harmful effect upon a child, such as:

Aerosols, Gas, Glue, Magic Mushrooms (Amanita), Petrol, Solvents and Amphetamines, Barbiturates, Cannabis, Cocaine, Hallucinogens, Hashish and Heroin. This can also include alcohol, cigarettes and tobacco.

It also includes psychoactive substances, which can cause a very similar range of problems to the drugs which they mimic, including a risk of dependence developing with repeated use. Some appear to be more dangerous even than the traditional drugs they mimic.

See also:

[Frank - New Psychoactive Substances](#)

[Frank - Drugs A-Z](#).

[Frank regarding drugs and the law](#).

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

Some possible indications of drug abuse are:

- Sudden changes of mood;
- Irritability;
- Loss of appetite;
- Increased appetite - possible want sweet things more;

- Drowsiness or sleepiness;
- Evidence of telling lies;
- Unexplained loss of money or belongings;
- Unusual smells, stains or marks on the body, clothes or around the house.

Many of these signs are easily confused with normal growing up. It is vital that you do not make it a taboo subject but perhaps use opportunities such as stories in the media and on TV to start conversations.

It is important not to jump to the wrong conclusion, but speak to the child's social worker or your Supervising Social Worker if you are concerned. They may arrange for you to have further on-line training to enhance your knowledge of this subject area or seek advice from professionals who specialise in working with young people on these issues. Access to these services should be done in conjunction with the child's social worker. You could be held responsible for any illegal drugs that are kept in your home so having clear boundaries about drug use is important.

Young people often have access to a range of domestic products that are harmful and potentially fatal to them when inhaled. You need to be vigilant with young people around aerosol products, nail varnish, corrective fluid, glues etc.

Training can be provided by the fostering and adoption team; speak to your Supervising Social Worker.

### 3. Smoking (including e-cigarettes)

Not all young people will smoke and some may have a period of just trying it, but they can quite quickly become hooked on cigarettes. This guidance applies to the use of tobacco as well as e-cigarettes.

Some children/young people placed with you may already have a smoking habit. You should support and encourage young people to reduce or stop smoking. You can get support from the Looked After Children's Nurse or the young person's GP. The States of Jersey also has the Help2Quit stop smoking service, details of which can be found at [www.gov.je](http://www.gov.je)

Remember:

- It is against the law for retailers to sell cigarettes/cigarette papers, tobacco, electronic cigarettes (e-cigarettes) or e-liquids to someone under 18;
- Rules about when, where and by who is allowed to smoke should be clear;
- To be a positive role model to children/young people;

- To raise awareness of the effects of smoking and tobacco use and how to live a healthy lifestyle.

Your role is to:

- Consider your own health, your family and fostered children. If you are offered smoking cessation support, you have a duty to consider taking up the service;
- Be mindful that your behaviour provides a role model for the children in your care and consider the effect of smoking on children;
- Never buy cigarettes or materials used for smoking for children/young people in your care and cigarettes must never be used as a reward for good behaviour;
- Put in place household rules about smoking, making these clear to young people (appropriate age) placed with you;
- Never smoke in your car when carrying someone who is under 18. The rules don't apply to e-cigarettes (vaping) however as the effects of this are unknown, the fostering service views this in the same way as smoking and would recommend you do not do this with children present.

More information on alcohol and drug use in Jersey:

<https://www.gov.je/health/alcoholdrugs/Pages/index.aspx>

# Identity

## Standards and Regulations

Fostering Services National Minimum Standards (England) 2011:

- [Standard 2 - Promoting a positive identity, potential and valuing diversity through individualised care.](#)

Training, Support and Development Standards for Foster Care:

- [Standard 1 - Understand the principles and values essential for fostering children and young people.](#)
- [Standard 2 - Understand your role as a foster carer.](#)
- [Standard 4 - Know how to communicate effectively.](#)

Also see [Keeping Memories](#).

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### 1. Introduction

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In order to understand other people's identity we need to understand our own. This helps us to identify whether there are differences between us and the children that we care for and their families and whether there are gaps that can be bridged. You and your family should try and spend some time thinking about this before you start caring.

A person's identity is important particularly for black and minority ethnic children and can be made up of a mixture of the things below;

- How we look including our skin colour;
- How we dress;
- How we sound and the language that we speak;
- Our views;
- Our family values and traditions;
- Our religious beliefs;
- Our family history and background;
- How we form relationships, including our sexual orientation.

It is important for you to develop and promote a child/young person's identity. It is vital that you uphold and develop the child's identity particularly when they are not living with their own family or else it will weaken their sense of who they are.

Within our own culture we often do this without thinking or meaning to by assuming that what we do is the same as everybody else. The way in which we celebrate Christmas is an example of this.

Our understanding is helped by understanding the child/young person's background and should be addressed in the [Placement Plan](#) at the start of their placement about how this will be done.

Where children are placed with you from different backgrounds or cultures, the fostering service will provide additional training, support, and information. This will make sure that the child/young person receives the best possible care to develop a positive understanding of their background and heritage.

## 2. Culture

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

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

Sometimes conflicts arise in foster homes between the way you are used to living and the ways that the child/young person is used to. Dilemmas arise about what is the right thing to do. When a young person doesn't want to follow the way that is expected of them there are rarely easy answers when sorting these problems out. Examples can be as

simple as eating at the table, or religious observance. You should talk to the child and their family (where appropriate) to try and understand what their views are and find a way forward. Your Supervising Social Worker and/or the child's social worker can also provide help.

### 3. Language

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It is possible that a child whose first language is not English may be placed with you.

Language is an important part of a child's identity and culture. Every effort should be made to preserve a child's linguistic and communication skills; otherwise they may lose a large part of their culture.

If you need more information or advice about a child's cultural and linguistic needs contact the child's social worker or your Supervising Social Worker.

You should look for ways in which you can promote the child's identity. Discuss this with your Supervising Social Worker and the child's social worker. This information will be important should the child return home or move to another carer.

### 4. Religion

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The religious upbringing of a Looked After Child is very important.

The right to determine the child's religion is one of the rights all birth parents retain, for whatever reason the child comes to live with you.

Some parents may express strong preferences, but when they do this is usually reflected in the choice of a foster family for the child.

### 5. Disability

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A child/young person's disability is a part of who they are and the arrangements that are made to meet their needs are a part of respecting their identity.

### 6. Gender

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Some young people may identify as transgender (i.e. as a different gender from their birth gender) or as non-binary (they may not identify as either male or female). Girls, boys and transgender/non-binary young people should receive equal opportunities and encouragement to pursue their talents, interests and hobbies. Sexist stereotypes of

behaviour must not be imposed or condoned, for example there should be equal expectations that boys and girls will participate in domestic tasks.

Young people who are experiencing gender identity issues should, in general, be given space and support to develop their own gender identity, However it is important that they are protected from adverse effects such as bullying and discrimination.

Some young people may wish to discuss specialist medical intervention, or may require specialist support. Discuss this with your Supervising Social Worker and the child's social worker.

## 7. Living in a Positive Environment

It is useful to think about all the things a child or young person comes into contact with. For example, toys books and posters. Do they have positive images of children who are from a different race or who have a disability?

This may seem like a small thing but it can have a big impact on a child if for instance all they see are images of white children and they are black, this is also important for things like birthday cards.

# Keeping Memories

## Standards & Regulations

Training, Support and Development Standards for Foster Care:

- [Standard 2 - Understand your role as a foster carer;](#)
- [Standard 4 - Know how to communicate effectively.](#)

Also see [Identity](#) and the Foster Carers record keeping policy

It is difficult to know where you are going if you don't know where you came from!

For most children and young people, the birth family is the place where they have all the knowledge and memories about the child. Children separated from their families do not have daily access to this information about their background.

It becomes more difficult for them to develop a strong sense of self and to understand how the past may influence present behaviours. Without this awareness, it will be more difficult for them to make conscious choices and to take responsibility for their own behaviours.

It is important that children and young people have a good understanding of their background and you will help this process from the day the child is placed with you.

You should record the story of the child's stay with you as fully as possible, in the diary sheets in the Child's Information File including:

- Descriptions of what the child was like when they arrived, what they liked and disliked;
- Details of development (e.g. learning to swim);
- Special memories of the child;
- Birthdays, Christmas and other family celebrations/outings/holidays etc. - photos, favourite places etc.
- Details and photos of your family (including extended family), home, pets etc.
- School - photos, certificates, reports, photos of and stories from teachers;
- Contact visits;
- Significant illnesses;

- Funny stories;
- Photos and video clips of birth family with your family;
- Crafts/pictures/work completed in your home/school/playgroup.

The above work contributes to their Life Story. The child by their second [Looked After Review](#) may have a [Permanence Plan](#) which will start to look at how a permanent alternative family can be found including considering adoption. Gathering memories will be vital as this progresses.

Life Story work/book is often helpful for children who have been Looked After for a significant period of time. Making a Life Story book is about putting together an account of a child's life in words; pictures and documents and involves helping a child to make sense of their past. This process will be co-ordinated by the child's social worker and involve you, the child, parents and relatives and significant others. This is particularly helpful when the child becomes an adult to help them make sense of what happened.

You should keep all memories in a memory box or book specifically for the child/young person.

# Transport

## Standards & Regulations

Training, Support and Development Standards for Foster Care:

- [Standard 2 - Understand your role as a foster carer;](#)
- [Standard 4 - Know how to communicate effectively;](#)
- [Standard 5 - Understand the development of children and young people;](#)
- [Standard 6 - Keep children and young people safe from harm.](#)

Also see [Money Matters and Insurance](#).

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### 1. Introduction

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Children who are in your care should be treated as part of the family and you will be expected to transport them in the same way that you would your own children.

A first aid kit must always be carried in the vehicle.

Where outdoor activities are planned, first aid kits should be carried.

If for any reason any children placed with you are involved in any accidents this should be communicated as soon as possible and a written Incident/accident report provided to your Supervising Social Worker.

You should inform your Supervising Social Worker of any driving penalties you receive.

### 2. Seat Belts/Restraints/Car Seats

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The law requires all children travelling in cars to use the correct child car seat and also refers to seatbelts and young people, as per the information detailed below:

<b>Child's age</b>	<b>Front seat</b>	<b>Rear seat</b>	<b>Who is responsible</b>
<b>Under 3</b>	Appropriate child restraint must be used	Appropriate child restraint must be used if available	Driver
<b>Aged 3 to 11 and under 1.5 metres (approximately 5ft) tall</b>	Appropriate child restraint must be used if available. If not, an adult seatbelt must be worn	Appropriate child restraint must be used if available. If not, an adult seatbelt must be worn	Driver
<b>Aged 12 / 13 or older and over 1.5 metres (approximately 5ft) tall</b>	Adult seatbelt must be worn	Adult seatbelt must be worn	Driver

Appropriate child restraints include:

- baby carriers
- child seats
- harnesses

They must be suitable for the child's weight and must carry a BS Kitemark or a UN 'E' mark, plus a manufacturer's label showing the weight for which it has been designed.

Traditional booster seats are no longer seen as safe for younger children, instead the 'high-backed' version is seen as a much more suitable and safer alternative.

Any motor car manufactured after 1 January 1967 must have front seat belts fitted and every motor car manufactured after 1 April 1987 must have rear seat belts fitted.

The same rules apply for children with disabilities unless a doctor says they're exempt on medical grounds. They can use a disabled person's seat belt or child restraint designed for their needs.

Another exemption is in relation to children travelling in a Taxi. The Jersey Taxi Drivers association advice in relation to this and complying with the law is:

It is illegal for a child under the age of three to travel in a taxi without a proper, designated child seat. New types of Taxis such as the TX1s have in-built child seats in the middle of the reverse of the cabs. It is also possible if the parents prefer or there is more than one child, for a child to sit on the parents lap providing the parent is seated in the back of the cab, facing the rear.

**It is the driver's legal responsibility to ensure that the child is correctly restrained.**

You can use your child's car seat in the front seat of a vehicle, in accordance with manufacturer's instructions/advice and if it fits, for example in 2-seater cars or convertibles with the top down.

You must deactivate any frontal airbags before fitting a rear-facing baby seat.

### 3. The Vehicle

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The vehicle should be roadworthy with an up to date Service record and insurance cover, which includes fostered children. You should take all advisory and necessary precautions to ensure everyone's safety whilst driving and ensure you always drive within the legal limits.

You must take responsibility as the owner or driver of a vehicle, that the correct license and insurance (which covers fostered children) are in place and valid.

Your car documents will be checked by the supervising social worker as part of the Health and Safety check.

### 4. Managing Children in the Vehicle

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It is a good idea to take toys, books and activities to occupy younger children on long journeys.

If a journey is due to be made and the child is very upset or where behaviour is unsettled it will depend on the relationship and understanding of behaviour to determine whether the journey should go ahead, however, it is safer to be late for an appointment, when considering a journey in the car with an unsettled child.

If car journeys are of particular concern and an on-going issue this should be raised with your Supervising Social Worker and a risk assessment undertaken, and discussed with all involved in the child's care.

One to one time in the car can also be a good opportunity for children to share their feelings, a time when they are not exposed to having direct eye contact, or someone facing them directly. You may find some positive conversations can come from a journey in the car.

You may be required to take children to meetings/visits to see professionals or family members from time to time. These circumstances can and do lead to children becoming upset, and caution should be applied where a journey in the car is being made when this occurs.

# Babysitters, Day Care and Overnight Stays

## Standards & Regulations

Training, Support and Development Standards for Foster Care:

- [Standard 1 - Understand the principles and values essential for fostering children and young people;](#)
- [Standard 2 - Understand your role as a foster carer.](#)

All parents as well as foster carers need a break and will at times have to leave their child with relatives or a baby-sitter or day care provision. A child/young person may also want to have an overnight stay at some point or times with friends.

It is important that the child's social worker and the child's parents reach agreement at the time of the child's placement as to some of the circumstances in which you can give permission to situations and that this is set out in the Placement Plan and recorded in the delegated authority document. This is also the case for Family and Friends Carers.

However, the general rule is that the child or young person should have the same opportunities to enjoy leisure time activities like sleepovers as any other child of their age unless there is a good reason for this not to happen.

Where there are exceptional reasons where you need to seek the permission of the child's social worker, a manager or a parent, or place specific restrictions on permitting a child to stay overnight with friends, this should be because of reasons necessary to safeguard the child's welfare. If there is such a reason, the required arrangements should then be appropriately recorded and these should be explained to the child on an appropriate way.

It may also be helpful to identify as soon as possible anyone who you may consider to be a baby sitter and discuss this with your supervising social worker. This should be included in your Placement Plan and, where appropriate, recorded as part of the decision with regards to delegated authority.

[Looked After Children](#) have often led unsettled lives and usually benefit from being given good notice about staying somewhere different overnight.

A young person may also be asked to babysit; you should talk to your supervising social worker for advice.

## Overnight Stays

You should only give agreement for overnight stays if it has been agreed that you have delegated authority to make such decisions. It is your responsibility to find out all that you can about the people the child wishes to visit or stay with.

You should meet the adults, have an address and telephone number and be confident the child will not be at risk of harm.

They should also have a clear idea of how the child is getting there; sleeping arrangements and how and when the child will return.

Where possible overnight stays should be planned to ensure arrangements are made appropriately. Permission for overnight stays will usually be discussed when the child is placed and recorded in the Placement Plan as part of your delegated responsibilities.

You should base your decision on the following:

1. What does the Placement Plan say about baby sitters, visits and overnight stays?
2. Would the child struggle with an overnight stays because of their background?
3. Are you worried about the people or the activities they may be taking part in?
4. The age and understanding of the child/young person;
5. Whose idea was the overnight stay and what is the purpose?
6. How well is the friend or family known to the child?

The child should also have your contact details; know the plan for their return and what to do if they decide to come home early.

Depending on the needs of the child, you should discuss with the child if they are old enough what they can tell the people they will be visiting.

You should only give information to other parent/s on a 'need to know' basis and record what information they have given in the child's daily placement diary.

You are able to share with them about specific health care needs of the child, routines and any potential behaviour issues.

If the child does not want information to be shared, then they need to be told that this could affect whether they can stay overnight.

Record any decisions and the arrangements in the child's daily placement diary.

Even if it has been agreed that the child's social worker does not have to be consulted, you should still inform them as soon as possible afterwards (within 1 working day) and the social worker should inform the parents as appropriate.

If as part of contact arrangements the child/young person is due to stay away from placement with family members, the child's social worker will make all appropriate arrangements.

# First Aid and Medication

## Standards and Regulations

Fostering Services National Minimum Standards (England) 2011:

- [Standard 6 - Promoting Good Health and Wellbeing.](#)

Training, Support and Development Standards for Foster Care:

- [Standard 2 - Understand your role as a foster carer.](#)
- [Standard 3 - Understand health and safety, and healthy care.](#)
- [Standard 5 - Understand the development of children and young people.](#)

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## 1. Introduction

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You should be clear about what decisions you can make about giving consent for medical treatment and this will be recorded in the child/young person's [Placement Plan](#) and Delegated Authority.

You should have a fully equipped first aid box in the home and in each vehicle used to carry children.

You are required as part of your approval status as a registered foster carer to undertake Paediatric first-aid training. This would normally be completed whilst in the assessment process or within the first few months of approval. Given that first-aid skills, such as resuscitation are fortunately seldom used, you are also required to refresh your knowledge every three years. You will not be required to pay for such training.

First aid boxes should be kept in a safe accessible place, not within reach of small children, where the people who need to get access to them can do so.

The first aid box may be looked at in an unannounced visit.

## 2. First Aid

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If a child is at risk or requires first aid, you should apply first aid if it is safe to do so, and contact your Supervising Social Worker as soon as possible. You must not delay the process of getting medical help. If the incident/accident is serious, you will need to complete the reporting sheet in your recording pack.

You should always assess the situation and in a medical emergency, send for medical help and an ambulance or the Police if this is required.

Before help arrives:

- Do not move the person other than to remove them from immediate danger or place them into the recovery position;
- Try to find out what has happened;
- Collect any drugs or spillages (e.g. vomit) for analysis;
- Do not try and make them sick;
- Observe the child/young person; keep them calm, warm and quiet.
- If the person is unconscious:
- Ensure they can breathe and place them in the recovery position;
- Do not move them if they are likely to have spinal or other serious injury which may not be obvious;
- Do not give anything by mouth;
- Do not attempt to make them sit or stand;
- Do not leave them on their own.

When medical help arrives, pass on any information available, including samples of vomit and any drugs.

If a child who is placed with you has particular health needs, the child's social worker should provide information and advice on specialist advisory or support groups.

You must have guidance on giving prescribed drugs for children and advice on if you can give drugs not on prescription.

You are expected to complete records when you administer any medication or when there has been a medical incident i.e. hospital admission, consultant/GP appointments.

If you accept responsibility to give medicines either by injections, administering rectal medication or tube feeding etc. the following criteria should be met:

- The child's parent has given written consent;
- You are instructed in the technique by a qualified nurse or doctor who is satisfied that you are competent to do it. You should also be aware of any possible reactions to the medication and the necessary steps to correct such an occurrence.

Any health-related issues should always be discussed in supervision meetings and recorded.

You will receive training in relation to the management and administration of medication if required.

### 3. Home Remedies

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Home Remedies may only be given to a child with the consent of the parent, the child if over 16 or after consulting with the child's GP and recorded in the [Placement Plan](#). The Child's Delegated Authority should give specific permission from a parent in this regard. Where this permission is not given, you will need to contact the child's social worker (or Out of Hours Duty Manager) to seek permission from a birth parent.

Home Remedies are medicines that can be bought over the counter without prescription, including Paracetamol, Aspirin, homeopathic, herbal, aromatherapy, vitamin supplements or alternative therapies. Consideration should be given as to how long a child continues to use Home Remedies before you arrange to see their GP. For example. If you need to give your foster child Paracetamol for more than 3 days, you should consult their GP for advice.

Although Aspirin may be purchased 'over the counter', without prescription; it must not be given to children unless prescribed by a medical practitioner.

Home Remedies must be kept in a locked cabinet that is only accessible to you, unless a child is permitted to keep their own Home Remedies, in which case the arrangements for this must be set out in the Placement Plan.

Home Remedies, other than Paracetamol, should only be given for a maximum of 48 hours. If the symptoms continue, the child should see a GP before further dosages are given. Where children are not able to give Home Remedies themselves, care must be taken to make sure they take it correctly and with you there.

### 4. Medicines

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The following steps must be followed:

- Check the medicine to make sure it is prescribed for the child and it is within the expiry date;
- Make sure the child's name, the name of the medication, and the dosage are correct;
- Give the medicine in accordance with the instructions;
- Record when you give the medicine including the date, time, how much, your name and signature;
- Record if the child refuses the medicine or the reason it was not given;
- You should not attempt to administer another dose of medication if the dose of medication has been partially swallowed or spat out.

### **Receipt of Medicines**

All medicines from whatever source, including medication from hospital should be recorded in the child's placement diary.

The record should show:

- Date you got the medicine;
- Name, strength and dosage of medicine;
- Quantity received;
- Expiry date;
- Name of the child for whom medication is prescribed/purchased;
- Your signature for receiving the medicine.

## **5. Disposal of Medicines**

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A record is required in the child's medication chart to identify what happens to medication in the home. This record should show:

- Date you finished the medicine or disposed of it/returned it to the pharmacy;
- Name and strength of medicine;
- Quantity taken;
- Name of the child for whom the medicine was prescribed/purchase;
- Your signature if you arranged disposal of the medicine.

# Moving Towards Independence

## Standards & Regulations

Fostering Services National Minimum Standards (England) 2011:

- [Standard 1 - The child's wishes and feelings and those significant to them;](#)
- [Standard 12 - Promoting Independence and moves to adulthood and leaving care.](#)

Training, Support and Development Standards for Foster Care:

- [Standard 2 - Understand your role as a foster carer;](#)
- [Standard 5 - Understand the development of children and young people.](#)

See also:

- [The Children Act 1989 Guidance and Regulations Volume 3: Planning Transition to Adulthood for Care Leavers \(Revised January 2015\).](#)

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1. [Introduction](#)
2. [Preparing for Independence](#)
3. [The Pathway Plan](#)
4. [When a Young Person Reaches 18 - Staying Put](#)

### 1. Introduction

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Developing skills for independence should start at a very early age and build towards the skills and abilities needed for young people to live independently. You will receive training and support to help you provide effective guidance.

### 2. Preparing for Independence

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Regardless of the age of the young person, they need to develop skills so that they can become as independent as possible and should be encouraged to take responsibilities when they are able to do so.

You should build into the routine a chance to practice skills such as cooking and cleaning. This may start with an easy task such as cake making or preparing food and drink.

It is also useful to include young people in supermarket shopping where you can help them to understand (for example) the difference between the cost of convenience foods and fresh foods.

As the child gets older they should be given responsibility for paying for things from their pocket money or savings such as magazines, activities, toiletries or mobile phone credit.

You should support all children to open a bank or building society account in their own name. Some Children's Social Care Services have their own savings schemes and expectations.

Listed below are areas to think about with young people when preparing them for independence:

- Budgeting, managing money and savings;
- What food to buy, how to cook it and keep it;
- How to use a washing machine and ironing;
- Housework and cleaning;
- DIY such as putting wardrobes up, putting plugs on and decorating;
- Thinking about their futures; what do they want to do, employment, further training, and how can they achieve this?
- Accessing advice and support from others;
- Leisure activities and other interests.

These are some of a range of things young people need to learn how to do and need to be thinking about. It is important that you support the young person to develop their self-esteem and resilience in order to survive living independently.

It is tempting to do things for them but remember this will not help them in the long run when they are living on their own.

If you are caring for a child who is 15 years or older, there will be additional services to help you support and prepare them for independence including having a Personal Adviser. Your supervising social worker or the child's social worker will talk to you about this.

### 3. The Pathway Plan

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Every young person should have a special assessment no later than 3 months after their 16th birthday that identifies their needs as they move towards independence. You will be asked to contribute to this and to help the young person to achieve tasks and gain skills that they will need in adulthood. These tasks and other elements will form a [Pathway Plan](#) that in time will replace their [Care Plan](#).

This Pathway Plan will include the educational and employment arrangements support and accommodation plans including financial help.

This doesn't mean that the young person has to leave your care as being looked after by you might be an important part of their independence especially if the young person (for example) has a disability or if they are planning on moving to University.

The Pathway Plan will cover some of the following key areas:

- Health;
- A plan for education, training or employment;
- Support to develop and keep appropriate family, social and sexual relationships;
- A programme to develop practical skills to live independently;
- Budgeting and money management;
- The young person's accommodation needs including any adaptations for a young person with a disability;
- What is needed to provide the young person with support?

Training and support will be available from the fostering service on developing independence in young people including those with a disability or special need.

### 4. When a Young Person Reaches 18 - Staying Put

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If you feel this is an option for you to keep the young person with you, the first [Looked After Review](#) following their 16th birthday should consider a Staying Put placement. The Fostering Service will continue to support these arrangements when a young person is in full time education. When a young person leaves education and starts employment the service will assess the implications for both the young person and your family.

Following the young person's 18th birthday, the legal basis on which they live in the foster home changes – this does not mean that the young person will be treated differently than when they were fostered.

Although Fostering Regulations do not apply to these situations there may be certain checks carried out over time. The Children's Service will need to assess and consider the appropriateness of these checks particularly where the young person is the only person living with you and it is not envisaged that further children will be placed.



# Safeguarding everyone in our household

# What happens if an allegation is made against me or my family?

## Contents

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1. [Introduction](#)
2. [Ways in Which you can Reduce Risks](#)
3. [Definition of an allegation](#)
4. [What Happens if an Allegation Is Made](#)
5. [Frequently Asked Questions](#)

Further information:

Please see the Managing Allegations Framework (Safeguarding Partnership Board) on <https://safeguarding.je/policies-strategies/>

Managing Concerns, Complaints and Allegations against Foster Carers, including Historical Allegations policy.

## 1. Introduction

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All foster carers will receive training and guidance to help them provide a safe environment for the child and all members of the foster family including themselves. You will as part of your mandatory training have completed the following either during your assessment period or in the first few months of approval:

- Foundation in Child Protection
- Managing Allegations training – e-learning (where allegations are made against you as foster carers)
- Online safety and cyberbullying – e-learning (dependent on your approval age range)

The expectation is that at the time of a child's placement, you will be provided with detailed information as to the child's background and in particular the context of any abusive experiences of and/or previous allegations made by the child.

It is important that you record any incidents or complaints as they can provide important evidence if an allegation is made. You will be provided with incident/accident report sheets so that you can

do this promptly as well as recording in your daily placement diary sheets. You will also undertake mandatory record keeping to support you in this task.

Occasionally allegations, complaints and standard of care concerns are made against foster carers and those in their family.

This can place you in a difficult and sometimes distressing situation. If allegations against you or someone in your household are made directly to a social worker they have a responsibility to make you aware of it. If the nature of the allegation is serious, you may not be told immediately of the exact detail, this is to allow investigation by the police if deemed necessary.

Your allocated supervising social worker will continue to support you during any investigation, however they have to remain neutral in terms of the allegation and may even be required to give evidence which is not in support of you. You will have access to independent professional support via the Foster Carers Independent Support Service (FISS), which is offered by 'Foster Talk'.

Please also see the policy on Managing Concerns, Complaints and Allegations against Foster Carers, including Historical Allegations.

## 2. Ways in which you can Reduce Risks

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- Think about who in the household may be vulnerable to allegations;
- Keep a daily record, maintain your placement diary sheets and complete an incident/accident report if necessary;
- Be clear on what behaviour is expected;
- Develop your own [Safer Caring policy](#) for keeping everyone safe through your safe care plan. Your supervising social worker will support you to develop this and where necessary amend this plan to suit the needs of individual placements;
- Contribute to risk assessments completed to reduce risks to yourselves and members of your family;
- Make use of training, support and supervision from your supervising social worker;
- Have insurance cover.
- Work closely with other professionals and talk to them with any concerns in a timely way.

## 3. Definition of an Allegation

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- They may have behaved in a way that has harmed, or may have harmed a child;
- They may have possibly committed a criminal offence against, or related to, a child; or
- They may have behaved towards a child or children in a way that indicates they may pose a risk of harm to children or is unsuitable to work with children.

## 4. What Happens if an Allegation is made against me?

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When an allegation is made it will be investigated fairly and confidentially and the Safeguarding Partnership Board Procedures will be followed. In order to afford management and oversight of individual cases, the Jersey Designated Officer (JDO) provides advice and guidance to employers and voluntary organisations, liaising with police and other agencies and monitoring the progress of cases to ensure that they are dealt with as quickly as possible, applying a consistent, thorough and fair process.

All allegations should be reported within one working day to the team manager or a senior practitioner within the Fostering and Adoption team. The team manager/senior practitioner should then make an initial assessment and as appropriate, refer the allegation to the JDO, again within one working day. If the outcome of subsequent discussion with the JDO is that a referral to Children's Services and police should be made then the JDO should inform the Multi-Agency Safeguarding Hub (MASH) and the referrer. Likewise, the referrer should note on their referral they have spoken to the JDO who has advised them to make the referral to Children's Services.

A Strategy Meeting will be called within 2 working days of the allegation to decide whether an investigation is necessary and whether your own children should be considered as part of a Child Protection Conference.

You will be given, where appropriate the chance to respond to the allegation before a final decision is made about what action to take.

The minutes of this meeting and any relevant information will be held on your record. In some situations we may look for a new placement for the child and a decision may be made not to place any other children during the investigation and until there is an outcome to the investigation.

If an allegation is made against you, you will be notified verbally and in writing.

Your supervising social worker will not be able to discuss the allegation during the investigation, however they will continue to carry out their role of monitoring, support and supervision. If you work in a professional capacity with children you may also wish to contact your union representative, if you are a member of a trade union.

### **Fostering and Adoption Jersey will inform you of;**

- How you will be supported whilst you are under investigation;
- The address and contact telephone number of an independent person who will provide you with support during the investigation;
- Details of the support you can access from 'Foster Talk';
- Information regarding a solicitor if you need this;
- Information on insurance arrangements for legal expenses.

### **The outcome of the investigation may;**

- Identify training or support needs for you;
- Need to consider your approval category at your annual review;
- Recommend a return to panel for further discussion;
- Recommend that you are no longer suitable to foster;
- If you work with children in a professional capacity or another volunteer position whether you should be subject to a disciplinary process or if you can continue to undertake the voluntary work. This may involve a suspension from certain duties, whilst the investigation is completed.
- Result in a criminal investigation and possible prosecution if you are found guilty of an offence against a child.

If an allegation is made directly to you about another person's behaviour towards a child, you should inform your supervising social worker or the child's social worker as soon as possible or within 24 hours.

It is important to note that, although there may be insufficient evidence to support a Police prosecution in some cases, this does not mean that action cannot be taken to protect a child and the possible termination of your approval could be considered.

## **6. Frequently Asked Questions**

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### **What support can I expect from the Foster Carers Independent Support Service (FISS)?**

- General advice about the allegations and panel process;
- Give emotional support as required;
- Advisors will work on a model of empowering carers to express views, raise question and encouragement to be proactive in their situation;
- Non-adversarial, advocacy based support;
- Be a communication link between foster carers and their fostering agency (only if foster carer requires this);
- Be non-judgmental;
- Be impartial in the advice they give;
- Be confidential (subject to the usual safeguarding boundaries);
- Will not tell the foster carer what to do but will point out objectively advantages and disadvantage of a course of action to allow foster carers to make their own decisions from an informed perspective;
- Spend time prior to a meeting to help foster carer prepare for the meeting;
- Help with written responses to reports;
- Help to explore what outcome they are hoping to achieve on how realistic the foster carers desired outcome are.

## What is outside of the FISS Advisor role?

- Attend meetings in the foster carer's absence;
- Pass on information for the agency to the foster carer;
- Actively support a complaint;
- Attend meetings such as LAC Reviews, Supervision meetings or meeting seen as day to day normal business;
- Unless exceptional circumstance speak for a foster carer in a meeting, and then only with chair approval.

## When can I expect a decision on the outcome of the investigation?

We would aim to conclude the investigation within 10 working days. However, where more complex allegations are made or practically due to matters outside of the control of the investigation team the investigation cannot be completed, it is hoped you can be given a timeframe. The JDO should record the progress of an allegation about you and should conclude the investigation with a report detailing the outcome. You should have access to a copy of this report.

We acknowledge that having an allegation made against you could be extremely distressing and contribute to feelings of anger, frustration and a lack of trust in the process. However, allegations need to be followed through using due process to ensure that children's welfare and safety are protected and paramount.

The potential outcomes are as follows:

- **Substantiated** – there is sufficient identifiable evidence to prove the allegation;
- **Unsubstantiated** – this is not the same as a false allegation. It means there is insufficient evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence;
- **Unfounded** – There is no evidence or proper basis which supports the allegation being made. It might also indicate that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively, they may not have been aware of all the circumstances;
- **Malicious** – There is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false;
- **False** – There is sufficient evidence to disprove the allegation.

If there is no consensus about the outcome of the concern, the chair of the meeting will make the decision.

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

- Misinterpreting an innocent action;
- To bring attention to previous abuse for the first time because you or someone in the household is trusted;

- As a way to have some control over their life which may seem out of control;
- To bring an end to a foster placement in the hope of being returned home.

# Complaints or Standard of Care Concerns by and for Children

## Standards & Regulations

Training, Support and Development Standards for Foster Care:

- [Standard 1 - Understand the principles and values essential for fostering children and young people;](#)
- [Standard 2 - Understand your role as a foster carer;](#)
- [Standard 4 - Know how to communicate effectively;](#)
- [Standard 6 - Keep children and young people safe from harm.](#)

## Important Contacts:

### **Deborah McMillan, Children's Commissioner**

Brunel House 3 Old Street  
St Helier  
JE2 3RG

Email: [commissioner@childcomjersey.org.je](mailto:commissioner@childcomjersey.org.je)

### **Sheree Maher, Children's Rights Officer (Looked After Children)**

Liberte House  
19-23 La Motte Street  
St Helier  
JE2 4SY

Email: [ChildrensRights@gov.je](mailto:ChildrensRights@gov.je)

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1. [Introduction](#)
2. [How Complaints and Standards of Care Concerns are managed](#)

3. [What support can I expect if I am under investigation](#)
4. [After the Investigation](#)

## 1. Introduction

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If you have a complaint about the fostering service see [How Can I Make a Complaint against the Fostering Service](#).

You should not confuse complaints or standard of care concerns with allegations, although there is sometimes an overlap.

### **What a Complaint may be about**

- The foster placement;
- The fostering service, including the supervising social worker;
- The Children's Service, including the child's social worker;
- Something outside of this, like the child's school.

Your role is to:

- Listen to the child/young person, take them seriously and try not to be defensive about what they are saying;
- Tell others like the child's social worker or your supervising social worker - they might see something in the complaint that you don't;
- Try to help the child sort out the problem;
- Advocate (speak on their behalf) for the child where appropriate depending on their age, stage of development and understanding;
- Where needed and after seeking advice help the child to access the formal complaints procedure for the fostering service/children's service;
- Ensure that they get feedback on what happens.

Most issues can be sorted out informally through discussion with either the child's social worker or your supervising social worker, depending on what the problem is. Sometimes, the Team Manager may be the most appropriate person to speak to about the concerns.

The complaint or standard of care concern may be about your care of a foster child, examples of which are detailed below:

### **Complaint**

- Inadequate supervision of child, resulting in an injury or near miss;
- A child being inappropriately restrained resulting in no injury;
- Inappropriate verbal admonishment of a child;
- The carer has behaved in an unprofessional manner with another professional or others.
- The carer has behaved in a way that brings disrepute to their role.

#### **Standard of Care concern**

- Carers are not providing an adequate nutritious diet.
- The child is unkempt and/or is not clean.
- The carers are not purchasing the child adequate clothing/footwear of good quality. The carers are given a significant allowance for this.
- The home conditions are cluttered or unhygienic.

## **2. How Complaints and Standard of Care Concerns are Managed in the Formal Process**

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We try to resolve all complaints or standard of care concerns informally as we find this is often the quickest way to get resolution for the issues raised. We treat all complaints or standards of care concerns seriously and aim to resolve them as soon as we can.

It may be decided that a formal internal investigation process is required to resolve the issue, this maybe after consultation with the JDO, where it is agreed the information suggests a complaint or Standard of Care concern. The Fostering Team Manager/senior practitioner in discussion with the Head of Service, as appropriate, should agree who will carry out the investigation with the foster carers and within 48 hours of the receipt of the complaint or cause for concern allegation. The allocated investigator will then complete the investigation, which may involve meeting with yourself and others involved.

The actual investigation and completion of any identified action should be within ten working days of the receipt of the concern and the outcome should be recorded formally in the Complaint, Allegation against a carer step on the Mosaic recording system. The outcomes can be as follows:

#### **Complaint against a foster carer:**

- Unfounded – no further action;
- Proven – Will take into account the nature and severity of potential harm to a child. The context in which the incident occurred and whether the alleged behaviour from the foster carer was intentional;
- Proven and investigation highlights increased concern for the welfare of the foster child/ren (as per section 4, definitions of harm).

#### **Standard of Care concern**

- Unfounded – No indication or evidence that the incident occurred;

- Minor concerns – May be addressed by a visit to you by your supervising social worker to discuss what has happened, address the concerns and take steps to learn from the incident and prevent this from happening again in the future.
- Patterns of concerns – It may be that this concern links to similar previous minor concerns, therefore a pattern is emerging. It may indicate a training or development need.
- Serious concerns – The concerns are such that Fostering and Adoption Jersey should review your approval and present a report at the next available fostering panel. You will be given an opportunity to present your views on the details of the report.

Should the level of concern or risk increase as further information is gathered, consideration should be given to a further consultation with the JDO by the Fostering and Adoption Team Manager or senior practitioner in to convening a multi-agency child protection strategy discussion. This should be done within 24 hours of the receipt of the allegation or the additional information.

### 3. What support can I expect if I am under investigation?

Although, under investigation your supervising social worker will be your immediate source of support, however during the investigative process you may want independent support via the Foster Carers Independent Support Service (FISS) provided through Foster Talk. Details of what they can and cannot provide you with are set out below:

#### **What support can I expect from the Foster Carers Independent Support Service (FISS)?**

- General advice about the allegations and panel process;
- Give emotional support as required;
- Advisors will work on a model of empowering carers to express views, raise questions and encouragement to be proactive in their situation;
- Non-adversarial, advocacy based support;
- Be a communication link between foster carers and their fostering agency (only if foster carer requires this);
- Be non-judgmental;
- Be impartial in the advice they give;
- Be confidential (subject to the usual safeguarding boundaries);
- Will not tell the foster carer what to do but will point out objectively advantages and disadvantages of a course of action to allow foster carers to make their own decisions from an informed perspective;
- Spend time prior to a meeting to help foster carer prepare for the meeting;
- Help with written responses to reports;
- Help to explore what outcome they are hoping to achieve on how realistic the foster carers desired outcome are.

#### **What is outside of the FISS Advisor role?**

- Attend meetings in the foster carer's absence;
- Pass on information for the agency to the foster carer;
- Actively support a complaint;
- Attend meetings such as LAC Reviews, Supervision meetings or meeting seen as day to day normal business;
- Unless exceptional circumstance speak for a foster carer in a meeting, and then only with chair approval.

## 4. After the investigation

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Whichever route of investigation is followed, the outcome and recommendation for what needs to happen next must be shared with the foster carer as soon as possible, preferably through a face-to-face meeting with the Team manager or senior practitioner and the supervising social worker.

There are three reporting options:

- The report of the outcome of the investigation is sufficiently serious that it requires consideration of further action by the Fostering Panel at the earliest opportunity. The report to the Fostering Panel should include an assessment of risk and a recommendation for further action that may include de-registration;
- The report of the outcome includes further action, but the matter is not urgent and can be presented to the Fostering Panel with the next scheduled annual review;
- The report of the outcome is that no further action is required and can be presented to the Fostering Panel with the next scheduled annual review.

For each of the above, once the Fostering Panel has considered the matter, the Supervising Social Worker should inform the carer of the outcome as soon as possible and this will be followed by standard communication from panel.

# How can I make a Complaint against the Fostering Service?

## Standards & Regulations

Training, Support and Development Standards for Foster Care:

- [Standard 2 - Understand your role as a foster carer;](#)
- [Standard 4 - Know how to communicate effectively.](#)

Note: If you have concerns or unhappy with any aspect of the child protection services that your foster child is receiving and you wish to make a complaint you should follow 'Raising Concerns' policy of the Safeguarding Partnership Board (Jersey) via <https://safeguarding.je/wp-content/uploads/2015/09/Raising-Concerns-complaints-Procedure.pdf>

If you are not satisfied with any aspect of the fostering service, you should discuss it with your supervising social worker, who will try and resolve the problem with the person concerned. If your supervising social worker is the one you are not happy with then you should speak to a Manager within the fostering service. If your complaint is about the fostering service as a whole then you should contact the Complaints Manager for the States of Jersey in the first instance.

There are different sorts of complaints that need to be dealt with differently:

- Complaints on behalf of the child or young person;
- Serious complaints about the fostering service. See Whistleblowing Policy;
- Complaints about a decision made by the service's Decision Maker or a recommendation made by the fostering panel. See Reviewing my Approvals and Appeals.

This chapter explains the way in which you should deal with concerns that you have about the fostering service.

We treat all complaints seriously and aim to resolve them as soon as we can.

We follow a three stage complaints process plus an independent external review and will let you know within five working days how long it will take us to resolve your complaint.

We will keep you informed at all stages of the process.

### **Stage one**

We aim to resolve your complaint as soon as possible after you make us aware of your dissatisfaction.

### **Stage two**

Where an investigation is required or if you are not happy with the outcome, a team leader or manager will investigate further.

### **Stage three**

If your issue has not been resolved, the Director General will ensure your complaint is re-investigated and make sure the policy has been adhered to.

### **Independent Review**

If you are still unhappy, your complaint can be reviewed independently by the [States Complaints Board](#). Information on this process can be found at:

<https://www.gov.je/Government/Comments/Pages/StatesJerseyComplaintsBoard.aspx#anchor-2>

# Whistleblowing

## Standards & Regulations

Fostering Services National Minimum Standards (England) 2011:

[Standard 4 - Safeguarding Children.](#)

Training, Support and Development Standards for Foster Care:

[Standard 2 - Understand your role as a foster carer.](#)

[Standard 6 - Keep children and young people safe from harm.](#)

See also: [Complaints by and for Children](#)

[NSPCC Whistleblowing Advice Line](#)

See also: [Complaints by and for Children](#)

You should inform your supervising social worker if you have any serious concerns or come across any wrong doings whilst being a foster carer for Fostering and Adoption Jersey.

If the concern is about your supervising social worker, you should speak to their manager within the fostering service.

The decision to report a concern can be a difficult one to make, not least because of the fear of reprisal. Harassment, bullying or victimisation of a “Whistleblower” will not be tolerated.

You should raise concerns confidentially or openly and without fear of any comeback.

You should record your concerns giving names, dates and places where possible, and the reason why you are concerned. If you do not feel able to do this, the member of staff you speak to will make a written record of their conversation. Concern should be expressed as soon as possible.

The concern could be about something that:

- Is unlawful or illegal; or
- Is a miscarriage of justice; or
- Against the organisations policies;
- Falls below established standards or practice; or
- Amounts to improper conduct; or

- Endangers the health and safety of any person; or
- Attempts to conceal any of the above.

The issue will be looked into and either an internal enquiry or formal investigation will take place. You will be informed of the outcome. If you are not happy with the outcome, you can raise this with the Chief Executive who deals with complaints.

If you raise concerns which are found to be malicious, a review of your approval may happen.

Concerns which come under another procedure e.g. safeguarding will normally be referred and dealt with under the Safeguarding Partnership Board procedures.

Whistleblowing is intended to cover concerns that fall outside of issues dealt with under the Complaints procedure.

A full copy of the States of Jersey Whistleblowing policy can be found at:

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/Whistleblowing%20Policy.pdf>

# My Foster Child is Missing

## Standards & Regulations

Fostering Services National Minimum Standards (England) 2011:

- [Standard 5 - Missing From Care.](#)

Training, Support and Development Standards for Foster Care:

- [Standard 2 - Understand your role as a foster carer;](#)
- [Standard 4 - Know how to communicate effectively.](#)

See also:

- [Child Sexual Exploitation;](#)
- Local Safeguarding Children Board Runaway, Missing from Home and Care Protocol.

Foster carers will be proactive with regards to providing a foster home which promotes a feeling of security that aims to minimise the likelihood of the child going missing.

When a child is placed with you, the child's social worker should make you aware of any previous occasions when the child has gone missing or if this is something they have good reason to think they will do.

The child's Placement Plan should also take account of any likely risk of the child going missing. The Placement Plan should incorporate measures to reduce or prevent the child becoming absent, and information that would help facilitate the location of the child should they go missing.

The care provided should minimise the risk of the child going missing, however a child/young person should be aware that they need to take some responsibility for their own safety, dependent upon their age and understanding.

You should talk to the child/young person about the risks of running away and let them know where they can get help to talk about this other than from you.

The degree of risk present when children are missing will vary dependent on things like their age understanding, awareness and known behaviour.

There may be a variety of reasons for the young person going missing and it is through communication that you are most likely to understand and deal with the issues that make them go. This could include peer group issues, family contact or other reasons. On the other hand, the young person might not be used to people being concerned about their whereabouts and they might not understand that you are trying to keep them safe and look after them.

If a young person has gone missing whilst with you or before, you should look out for signs or patterns of behaviour that usually happen before they go missing. This may help you talk to them to prevent them from going.

You should be aware of what measures you can take to prevent a child from leaving without permission. The use of persuasion and your relationship is the most powerful tool that you have to prevent them going and you will find that the best thing that you can achieve is for them to want to come back.

When the child is missing without your permission but you know where they are you will need to treat the situation differently to when you do not know where they have gone.

The following checklist should be considered to start to think about the level of risk to the child and what action should be taken:

1. Is this event significantly out of character?
2. Have they done this before?
3. Is there a time you expect them to return?
4. Who are they with?
5. Have you been in contact with the child?
6. Is the child likely to be subjected to harm or a crime?
7. Is the child a danger to themselves or others?
8. Is the child likely to attempt suicide?
9. Does the child have any specific medical needs?
10. Is there a specific concern?
11. Do you know the child's whereabouts?
12. Do you believe them to be involved in crime?
13. What were their intended actions when last seen?
14. What have you done to locate the child?
15. Is there any other significant information you are aware of?

Often young people will go out with friends and not return home by the expected time. They may keep you informed of their whereabouts by text message, or may switch off their phone as they

do not want to talk to you. If out of normal office hours, in these cases you should inform the out of hour's on-call Manager, however, it is not always expected that you will call the police in these circumstances. This will be discussed with you when you contact Out of Hours on-call Manager. You can make contact with the on-call Manager through the Hospital Switchboard on 442000.

You should record any pattern of late return or unauthorised overnight stays away from the foster home in your daily placement diary sheets.

If a child is missing and you do not know where the child is and they are not found within a reasonable time frame: one hour for under 12's and two hours for over 12's (unless stated otherwise in their Placement Plan), you must contact the child's social worker, duty worker or the out of hours on-call Manager.

If a child is missing you should do all that you can to find the child including working with the Police where necessary.

You may need to give a description of the child including what they were wearing and an up to date photo, their legal status and any other information you think will help.

You should also inform your supervising social worker as soon as possible.

You should record both the above incidents. You should record the circumstances in which they return, their reasons for remaining absent from the placement, if they tell you, and what actions you will put in place to try and prevent a further occurrence. This information should be shared with the child's social worker and where appropriate the child's parents.

If the child/young person goes missing on more than 3 occasions in a short period of time the child's social worker should call a meeting to look at why the child/young person went missing to look at ways of preventing it from happening again.

## Definitions

There are various different terms which are used in relation to missing children:

[Statutory Guidance on Children Who Run Away or Go Missing from Home or Care \(January 2014, Department for Education\)](#) uses the following definitions:

- **Missing Child:**  
A young runaway reported as missing to the police by his family or carers.
- **Missing from Care:**  
A Looked After Child who is not at their placement or the place they are expected to be (e.g. school) and their whereabouts are not known.
- **Away from Placement Without Authorisation:**  
A Looked After child whose whereabouts are known but who is not at their placement as agreed, their whereabouts are known and they are not at risk, or the place they are

expected to be and the carer has concerns or the incident has been notified to the local authority or the police.

- **Young Runaway:**

A child or young person under the age of 18 who has run away from their home or placement, or feels they have been forced or lured to leave.

The police classification of a person as 'Missing' or 'Absent' will be based on on-going risk assessment. If you contact the police to talk about a child being missing or absent, they will always consider that the child is missing and will act accordingly.

Police will not be sent immediately to cases where children/young people are defined as being 'absent'. Instead, the onus will be on care providers to take steps to locate the child/young person, with monitoring by the police and escalation to 'missing' if there is a change to the circumstances that has increased the level of risk. It is expected that all reasonable steps should be taken by care providers to locate the child/young person prior to making a report to the police. Where they remain absent, and the care provider feels that they may be at risk of harm, then a report should be made to the police.

Police will attend reports of 'missing children/young people'

# Internet, Photographs and Mobile Phones

See also:

- [Think U Know](#) - Online safety information.
- [Kid Smart](#) - fun, games and information for all about effective internet safety advice.
- [Child Safety Online](#).
- [Child Sexual Exploitation](#).
- [NSPCC - Parental Controls](#).

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## 1. Introduction

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Different ways of communicating with friends are important to a child/young people and are now a way of life from an early age. When a child is placed with you, find out their background and whether the internet, photographs and mobile phones contributed towards any abuse so that you can plan their use safely for all children but particularly those where it has been an issue. You should ask the child's social worker for advice and information.

Your knowledge of different media will vary but it is important that foster carers develop their understanding of different electronic devices, the internet and social media, and that you learn how to safeguard children when using the internet and mobile devices. Foster carers should also be aware of and alert to the signs of grooming behaviour. Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation.

If you are concerned that a child/young person is being bullied over the internet or phone, you should talk to them about it, record what is happening in the daily placement dairy record and speak to the child's social worker as soon as possible.

As part of your assessment process or in the first few months of approval you will be required to undertake Online safety and cyberbullying training (dependent on your approval age range).

## 2. Web Enabled, Internet Technology/Social Networking

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### What is social networking?

*Social networking sites are websites where you can create a profile all about yourself and contact other people. You can also upload photos, music and videos to share with other people, and on some sites, chat to other people on forums. Popular social networking websites include Facebook, Snapchat, Instagram and Twitter but there are others.*

You should try and take part in a child's web browsing particularly for a new child in placement; school homework is an ideal opportunity for this. Explain the web's positive and negative sides and tell them that if they are not sure about a site they should talk to you. Children should not be permitted to use sites that are also used by adults unless risk assessment has been carried out, in consultation with the social worker. These arrangements must be outlined in the child's Placement Plan and must be reviewed regularly.

Some useful guidelines are:

- Time limits on computers should be agreed with the child/young person;
- Appropriate internet security should be used on the computers to avoid access to inappropriate material;
- You should set clear ground rules on the use of the internet;
- Computers should be in areas of the house where adults can see what is being looked at rather than in a bedroom;
- If a young person has a laptop then decide with them where and when they can use it if they are accessing the internet;
- You should show an interest in the internet and encourage young people to be open about any concerns or problems;
- Never allow a child to arrange a face-to-face meeting with someone they "meet" on the internet without first speaking to the child's social worker;
- The child should never respond to messages that are rude, threatening, or makes them feel uncomfortable. Encourage the child to talk to you about messages like this. If the child receives a message or sees something on-line that you are concerned about keep a copy and make a note in the daily record;
- Remember that people online may not be who they say they are.
- Currently, the minimum age to open an account on Facebook, Twitter, Instagram, Pinterest, TikTok and Snapchat is **13**. WhatsApp is **16** and Tinder **17**. YouTube requires

account holders to be **18**, however a **13**-year-old can sign up with a parent's permission. You must follow this guidance and not allow an under-age child to open social media accounts as per the above age limits.

There are other social media platforms, please seek advice from your supervising social worker for advice if your foster child wishes to open a social media account not listed in this guidance.

Teaching the child to be cautious is important and can help when they start to use social networking sites like Facebook or Twitter.

If a child is of age to open a social media account or they already have one, you should ensure the child's profile and postings contain nothing that might expose their identity or whereabouts.

You should go through the site's terms and conditions, explaining them to the child - it is important you both understand them.

You should try to equip the child with the skills to decide who to trust, even when they have not met the person face-to-face and talk to the child/young person about what makes a real friend.

Again, you should be aware of and alert to indicators of grooming behaviour and possible sexual exploitation.

Social networking sites are often used by perpetrators as an easy way to access children and young people for sexual abuse. It is an offence for an adult to engage in sexual communication with a child. This applies to an adult who communicates with a child and the communication is sexual or if it is intended to elicit from the child a communication which is sexual.

Radical and extremist groups may use social networking to attract children and young people into narrow ideologies that are intolerant of diversity: this is similar to the grooming process and exploits the same vulnerabilities. The groups concerned include those linked to extreme Islamist, or Far Right/Neo Nazi ideologies, extremist Animal Rights groups and others who justify political, religious, sexist or racist violence.

Children may be drawn to adopt a radical ideology through a failure to appreciate the bias in extremist material; in addition by repeated viewing of extreme content they may come to view it as normal.

'Internet Abuse' relates to four main areas of abuse to children:

- Abusive images of children (although these are not confined to the Internet);
- A child or young person being groomed for the purpose of [Sexual Abuse](#);
- Exposure to pornographic or other offensive material via the Internet; and
- The use of the internet, and in particular social media, to engage children in extremist ideologies.

### 3. Photographs

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It is normally agreed through Delegated Authority that it is OK to take pictures or videos of the children you foster, however, always ask the child's permission first and make sure they are clear on who will see them and why.

You should try and take photographs regularly of the child/young person to help record their life; it may also help when putting together their Life Story book. See [Keeping Memories](#).

You should be clear on who can give consent for the child to have their picture taken or be filmed for school etc. This will also be agreed as part of Delegated Authority.

### 4. Mobile Phones, Social Networking Sites and Apps

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'Smart' mobile phones and some apps offer text messaging, taking pictures, sending and receiving them, sending and receiving video clips and sound tracks, as well as access to the internet which means a child can download pictures and videos.

With a camera phone a child/young person can also send pictures of themselves, friends and where they live, which can have security implications for some [Looked After Children](#).

It may be useful to encourage young people to share details of how they communicate with others and an agreement reached between the young person, social worker and foster carer about how safely to do this.

The following is a set of guidance for what should be considered or when a child or young person has a mobile phone:

- Age appropriate use of the phones – Can the child take their phone to school? Do they need to hand in their phone at the end of the evening before they go to bed?
- Safety – does the phone have internet access and if so have the carer, social worker and child all signed the contract to agree that the carer will periodically check the phone for appropriate and safe usage? If the agreement has been made that the phone will not be checked document why;
- Where there are concerns about the use of the phone, you should report them to the child's social worker and discuss appropriate sanctions – should the phone be removed?
- There are 'Apps' available that can limit use of 'Smart' phones, for example not allowing internet use and restricting what telephone numbers can be called. Please speak to your supervising social regarding this. The social worker and parent would need to agree any restrictions placed on a young person's phone use.

- Where it is considered and evidence is available to suggest that the child's mobile phone is placing the child at risk, the phone can be removed as an immediate measure. If this situation occurs, report this to the supervising social worker or support worker and discussions about who should inform the child's social worker should be done at the earliest opportunity and action to remedy this situation taken. This should be recorded within the contract;
- Contact with birth families can often be the source of distress and upset. If the use of a mobile phone affects contact negatively with family this should be reported and consideration given to what measures can be taken by the child's social worker to address this;
- How is the credit for the phone managed? For example, it is the responsibility of the young person to maintain credit for their personal phone with your support. Consideration should be given to pocket money, activities and any part time working undertaken by the young person. Appropriate support to encourage young people with ordinary 'teenage behaviour' in relation to current mobile phone communication should be considered carefully. It is imperative that looked after children are not discriminated against simply because they are in the care system and they should still be given the same opportunities as their peer groups whilst being mindful of the safeguarding issues.

Mobile phone network providers operate a barring and filtering mechanism to prevent those under 18 years accessing 18 rated content. The service can be provided for both contract and pay as you go phones. You are advised to explore this with the network provider that a child/young person uses or see what other services they offer.

## Anti-Bullying Policy for foster carers

### Standards & Regulations

Fostering Services National Minimum Standards (England) 2011:

[Standard 1](#) - The child's wishes and feelings and those significant to them;

[Standard 4](#) - Safeguarding Children.

Training, Support and Development Standards for Foster Care:

[Standard 2](#) - Understand your role as a foster carer;

[Standard 4](#) – Know how to communicate effectively.

For further information see also:

[www.bullying.co.uk](http://www.bullying.co.uk);

Anti-bullying Alliance (ABA);

Kidscape;

Bully Watch.

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6. [Top tips for foster carers when dealing with a bullying issue](#)

## 1. Introduction

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Everyone involved in looking after children shares responsibility for countering bullying and for creating a culture which positively encourages acceptable behaviour and reduces or prevents the likelihood of bullying.

Foster carers' should look out for signs of bullying and should take steps to prevent it. Your Safer Caring policy should address bullying and cover:

- Putting in place clear rules within the house that bullying is not acceptable and what actions will be taken if you suspect bullying or are told of bullying happening;
- Making it clear to children what is acceptable behaviour;
- Providing opportunities for children to think about the issue of bullying e.g. writing stories or poems or drawing pictures about bullying;
- Having discussions about bullying and why it matters;
- Being good role models as foster carers.
- Many Looked After Children experience bullying at school, in the local area and sometimes from other children in the foster home.

## 2. What is Bullying?

The Anti-Bullying Alliance defines bullying as the repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power. It can happen face to face or online.

Bullying can include:

- Name calling and teasing;
- Threats and theft;
- Physical violence;
- Damage to belongings;
- Leaving people out of activities deliberately;
- Spreading rumours;
- Bullying by mobile phone, text message, e-mail or social networks such as Facebook and Twitter.

## 3. Signs and how to identify bullying?

Some signs of bullying can be:

- Not wanting to go to school;
- Unexplained bruises;
- Torn clothing;
- Need for extra money;
- Continually losing belongings;
- Problems sleeping;
- Sudden loss of appetite;
- Problems at nursery/school/ college/placement;
- Withdrawn behaviour or temper tantrums;
- Unusually hungry at the end of the school day (lunch money being taken);
- Rushing to the bathroom after school (fear of going to the school toilets);
- Self-harming;
- Extreme emotions.
- The bullying may be because;
- The child feels and/or appears different. School life can highlight difference, they may arrive at school by taxi, they may not be able to take part in after school clubs, and they may be withdrawn from some lessons to attend meetings;
- The child may not be achieving as well as others in their class;
- The child may have had lots of moves of carer or school;
- The child may not have a friendship group;
- The child may not want others to know that they are looked after;
- The child may feel isolated and think they have no-one to talk to at school;
- Difficult and distressing life experiences have left the child with poor self-esteem and a lack of "coping" mechanisms.

#### 4. What to do if you suspect or identify Bullying?

Children can be reluctant to report bullying for fear of reprisal or because they think they will not be listened to. You must make a point of talking to children about bullying in order to help them report it.

When a child says they do not like something, another child/young person, or adult is doing/saying to them, they must be listened to and taken seriously. Even if you do not view the action as serious, the child may.

If you have any concerns that incidents of bullying have happened between children within the foster home or that a child may be a victim of bullying or is being a bully, you must discuss this with your supervising social worker; who should advise you on what actions are necessary to reduce or prevent it. They will then inform the child's social worker, if appropriate.

When bullying occurs within the foster home, it may be appropriate to call a meeting, preferably with the child or children, to discuss ways to prevent or reduce the bullying.

## 5. Outcomes from interventions

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The outcomes of the proposed meeting or intervention may include the following:

- The bully (bullies) may be asked to apologise;
- In serious cases, some form of sanction/consequences will be considered;
- If possible, the children should be encouraged to make friends;
- After the incident has been dealt with, you should monitor the situation to make sure that bullying does not happen again.
- If the bullying continues or is serious, the child's social worker should be consulted as soon as possible and it may be necessary to conduct a Placement Planning Meeting or a referral may be required under the Safeguarding Referrals Procedure and a Strategy Meeting should be arranged.
- You must record all incidents of bullying of the child who is the alleged victim and the child who is the alleged bully.
- What to do if you think your foster child is bullying or being bullied:
- Continue to act on the advice from the child's social worker and other professionals on ways to help build the child's self-esteem;
- Help the child think about what to say to help explain why they are living with foster carers;
- Encourage friendships and invite school friends home. There is strength in numbers. Bullies may target a child who is alone;
- Build coping skills. Problem solves difficult situations and practice what you might do;
- Do not reject a child who is a bully; reject the behaviour. Explain how the behaviour makes other children unhappy and help them develop other ways to feel better about themselves and to express how they feel;
- Give the child praise each time they help you or are kind to someone;

- Speak to the child's social worker and make an arrangement for both of you to see the child's class teacher or year head;

## 6. Top tips for foster carers when dealing with a bullying issue

- Make sure that you and the other people are good role models when dealing with a bullying issue.
- Remain calm and try to establish the facts.
- If there is evidence of the bullying, for example social media posts, remember to keep these.
- Bullying is never acceptable and remind children it is never their fault that they have been bullied.
- Tell children that they have done the right thing in disclosing what has happened to them.
- Find out what your child wants to happen, however be mindful of safeguarding matters and our duty to protect children in care of the State.
- Never tell a child to retaliate if they are being bullied and they should always inform a trusted adult
- Encourage the child you are caring for to take up activities that can boost their self-esteem and confidence.

# The Foster Home and Health and Safety

## Standards and Regulations

Fostering Services National Minimum Standards (England) 2011:

- [Standard 10 - Providing a suitable physical environment for the foster child.](#)

Training, Support and Development Standards for Foster Care:

- [Standard 2 - Understand your role as a foster carer.](#)
- [Standard 3 - Understand health and safety, and healthy care.](#)

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## 1. Introduction

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As part of your preparation to foster, your assessing social worker will have talked to you about health and safety, so you are clear on what your responsibilities are as a carer. A health and safety checklist will also have been completed as part of your assessment. This checklist is to ensure that your home is in a safe condition for the age group you are approved for.

Your Safe Care Plan will also address certain areas of risk to increase your health and safety awareness.

If specific needs are identified in respect of health and safety of a placement, we will endeavour to provide appropriate training or resources will be sourced to reduce risk. This will be continually reviewed by your Supervising Social Worker.

Foster homes should provide a warm and welcoming environment where children are safe from harm or abuse as well as bullying. The home should be clean and well maintained including decor.

## 2. Equipment

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Your Supervising Social Worker will talk to you about any safety equipment the fostering service may be able to offer. Any equipment provided by the fostering service is on loan and must be returned at the end of the placement. These discussions will include your arrangements for transport including car seats etc.

## 3. Fire Safety

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The whole family should decide on a fire exit strategy that identifies which exits you might use.

The foster home should have smoke alarms, one on each floor of the house. You should make sure batteries are changed as needed. As part of your assessment it is recommended that you have an assessment for fire safety from the States of Jersey Fire and Rescue Service. This assessment is free.

You should avoid multi-way adapters as these are a fire hazard.

When doors and windows are locked e.g. at night, all members of the house including the foster child should know where to find the keys in the case of an emergency.

You should store matches and flammable liquids safely out of the reach of any child.

## 4. Kitchen Safety

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You should make sure that all appliances are safe and in good working order.

There should be no leads from kettles or irons hanging where a child could pull it.

When you are cooking turn pan handles towards the back of the cooker so they cannot be pulled, and, if you have small children, use a stair gate to keep them out of the kitchen.

Cat litter trays should not be kept in the kitchen and must be kept out of reach of children.

Toxic/hazardous substances, such as bleach, cleaning materials, medicines, glue and aerosols should be stored safely and securely out of the reach of any child.

## 5. Outdoor Areas

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If you have a swimming pool or a pond it should be covered, fenced off or drained. The cover should be weight bearing and used when the pool is not in use. Failure to comply with this recommendation may affect your approval or continued registration.

Any chemicals should be kept in a locked, safe place, which children cannot access.

Any outbuildings such as garages and sheds should be locked.

If you have slides and swings, they should be secure with a soft surrounding area.

A greenhouse/shed should be in good repair and any glass should be away from the play area or made of toughened glass.

Barbecues should be closely supervised and children should never be left unattended near them. Barbecues can remain hot for a long period of time after use and they should be damped down once finished with. Children should not be allowed to light barbecues. Never leave barbecues unattended.

If children play unsupervised in the garden, then gates and fences should be secure.

Some fairly common garden plants are poisonous and some are fatal. Children may eat berries and think they are okay. Poisonous plants should not be in the garden. If they already are, you should remove them.

## 6. Pets

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You should not keep a dog which comes within the scope of the Dogs (Jersey) Law 1961 and supplementary Dogs (Amendment no. 4) (Jersey) Law 2016, either because it is a banned type of dog (any dog of the type known as the pit bull terrier; Japanese Tosa; Dogo Argentino; Fila Brasileiro), or a dog (of any breed/type) which is dangerously out of control, including on private premises.

It would not be appropriate to place a child in a household where such a classified dog is being kept. Considerations in relation to dogs will include where/how they are kept. A recent Review conducted by Public Health Wales concluded that the most important piece of advice for members of the public is '*to never leave a baby or young child unsupervised with a dog, even for a moment, no matter how well you know that dog*'.

As part of the annual review, consideration may also be given to the breeding of animals and/or working animals in relation to the impact of the welfare of the child/young person in your care.

Where children have allergies to pets (for example in relation to asthma or eczema), you should talk to your Supervising Social Worker about how best to minimize the effects.

If you do have pets, you should keep their areas including the garden clean and regularly changed.

## 7. Gas Appliances

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You should make sure that any appliances are in good working order and regularly serviced by a [Gas Safe engineer](#). You may be asked to produce the certificate at the time of your foster carer review.

## 8. Transport

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There is a separate section regarding this, see [Transport](#).

## 9. Concerns about Health and Safety

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If there are concerns about any aspects of your home, then your Supervising Social Worker will discuss this with you and a period of time will be given to resolve the issue. If the issue remains a significant concern and are not resolved, then a report will go to the fostering panel to consider your approval.

Your Supervising Social Worker will support and guide you to creating and maintain a safe and caring environment. They will also help you with developing your Safer Caring Plan (see [Developing a Safer Caring Plan](#)), which includes health and safety matters. If required and agreed with the foster child's social worker if may be deemed necessary to arrange a break (respite) from fostering.

This information will be reviewed and amended along with any changes in legislation to make sure you provide the safest possible family home.



# The placement

# Types of Placement (including changes e.g. Adoption)

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## 1. Introduction

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There are many different types of placements and some fostering agencies may not offer the full range. If you are considering adopting your foster child please see [What If I want to Adopt my Foster Child](#) below.

## 2. Types of Fostering

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### **Short-term Fostering:**

Short-term carers provide temporary care for a child/young person, who is unable to live with their family. The placement can last from a few days or weeks, months or longer if care planning or court processes are protracted and up to 2 years. The placement is temporary while plans are

made and carried out. Regular contact with significant people such as birth family is an important part of short-term fostering.

### **Long-term Fostering:**

Long-term carers offer permanent homes where adoption is not suitable for a child/young person. A long-term foster child is likely to continue living with foster carers whilst in full time education and they will be expected to support the child with their living arrangements whether they continue to live with the carers or independently. It is likely that contact will continue with birth parent/s and/or extended family, however this may be at a reduced level.

### **Short Breaks for Disabled Children:**

These carers provide respite care to children with disabilities living with their own families. This gives their parents or usual foster carers a break.

### **Respite Care:**

Respite carers also offer support to other foster carers. Whilst we are aware that children and young people are unlikely to benefit from respite care within their foster placement, we are also aware that foster carers do sometimes need this support to ensure placements continue to succeed for all concerned. This is different from supporting other carers informally, which is sometimes called respite. There may also be occasions where you have planned a holiday, however the foster child is unable to go with you for what can be a variety of reasons.

### **Connected Carers:**

These carers provide placements for a child/young person who cannot live with their birth parents but can live within their extended family network, or a friend of the family. These placements help to provide continuity of care, family, school and friendships, networks and keep the child/young person's cultural and individual identity.

### **Intensive Fostering:**

Intensive fostering is for young people who are going through difficulties and have a higher level of need that cannot be met within general fostering. This is a service currently being developed where carers will be full time carers and will be available to take any identified placement.

### **Parent and Baby/Child Fostering:**

For parents and their babies/children who are in need of support and assessment of their parenting skills.

### **Emergency Care:**

Emergency carers provide time-limited placements for a child/young person in emergencies, these placements usually happen out of office hours.

### **Private Fostering:**

Private fostering is when a child/young person under 16 is cared for, for more than 28 days by an adult who is not a close relative and the arrangement has been made between the carer and the parent. This should be referred through the MASH who will refer this to the Children's Service for a private fostering assessment.

**Sibling Groups:**

Where brothers and sisters are placed together.

**Bridging:**

This forms part of a long-term placement for a child/young person and can sometimes be for a short specified time up to two years in duration. Carers work with the child/young person and their families towards reunification or prepare the child/young person for joining adoptive or long term/permanent fostering families or for moving to semi-independence.

**Staying Put Arrangement**

Staying Put arrangements are arrangements to extend the foster placements into a 'Staying Put' arrangement by agreement between the care leaver and the carer, in order to support the young person until such time that they are fully prepared for adulthood. The young person will no longer be cared for under the fostering regulations as the Staying Put arrangement occurs when the young person turns 18. The arrangement ensures the young adult can experience a transition similar to their peers, avoid social exclusion and be more likely to successfully manage their independence when they do move on. Your Supervising Social Worker will discuss this with you when your foster child reaches the age 16 years as part of their care planning.

### 3. How Many Children can I Foster?

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At approval the fostering service will decide how many children you are approved for, what age, sex and category of approval. There are times, however, when the fostering service may ask you to take a child/young person outside your approval range if it is felt this would be a way to meet the child's needs.

When this happens the fostering service can vary your approval for a short time either to allow for longer term plans to be made or for a review of your approval as a foster carer to be done so that your approval status can be changed in order to accommodate the child for a longer period.

### 4. Exemptions

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The 'usual fostering limit' is three, so nobody may foster more than three children unless:

- The foster children are all siblings (then there is no upper limit); or
- The service exempts the carer from the usual fostering limit in relation to specific placements.

In considering whether to exempt a person from the usual fostering limit, the service must consider:

- The number of children whom the person proposes to foster;

- The arrangements which the person proposes for the care and accommodation of the fostered children;
- The intended and likely relationship between the person and the fostered children;
- The period of time for which he/she proposes to foster the children; and
- Whether the welfare of the fostered children (and any other children who are or will be living in the accommodation) will be safeguarded and protected.

## 5. What If I want to Adopt my Foster Child?

Adopting a child is very different to fostering. This is about making a forever commitment to the child so this needs to be considered carefully. The most important thing is that there is a [Permanence Plan](#) for the child to be adopted and if this is the case and you would like to find out more, speak to your Supervising Social Worker.

If the decision is to proceed, an assessment will be done focusing on the potential of you as a prospective adopter and whether this will be in the long-term interests of the child. You will receive the same assessment, preparation and training as other prospective adopters.

Long-term fostering may be another option and has the following advantages:

- The Minister retains a role in negotiating between you and the birth family over issues such as contact;
- There is continuing social work support to the child and your family in a placement that is regularly reviewed to ensure that the child's needs are met;
- It maintains legal links to the birth family that can still play a part in the decision-making for the child.

Long-term fostering has the following disadvantages:

- Lack of [Parental Responsibility](#) for you;
- Continuing social work involvement;
- Regular [Looked After Reviews](#), which may be seen as unhelpful to the placement;
- Stigma attached to the child due to being in care;
- The child is not a legal member of the family. If difficulties arise there may be less willingness to persevere and seek resolution;
- Post care and/or post 18 the carers have no legal responsibility towards the young person.

# Understanding Placement Plans and Looked After Reviews

## Standards and Regulations

Training, Support and Development Standards for Foster Care:

- [Standard 1 - Understand the principles and values essential for fostering children and young people.](#)
- [Standard 2 - Understand your role as a foster carer.](#)
- [Standard 4 - Know how to communicate effectively.](#)

Also see [Working with Families and other Professionals.](#)

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### 1. Introduction

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You will need as much information as possible about a child/young person before they come into their home. Wherever possible planning meetings and documents are held and provided prior to a placement starting. There also should be an opportunity for the foster child to have introductory visits prior to placement starting. However, where this is not possible, there should be a planning meeting and a Placement Plan within 5 working days and Care Plan within 10 working days of the placement / child coming into care. No information should be withheld from you without a manager's approval and this will only be in rare cases.

### 2. The Child's Care Plan

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A [Care Plan](#) must be completed before the child's first placement or within 10 working days of them coming into care.

This is a document that must be drawn up where a child/family is receiving a service from the States of Jersey Children's Service. It should provide information relating to the child and their family, and what work must be done to meet the needs of the child or young person in relation to future plans for them.

One of the main jobs of the Care Plan is to ensure that each child has a [Permanence Plan](#) by the time of the second [Looked After Review \(this should be 4 months after the child/young person was admitted in to care\)](#).

The child's overarching Care Plan should include:

- Placement Plan (setting out why the placement was chosen and how the placement will contribute to meet the child's needs).
- Permanence Plan (long-term plans for the child's upbringing including timescales).
- [Pathway Plan](#) (where appropriate, for young people leaving care).
- [Health Plan](#).
- [Personal Education Plan](#).
- [Record of Need \(where applicable\)](#).

### 3. The Placement Plan

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This is a document that must be completed either before the day or within 5 working days of a placement being made with you. In an emergency as much information as possible should be shared with you even though the placement plan may not be fully completed. The completed plan is drawn up by the child/young person's social worker, with you and your Supervising Social Worker and family members. This plan details the expectations and routines of the child, as well as how their needs will be met in the foster placement.

The Placement Plan covers the following areas:

- Objectives and purpose of the placement.
- Arrangements for the child's education and training, including the name and address of the child's school/other educational setting/provider and designated teacher; Health and Care Plan.
- The child's personal/cultural history.
- The child's likes/dislikes.

- Arrangements for the child's health (physical, emotional and mental) and dental care, including the name and address of registered medical and dental practitioners; arrangements for giving/withholding consent to medical/dental examination/treatment.
- The rules of the placement, including how the child should behave.
- Agreements for contact between the child, their family and others.
- Frequency of social work visits to the child and yourself, and any review meetings.
- Delegated Authority where appropriate.

The Placement Plan must show who can make decisions about situations such as:

- Medical and dental treatment.
- Education and school trips
- Overnight stays.
- Leisure and home life.
- Faith and religious observance.
- Use of social media.
- Any other matters which the Children's Service/person with Parental Responsibility consider appropriate.

The Placement Plan must also identify any matters about which the Children's Service/person with Parental Responsibility considers that the child may make a decision about.

## 4. Looked After Reviews

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A [Looked After Review](#) (LAC or Statutory Review as it is sometimes known) is a meeting that covers the arrangements for making sure the plans put in place for a child in care happen.

Looked After Reviews are held at specific intervals. They are chaired by an [Independent Reviewing Officer \(IRO\)](#). They will discuss with all those involved with the child's life including the child/young person how they are progressing and how their needs will continue to be met. The Independent Reviewing Officer has a monitoring role for the child overall so is a good source of support if needed.

Looked After Reviews happen at the following intervals:

- Within twenty working days of the child becoming [Looked After](#).

- Then within three months of an initial Looked After Review.
- Then subsequent looked after reviews should be conducted not more than six months after any previous review.

Looked After Reviews should be brought forward by the Independent Reviewing Officer where the circumstances of an event has a significant impact upon the child's Care Plan, as suggested in the following sorts of circumstances:

- A proposed change of [Care Plan](#) for example arising at short notice in the course of proceedings following directions from the court;
- Where agreed decisions from the review are not carried out within the specified timescale;
- Major change to the contact arrangements;
- Changes of allocated social worker;
- Any safeguarding concerns involving the child, which may lead to enquiries being made under Article 42 of the Children (Jersey) Law 2002 ('Child Protection Enquiries') and outcomes of Child Protection Conferences, or other meetings that are not attended by the IRO;
- Complaints from or on behalf of the child, parent or carer;
- Unexpected changes in the child's placement provision which may significantly impact on placement stability or safeguarding arrangements;
- Significant changes in birth family circumstances for example births, marriages or deaths which may have a particular impact on the child;
- If the child is charged with any offence leading to referral to Probation Services, pending criminal proceedings and any convictions or sentences as a result of such proceedings;
- If the child is excluded from school;
- If the child has run away or is missing from an approved placement;
- Significant health, medical events, diagnoses, illnesses, hospitalisations, or serious accidents; and panel decisions in relation to permanency.

This is not an exhaustive list and other events considered to be significant may prompt an earlier review. The decision whether to have an early review is the IRO's.

The parents and child should also be consulted about the need for an additional review.

You should therefore:

- Discuss with your social worker any changes that occur for yourself or for your family;
- Ensure the social worker for the child is fully informed and aware of any of the issues that have been highlighted;

- Discuss with your social worker, any other matter that you feel could reflect significantly or impact upon the child or their Care Plan.

The IRO can then consider whether an earlier review should be convened.

The first [Looked After Review](#) following a young person's 16th birthday should consider whether a [Staying Put](#) arrangement (whereby the young person remains in the foster home after the age of 18) could be an option.

You should attend the reviews of the child/young person you are caring for.

Also at the meeting may be the child/young person (if appropriate), the child's teacher, their family, the child's social worker and any other professionals working with the family.

If you are worried about these meetings, discuss this with your Supervising Social Worker.

As part of the fostering training offer we offer a training, where you are able to meet with an IRO to discuss their role and your participation in the looked after review process. Please discuss this with your supervising social worker.

# Helping a Child to Settle Into Your Home

## Standards & Regulations

Fostering Services National Minimum Standards (England) 2011:

- [Standard 1 - The child's wishes and feelings and those significant them;](#)
- [Standard 5 - Matching the child with a placement that meets their assessed need;](#)
- [Standard 11 - Preparation for a placement.](#)

Training, Support and Development Standards for Foster Care:

- [Standard 1 - Understand the principles and values essential for fostering children and young people;](#)
- [Standard 2 - Understand your role as a foster carer;](#)
- [Standard 4 - Know how to communicate effectively.](#)

All children will have been given information about you, your family and your home before they are placed with you unless it is an emergency placement. They may have also visited you before the decision to place them was taken and may have had an introduction period where they were able to express their view about living with you.

This will hopefully help in settling a child in but all children will cope differently with either coming into care or a placement move.

Check the information given to you from the child's social worker; ask them if there is anything you are not clear about before the placement starts.

Talk to all other children in the household about the new child to help them adjust also.

Some will need more reassurance than others; for example, some may be withdrawn or be more challenging to care for as they do not want to be in care.

It is important that you are calm and reassure the child, setting clear boundaries. If the child is withdrawn, give them space but also offer times when they can talk to you or spend time with you. Think of ways how you could open up communication, for example offering them a drink or snack or enquiring about their day at school or how contact had gone. It is sometimes useful to reflect what the child might be thinking or feeling, for example 'I don't know these people' or 'I am scared and don't trust them'.

If times get difficult it is important for them to know that it's their behaviour which you object to and not them. Don't expect things to change quickly, it may take time. You need to tell them that it is OK to be angry but it's what they do with that anger, e.g. go for a walk, and do an activity depending on their age.

Some children may be on their best behaviour and be scared to show how they feel in case you send them away.

Your supervising social worker is there to help you through this - remember discuss the difficulties as they happen and keep a record on your diary sheets in the Children's Information file.

Your own family will also take time to adjust. Your children may feel neglected by you because some of your time is given to another. Your children may copy bad behaviour. It will be useful to look at all this when you are developing your Safer Caring family policy. See [Developing a Safer Caring Policy](#). You should explain to the child the general rules of the house and what is expected of them.

The following information will be useful and should be gathered from the child's social worker and parents where possible

- What the child prefers to be called;
- What do they like to do?
- Does a young child have a dummy or a comforter - like a teddy or a blanket? What is it called? Older children may have a comforter but may be embarrassed about anyone knowing;
- Clothes are important, if they bring any with them don't throw them away, use them at first but then make sure you keep them as they are part of the child's memories - if the child is old enough, let them choose what to wear;
- A child may be uncomfortable bathing or undressing in front of a stranger – be sensitive and find out what the child is used to;
- People who are important to the child and their relations to him including friends;
- Food - likes, dislikes routine, special religious or cultural preferences;
- Bedtime routines;
- Skincare;
- Pets, likes and dislikes and fears;
- Hobbies and interests;
- Fears;
- Medical information and allergies;
- Any communication difficulties.

If the placement is for a [Disabled Child](#) in order to make sure the child settles, you should;

- Speak to your supervising social worker to get as much information as possible about the child and their disability;
- Have high but realistic, expectations of the child and set clear boundaries;
- Stress the good things a child can do;
- Praise the child, reassure them;
- Encourage the child to take part in a wide variety of activities;
- Help/teach them to play and mix with other children;
- Help them become as independent as possible;
- Don't treat them differently;
- Talk to them, discuss, and explain things;
- Be patient.

# My Placement may be Breaking Down

## Standards & Regulations

Training, Support and Development Standards for Foster Care:

- [Standard 2 - Understand your role as a foster carer;](#)
- [Standard 4 - Know how to communicate effectively.](#)

For full details of the disruption meeting process, please see the relevant policy.

### Disruption Meetings

Placements ending in an unplanned way nearly always leave all those concerned feeling bad. Your supervising social worker will want to work with you to make sure that everything is done to support you with children and young people living with you and to manage difficulties.

When you are struggling, use your support mechanisms to help you to find a way forward.

However, not all foster care placements work out. Disruption is the word used to describe a placement, which ends before it was supposed to.

A disruption can also occur when Children's Social Care feel the placement is no longer meeting the child's needs or you decide that you are no longer able to care for a child or the child decides they do not want to stay in the placement.

It is vital that for whatever reason the placement ended, you make the move for the child as positive as possible.

A Disruption Meeting may be arranged by the child's social worker.

These meetings may be held a little while after the actual disruption so that some of the immediate feelings of upset have reduced. They will consider all aspects of the placement in an attempt to understand what happened. Disruption Meetings can sometimes feel threatening, but it is important to recognise that their purpose is not to blame anyone but to reach a better understanding of what happened, including whether more support should have been provided. Most carers who have been through the placement breakdown have found the Disruption Meeting helpful.

Who may attend:

- You;
- The child (if appropriate). If not it is important that their views are obtained by the child's social worker. The child should be asked whether they wish to have an advocate/representative attend with them or on their behalf;
- Birth parents/family (if appropriate); Again their views should be sought.
- Your supervising social worker and their Manager;
- The child's social worker and their Manager;
- A minute taker;
- The proposed carer, if applicable;
- [Independent Reviewing Officer](#);
- Any other relevant people.

The Chair of the meeting should ensure the circumstances that lead to the disruption are reviewed, and that everyone has the opportunity to express their views in order to find out:

- How and why the disruption happened;
- To learn from what happened and avoid the same thing happening again - for the child/others in your home;
- All the positive work and good experiences for the child amongst all the difficulties;
- Support all parties involved and help them carry on and recover;
- To contribute to the future planning for the child;
- To identify work to be done and who will do it.

The Chair will make sure minutes are sent to all those involved. The report of the Disruption Meeting may be presented to the fostering panel.

A [Looked After Review](#) should also be arranged.

A review may also be held to look at your approval terms, if it was felt your actions contributed to the disruption of the placement.

# Ending a Placement

## Standards & Regulations

Fostering Services National Minimum Standards (England) 2011:

- [Standard 1 - The child's wishes and feelings and those significant to them;](#)
- [Standard 11 - Preparation for a placement.](#)

Training, Support and Development Standards for Foster Care:

- [Standard 2 - Understand your role as a foster carer.](#)

Usually when you have a child/young person placed with you it may end when:-

- The child returns to their family;
- The placement breaks down;
- The child is moved to another placement;
- The young person is old enough to live independently;
- The child/young person is adopted - either by another family or possibly you.

Wherever possible when a placement is coming to an end, a plan should be developed to move the child/young person. The child/young person might be feeling worried about what is going to happen to them even if the move is one that they feel positive about.

You may feel anxious about the child/young person's move too, this is natural, that's why it is important for everyone that there is a clear plan about what will happen and who will do what. It is really important that you talk to your supervising social worker, especially if you think that the move is not in the child's best interests.

## Useful Tips

You have an important part to play in helping the child to move and should be positive about it even if it is in difficult circumstances. When you are talking to the child about the move be positive about why they are moving and what will happen.

Plan "goodbyes" for friends and family members that the child is close to.

You should put together information about the child/young person's daily routine, likes/dislikes and any other important information that will help the new carer and let the child's social worker know if you are happy to talk to the new carer.

If the child/young person has photographs, life story book and other information about the time that they have spent with you, you should make sure that they go with them.

Make sure you pack all important documents such as their passport.

You should provide clear instructions about any medication or appointments the child may have.

The child's belongings should be moved in a suitcase or holdall and not plastic bags. The Jersey Foster Carers Association will provide funding for the purchase of suitcases. Please ask your supervising social worker to organise this for you.

Let the child know what contact they may have with you in the future and provide them with photographs and mementoes of their time with you.

If a placement ends without this being planned, a disruption meeting may be held. A disruption meeting is an opportunity for everyone who has been involved in the child/young person's care to look at what has happened, what went well and what could have gone better. This helps not only you as a carer but may help the child in future placements.