Gwasanaeth Maethu Dewi Sant

St David's Fostering Service

FOSTERING HANDBOOK

WELCOME TO ST DAVID'S FOSTERING SEVICE

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1.About us

1.1. WELCOME TO ST DAVID'S FOSTERING SERVICE

We would like to offer you a very warm welcome as foster parent/s for St David's Fostering Service, a registered charitable Fostering service providing foster care for children aged 0-12 years. This Handbook sets out to guide you through your journey with us and should be used as an initial reference point for any questions or queries you may have in respect of how we can all best work together to ensure that children in our care have the opportunity to thrive so they can reach their full potential and to ensure they are looked after safely, and in line with their individual needs and our policies and procedures. As you will imagine there is a lot of information to share and it may appear a little daunting to see it all in one go. To help you to navigate this we have set up the Handbook to include the most significant highlights of each area, which you can then delve deeper into using the links provided. These will include the relevant policies and procedures. It is suggested that when you want to refer to a specific practice issue that you use the search function, as some topics are referred to in more than one place and this should make it easier to navigate and find all relevant references.

Your main source of support will be from the Supervising Social Worker allocated to you. They will give day to day advice and support you through the process of receiving a placement and with specific fostering tasks. Always ask, especially if you are unsure about anything.

1.2. STATEMENT OF PURPOSE

Our Statement of Purpose provides all the information required to fulfil the requirements of our legal obligations. It sets out how the service is set up and managed and is a rich source of information for you.
Statement of Purpose - English
Statement of Purpose – Cymraeg

1.3. SERVICE GUIDE

Our Service Guide aims to provide succinct information about the services we provide and is available to you and the children in your care.

1.4. PROMOTING EQUALITY AND DIVERSITY

St David's is committed to working in an anti- discriminatory way. It recognises and works with individual differences in respect of language, ethnicity, culture, gender, sexuality, disability, or religious beliefs. Staff and foster parent/s' complete induction training based on a recognised competency framework, Foster parent/s also receive regular 1 to 1 supervision, focused on identifying and addressing the individual needs of the child/ren in placement taking particular account of their developmental needs, health, education, safety and well- being alongside their social, linguistic, cultural and/ or religious beliefs.

1.5. OUR CHARTER

Vision – Every child living with a foster family is provided with a nurturing environment in which to grow and thrive.

Mission – Through a modernisation of placement approach we will provide open recruitment focused on the needs of children looked after (CLA) and will support families who can nurture children living in Wales where a foster placement is needed.

1.6. CHILDREN'S VOICE AND CHILDREN'S RIGHTS

The United Nations Convention on the Rights of the Child (1989) sets out the basic human rights of children throughout the world.
We believe all our children and young people have the right to:

- Have the best start in life.
- Take part in, enjoy learning, and have the best education possible to expand their knowledge, develop their creativity and fulfil their potential.
- Enjoy healthy lifestyles and be protected from harm, abuse, neglect, and discrimination.
- Be able to play and have fun.
- Be listened to and treated with respect.
- Have a home and a community that is a nice place to grow up.
- Have enough financial and material support for what they need.

The UK is a signatory to the Convention, meaning UK legislation upholds these basic rights and enables children and young people to exercise their rights. The Convention also states that rights need to be balanced with responsibilities, in particular the responsibility to respect the rights of others. At its heart is the belief that children and young people need the chance to participate in society. If they are not given this experience, they will struggle to become responsible adults with an understanding of justice and right and wrong.

The Convention on the Rights of the Child: The children's version | UNICEF

1.7. WELSH LANGUAGE

At St. David' s Children Society we recognise that we all have a part to play and that everyone' s contribution counts in respect of making provision for the Welsh language Active offer

When answering the phone, we greet people bilingually. We also know who speaks Welsh at the Service and know who we can contact if anyone making contact needs to speak Welsh.

We understand that language is an essential part of a person' s identity and that the needs of Welsh speaking service users are a key part of the equal opportunities agenda in Wales as outlined in The Welsh Language (Wales) Measure 2011.

St David' s Children Society has therefore adopted the principle that in carrying out its work in Wales it will treat English and Welsh language on the basis of equality and provide an active offer of providing services in the Welsh language.

At a practical level we have Trustee's, Administrators and a Social Worker that are fluent in and could provide a service in Welsh. As with our website, all key documents at the Society e. g. statement of purpose, service user guide and assessment are available, on request, in Welsh.

2. About fostering with us

2.1. APPROVAL/FOSTER CARE AGREEMENT

As an approved foster parent/s you are responsible for the care of a child in care or young person. The terms of your approval are agreed taking into account the nature and number of children that are considered suitable for you to care for, the terms of approval include the type of care placements offered, the numbers and/or ages of children, and/or the name of the specific child/ren that you are approved to look after. Any changes are managed through a formal review process.

As a core member of the team, it is incumbent on you to ensure that the child or young person's physical and emotional needs are met, that they attend school, college or playgroup, and that their health needs are being addressed in accordance with their Care and Support Plan. It is also incumbent on you to ensure that your house meets good health and safety standards, that the equipment you use is fit for purpose as well as any premises that you use on a regular basis, such as holiday caravans. We will need to know of changes in your household, including day-to-day activities such as plans for taking holidays, babysitting and keeping pets.

The tasks associated with Fostering are regulated by The Social Services and Well-being (Wales) Act and by The Regulated Fostering Services (Services Providers and Responsible Individuals) (Wales) Regulations 2019. These requirements are covered in your Foster Care Agreement and at the beginning of each placement of a child with you in a separate agreement called The Placement Plan. Every child in the care system has a separate individual Care and Support Plan that is unique to their circumstances. It is this plan that provides the details of the package of care required. When a fostering service approves someone as foster parent/s, they are required to enter into a written agreement with them – this is called the foster care agreement. It is a written agreement made between the fostering service and the foster parent/s when they are first approved and is revisited at every foster care review.

The Foster Care Agreement states that the foster parent/s will:

- attend relevant meetings concerning the child or young person and provide written reports to the meeting if requested
- help to prepare the child or young person, as appropriate, for meetings
- comply with the terms of the Placement Plan in relation to any particular child
- work within the fostering service's policies and procedures and guidance
- allow inspectors of the fostering service to visit their home by prior arrangement and to see them and/or the child or young person.

The Foster Care Agreement also sets out the following roles and responsibilities of foster parent/s. This list offers a general overview of your responsibilities. It will be supplemented, on an individual basis, with reference to the specific needs of young people placed with you.

- The expectations in terms of the care you are required to provide for the child. This includes a requirement that the child be treated as though they are a member of the foster parent/s' own family.

- The procedure for reviewing your approval. Every Foster parent/s has their approval reviewed at least once a year. This review does not mean going through the full assessment process again. In exceptional circumstances a review may be conducted at any time, this would be if significant changes were identified within the fostering household or if complaints or allegations were made. Health and safety matters are routinely reviewed at the same time as an annual review.

- What support and training will be provided.

- How you can make a complaint.

- The requirement for you to notify St David's Fostering Service of any significant changes in your circumstances. This includes a change of address or any change to who lives in the family home.

- The Foster parent/s will not ever physically or psychologically punish the child.

- St David's Fostering Service must be informed, by you, of the child's progress and of any significant events affecting the child.

- You must care for the foster child as outlined in the Foster Care Agreement and Placement Plan.

- You must maintain a safe care environment. This will be discussed and reviewed on a regular basis with your Supervising Social Worker.

- At all times you are required to care for the child/young person with knowledge of, and respect for, that child's racial, cultural, religious and family origins, sexual orientation and disability and to ensure that the child's needs are met in regard to all of these.

- To take the child / young person's views into account in matters of daily living and to ensure that they are able to make choices consistent with your role as a 'reasonable parent'. This involves attendance at all meetings concerning the child/young person, as appropriate, ensuring their views are shared with the responsible authority.

- To ensure that you inform St David's Fostering Service immediately of any serious illnesses or incidents that involves the child or young person in your care.

- To work with all those involved in the child's life and to contribute to the implementation of the child's/young person's care and placement plans, with due account taken of your delegated authority as foster parent/s.

- To keep records about the child/young person in line with the St David's Fostering Service recording policy. (See Record Keeping)

- To maintain standards of confidentiality concerning any information given or held about the child/young person and his/her family.

- To promote and support contact with the child's/young person's birth family, as agreed in the placement and Care and Support Plans.

- To attend regular supervision and the Annual Foster parent/s Reviews, and to undertake training and development opportunities in order to develop skills and knowledge.

- To actively contribute to 'Life Story' work, by collating appropriate information and photographs.

With respect to the young person(s) in your care you are responsible for;

- Taking a key role in implementing the young person's care and placement plans.
- Actively promoting the young person's growth and development (emotional, social and physical).
- Encouraging and supporting educational progress and achievement.
- Championing their origins, religion and culture.
- Enabling them to make and maintain appropriate relationships with their birth families.
- Supporting transitions in a positive manner.

Foster parent/s also have responsibilities: -

- To keep children safe and free from harm.
- To teach them how to get help in problematic situations.
- To promote their secure attachment to adults capable of offering safe and effective care.
- To act as their advocate.
- To provide them a stable environment with appropriate friendship and affection.
- To function as an active member of St David's Fostering Service, working with colleagues within the service and beyond, within agency guidelines, policies and procedures.
- To participate fully in all reviews, family meetings, case conferences and court hearings as required.
- To keep accurate contemporaneous written daily records in respect of placements; and contribute to reports.
- To take up appropriate training opportunities and take responsibility for own continuing development.

The Fostering Panels (Establishment and Functions) (Wales) Regulations 2018 - Matters relating to Foster Care Agreements

2.2 FOSTER CARE AGREEMENT AND MANAGING CHANGES

Should any of the following apply whilst a child is placed with you, you are required to notify the Fostering Service and child's Social Worker without delay, in order that matters arising can be managed safely and appropriately.

- change of address
- any change to who resides in the family home
- bereavement
- criminal convictions or cautions
- applications to foster, adopt or childmind
- changes in relationship such as separation from partner or a new partner relationship

2.2.1 PREPARING FOR CHILDREN TO STAY

Once approved as foster parent/s, a child will be matched to your care. It can be an exciting time for you but also a daunting one, particularly if this is your first time.

Focusing on the needs of the child(ren) is key, and good communication with us is vital to help you establish how you can meet the needs of the child.

It may help to have a bit of a plan in place, keep spare toiletries/nappies/PJs or other essentials suitable for children in your age range ready, particularly if you are approved as an emergency/short term foster parent/s.

It may be helpful to have a list of questions to hand to try to find out as much information about the child(ren) as possible, to help you to meet the needs of the child(ren).

- What are the child's current hobbies/interests, and details of any clubs attended.
- Information on their diet, their favourite foods and in particular any allergies or dietary needs.
- Information about health needs and any diagnosis for both physical and psychological health (e.g. history of anxiety/depression or self-harming).
- Information about education and any additional needs or issues with attendance, etc. If this is not local to the foster parent/s home how will the child get to school? For example, will any transport be provided? Request the details in writing.
- Emotional and behavioral needs (e.g. is the child withdrawn, verbally or physically abusive to others? Is the child at risk of absconding?)
- Information on any cultural or religious needs (e.g. any specific dietary requirements, skincare or hair care needs, and does the child attend a place of worship, etc.).
- Information on any known or suspected abuse including physical, sexual, emotional, neglect, domestic violence, sexual exploitation, exploitation by criminal gangs, or concerns about the influences of extremism that could lead to radicalisation.
- Family situation and proposed contact/ family time arrangements and role of the foster parent/s (e.g. are the family in support of their child coming to live with you? What is their proximity to the parents' house? Are there any known risks or any actions to be taken?) What contact arrangements with extended family or significant others in the life of the child are there?
- Does your home have a pet, does this pose any concerns for matching?

Ideally, every placement should be planned with an opportunity for introductions with the foster family before the children move in. Foster parent/s should be able to meet the child's parents beforehand. This can help to establish a good relationship from the start.

Children new to a foster family will need information about the house rules. Many fostering households have a family book which sets out how the family operates. It can include things like bedtimes, mealtimes, the kind of food everyone in the family likes or dislikes and the activities and hobbies they enjoy.

Foster families must also be clear about behaviour expectations and what the consequences will be if these are not met

Having a room of their own is a requirement for children aged over three, unless otherwise agreed within their Care and Treatment Plan. Like all children and young people, they need privacy and respect, for themselves and possessions that are important to them, such as letters or birthday cards.

Children need to feel safe, to know that no one is allowed to hurt them. Foster parent/s will need to consider this and will usually draw up house 'policies' to make sure that everyone in the home knows the rules and guidelines. Such 'safer caring' policies can also protect foster parent/s from the risks of their action being misunderstood.

In the case of a planned moved for a child in care, a Placement Planning meeting will take place before the child comes to live with you, involving social workers, foster parent/s and where appropriate birth parents. In an emergency situation this meeting should take place within 5 working days. The Plan should include details of any delegated authority to the foster parent/s to make day to day decisions for the child.

2.2.3 DELEGATED AUTHORITY

Delegated authority is the process that enables foster parent/s to make common sense, everyday decisions about the children and young people they care for, such as allowing them to go to friends' houses for sleepovers, taking part in sporting and outdoor adventure type activities that may carry an element of risk, signing consent forms for school trips and even arranging haircuts. Using a Delegated Authority form you can as the foster parent/s, give consent to some basic medical or dental treatments. It is usual for this to include routine dental treatment and planned medical interventions. This should be given to you by the child's social worker at the placement agreement meeting or as soon as possible thereafter.

You need to inform the child's social worker and your Supervising Social Worker about any medical appointments that you have attended with the child and should ensure these dates are also added to the foster parent/s diary forms that you complete.

For other medical situations consent has to be given by the person who has parental responsibility (this would usually be a parent or local authority social work manager). In an emergency, a doctor can take whatever action is necessary, even without parental consent.

Holders of parental responsibility can delegate authority to foster parent/s to undertake such tasks and decisions. Foster parent/s never have parental responsibility for a fostered child, so they can only take decisions about the fostered child where that authority has been delegated to them by the local authority and/or the parents.

Clarifying who is best placed to take everyday decisions depends on many factors: the young person's age, views, legal status and care plan, the parents' views and the experience and views of the foster parent/s. Collaboration and consultation are essential for successful working partnerships.

The Placement Plan also addresses the purpose of fostering the child (e.g. if that is for a short or longer term), arrangements for education/training, the child's personal/cultural history, their likes and dislikes, arrangements for health and any arrangements for consent, the expectations in regard to behaviour and behaviour management, contact/family time arrangements, frequency of social work visits, etc.

2.3 OUTCOMES

St David's Fostering Service is commissioned through a framework, called the 4C's that sets out specific desired outcomes designed to track and measure a child's progress whilst being looked after. The intention is to monitor delivery of the wellbeing outcomes as outlined in the Social Services and Wellbeing (Wales) Act 2014, within eight (8) common aspects:

- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Education training and recreation
- Domestic, family and personal relationships
- Contribution made to society
- Securing rights and entitlements
- Social and economic wellbeing
- Suitability of living accommodation

Monitoring is defined in this aspect by children and young people in their language as:

- Being alive & feeling good
- Staying safe
- Learning
- Belonging
- Taking part
- Being Myself
- Happyhood
- Funky living

Our services are set up and managed with these outcomes at the forefront of our thinking. This means that you will notice these headings being used frequently in our supervision and training and feedback processes. This allows us to monitor, review, report and set up services to promote the best outcomes.

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3. Safe Care Plans

One of the most important responsibilities of foster parent/s is to keep children and young people safe. At the same time, foster parent/s must keep themselves and their families safe from any harm that could arise through fostering, including the risk of complaints or allegations. The key to good, safer caring is for foster parent/s to be risk sensible regarding the risks involved for children in different situations and making well thought through decisions, in partnership with the child's Social Worker and the fostering service.

A foster child or young person coming to stay with you will not know your family rules and boundaries and will take time to learn them. They may come from families where there was a lack of structure to family life, or boundaries on behaviour, and their pre-care experiences are likely to affect their behaviour. If you have any concerns, you should talk these through with your supervising social worker.

Foster parent/s must always balance risks in the everyday decisions they take for themselves, their children and their fostered children. The difference with a fostered child is that foster parent/s care for them on behalf of the local authority and so are accountable for the day-to-day decisions they take. They will be asked by their fostering service to do some things differently than they might with their own children, to keep everyone safe.

Children and young people in care are often more vulnerable than their peers, due to their previous life experiences, so foster parent/s need to understand and manage the particular risks they may face while helping children to have as normal a childhood as they can.

We cannot eliminate risk from everyday life, the key to good, safer caring is about foster parent/s being risk sensible of the risks involved for particular children in different situations and making considered decisions, in partnership with the child's Social Worker and the fostering service.

Safer caring is all about being "risk-sensible", not risk-averse. It is about foster parent/s working in partnership with children and young people, their parents, wherever possible. Social Workers will help to develop the right safer caring plan for the child being mindful of their day-to-day life to understand and balance the risks involved in a particular activity or decision, rather than applying a fixed set of rules in all circumstances.

You will probably want to agree on your safer care plan beforehand, with the whole family, before you talk to newly arrived child(ren). Some foster parents just like to talk things through, in an age-appropriate way, others like to put things on paper in words and pictures. Each family will have their own way of doing this.

Your safe care plan must be updated whenever there is a notable change to your household or new fostered child(ren) join the household. You will also need to complete a safer care plan in advance when you take children away on holiday.

Your supervising social worker completes part of the safer care plan and will also offer advice on completing your part. The plan is reviewed annually as part of your fostering review.

Sometimes a specific risk assessment may be needed for children or young people when particular incidents or worries have arisen.

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

- Consider each issue from everyone's point of view (the foster child, other children in the household, yourself, visitors, possibly pets etc.)
- Any specific situations when and where areas of problems may arise
- Which caregiver is responsible for implementing each aspect of the plan (remember to include outsiders like babysitters)
- Setting times to review the plan, especially when there are significant changes
- Impact of when you go for a holiday or weekend away?

- What will you do if one or more aspects of the plan are not working?
- The Names you use
- Children should be actively encouraged to call you by your first name and discouraged from calling you 'mummy' or 'daddy' because it can cause confusion and ambiguity about their own family.
- Physical Contact
- You must provide a level of care, including physical contact, which demonstrates warmth, respect and a positive regard for children.
- Physical contact should be given in a manner which is safe, protective and avoids the arousal of sexual expectations, feelings or in any way which reinforces sexual stereotypes.

3.1 SHOWING AFFECTION

One of the prime tasks for foster parent/s is to work with the children to maximise opportunities for forming and benefiting from positive relationships with adults.

Showing affection is a particularly important part of your caring role and should never be avoided because of the fear of allegations. Warmth and understanding are essential, but everyone needs to know and understand when a relationship is inappropriate.

Children who have suffered unexpected losses in adult relationships are likely to be constantly fearful of being abandoned again.
Children should always be asked first if they would like a kiss, hug or a cuddle. They need to be taught by a caring adult to say 'no' if they do not want to be touched and what touch is appropriate touch.

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

3.2 PLAYING

Play is a crucially crucial factor in our development. It is particularly valuable to children as it enables them to explore their relationships, develop their physical abilities, explore their environments and learn about team playing and boundaries, usually within a creative and non-judgmental framework.

Sometimes older looked after children have not had the opportunities to play that others of the same age have had and therefore it should be noted that they may enjoy games that are designed for younger children.
Where possible encourage children to play in public parts of the home. Listen out when children are playing and check when they go quiet.

You may feel that the child should play with friends at your home particularly during the early days of a placement. This may be more difficult when they are older children. If you are not sure, talk to your Supervising Social Worker.

Be mindful of your boundaries and careful not to inadvertently put yourself in a position where your physical actions or behaviour may be misconstrued by a child, rough and tumble play would fall under this category.

3.3 BULLYING

Instil firm understanding that bullying is not acceptable and be clear about the actions that will be taken if you suspect bullying or are told of bullying happening.

Be clear to children about what is acceptable behaviour.

If necessary, provide opportunities for children to consider the issue of bullying through creative activities e.g. writing stories or poems or drawing pictures. Use these to create discussions about bullying and why it matters.

Be good role models as foster parent/s and attend training and development opportunities regularly to be aware of issues related to bullying and to understand how our policies and procedures and expectations work in practice.

St David's Fostering Bullying Policy and Procedure.docx

3.4 INTIMATE CARE

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

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

3.5 ENURESIS AND ENCOPRESIS

- If it is known or suspected that a child is likely to experience enuresis, encopresis or may be prone to smearing it should be discussed openly, 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. 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. Always....
- Talk to the child in private, openly but sympathetically.
- Do not treat it as the fault of the child or apply any form of consequence.

- 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.
- Maintain a record to assist in determining patterns or trends and for reporting back to the Social Worker.
- Make arrangements for the child to have food in good time before bed and arrange for the child to use the toilet before retiring; also consider arranging for the child to be woken to use the toilet during the night.
- Use mattresses or bedding that can withstand soiling.
- Allow for children who are old enough to wash themselves. Consideration should be given to whether the child's previous experiences and preferences mean it might be better for either foster parent/s identifying as a particular gender to carry out this task, or for both, jointly to do it.
- Foster parent/s should leave the door open when putting children to bed.

3.6 MENSTRUATION

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

3.7 EDUCATION ABOUT RELATIONSHIPS, SEX AND SEXUALITY

Sex education, sexuality, sexual orientation, and contraception can be complex issues for a foster family to consider with regards to the children and young people we care for. There can be legal points to consider in terms of the age of consent or potentially ethical / moral / religious differences to negotiate between the young people, their parents, carers, social workers.

There is a responsibility to equip children with knowledge around healthy relationships, looking after themselves, treating each other with kindness, staying safe and recognising the difference between online and offline friendships. Carers are expected to be involved in discussing relationships and sex education with young people to help them to make informed decisions about their wellbeing, health and relationships as well as preparing them for a successful adult life.

Support can be accessed from their supervising social worker and specialist nurse.

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 is never too late to talk about sex. All children need communication, guidance, and information about these issues, even if they sometimes do not 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 they 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.

You must adopt the same approach with children who explore or are confused about their sexual identity or who have decided to follow a particular lifestyle so long as it is not abusive or illegal.

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 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.

Schools are governed to provide relationship and sex education in the broadest sense but children will always be influenced by their experiences within the home environment. Some looked after children's experiences may not have been conventional, they may have been in environments where boundaries were not in place thus impacting on their development of a heathy attitude towards sex, sexuality and relationships. Your understanding and approach in enabling these types of experiences to be worked through sensitively is imperative in helping the child/ren in your care to navigate and explore their developmental needs safely.

Relationships and sex education is important for all of us as we grow up. This should also be age appropriate. Children need to be helped to think about what makes a good friend, they need to learn how to avoid situations that might put them at risk of abuse and/or exploitation.

Your Placement Plan and Safety Plan will provide a framework for you to manage any particular issues and as always, your supervising social worker will be available to assist with any issues arising and support any training or development opportunities required for you.

3.7.1 MASTURBATION

This is a normal part of children's development. Some children masturbate as a way of comforting themselves or releasing tension. However, in others it may be a sign that they have been sexually abused, which may mean they do not understand the boundaries of acceptable sexual behaviour and have a very confused view of sex and adult relationships.

Where children masturbate in public, try to respond in a calm and matter of fact way; explain that this is something that should only be done in private and discuss ways in which they may achieve this. This should be discussed with the child or young person's social worker and supervising social worker who can provide helpful and useful reading material. Advice can also be sought from the Looked After Children Nurse.

3.7.2 AGE OF CONSENT

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 Looked After Children are at elevated risk of becoming a teenage parent because of sometimes being out of education or being moved from placements 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 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.

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 relationships 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.

Sex and consent | Childline
Video: When Thinking About Consent, Start With A Cup Of Tea

3.8 GOING OUT

You have responsibilities towards the children you are looking after and towards those you ask to babysit or look after children. You need to think about what you can do to avoid putting everyone at risk. Ad hoc arrangements are not acceptable unless in exceptional circumstances. Anyone with regular access to the chid/ren should be vetted and checked before having unsupervised access to a child looked after.

You should be clear about what your Supervising Social Worker considers satisfactory arrangements for caring for children when you are out. You may arrange short-term care with other foster parent/s (with the agreement of the child's Social Worker). You must ensure that St David's Fostering Service is aware of any plans, from the outset.

3.9 TRAVELLING BY CAR

Legal obligations in respect of the use of child car seats must always be adhered to and will depend on the age and ability of the child.

Think about who travels alone in a car with a foster child. It can be an effective way of the child having one-to-one contact 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.

A safe rule is for foster parent/s to avoid travelling alone with a foster child. If this cannot be avoided, the child should travel in the back of the car. If there are two Parents with a child, it will 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.

3.10 SUPERVISION OF CHILDREN IN THE HOME

As a foster parent you are responsible for the supervision of children and young people in your care. The degree of freedom given to children will depend on many factors, including the child's age, level of development and communication needs. For any significant decision-making the child's care plan and views of their social worker are obviously key. In terms of day- to-day care foster parents also need to keep in mind that you may not be aware of all of a child's history. As such, children should be supervised while playing together and this should generally take place in a living area, rather than a bedroom. Children should not be left unsupervised with dogs. Some children who are looked after may have previously experienced having been locked in a bedroom so 'sending children to their bedroom' as a sanction should be avoided. If you have any concerns about supervision within the home, you should speak to your supervising social work and any areas of concern should be recorded in your safer care plan.

3.11 LEAVING YOUR CHILD OR YOUNG PERSON HOME ALONE

The law does not determine an age at which a child can be left alone but it is against the law to leave a child alone if it puts them at risk and parents / carers can be prosecuted if they leave a child unsupervised 'in a manner likely to cause unnecessary suffering or injury to health'. Leaving a child in the care of one of your own teenage children for a short time is something that you should discuss with your supervising social worker. The NSPCC state 'There's no legal age a child can babysit – but if you leave your children with someone who's under 16, you're still responsible for their wellbeing.' There are a number of factors to consider in thinking through what this could mean for a child who is looked after, and for your own child, for example if an emergency were to arise, or an allegation were to be made.

As foster parents you are caring for a child on behalf of the local authority and you should always be mindful of this, whilst also balancing this against the needs of our children to not be treated differently. For teenagers, being left at home alone is a step which needs to be considered in the context of the young person developing independence skills. Before leaving a child alone, you must make a judgement about his / her capabilities and reliability, but you will be unable to do this until the young person has been living with you for some time. The social worker's opinion may also be helpful in deciding whether the young person is ready for this step.

3.12 ALLOWING A CHILD OR YOUNG PERSON TO GO OUT ALONE

Deciding when a young person should go out alone is a judgement based on his / her maturity, amongst other factors. However, there will also be considerable peer pressure to allow it, whether the child is ready or not. Before allowing a child to go out alone for the first time, for instance walking to school or to the shops, you must ensure children are aware of all the relevant risk factors including traffic or talking to strangers. They should be educated about how to keep themselves safe and what to do in an emergency or if, for instance, they miss the bus home.

The law does not determine an age at which a child can be left alone but it is against the law to leave a child alone if it puts them at risk and parents / carers can be prosecuted if they leave a child unsupervised 'in a manner likely to cause unnecessary suffering or injury to health'. Leaving a child in the care of one of your own teenage children for a short time is something that you should discuss with your supervising social worker. The NSPCC state 'There's no legal age a child can babysit – but if you leave your children with someone who's under 16, you're still responsible for their wellbeing.' There are a number of factors to consider in thinking through what this could mean for a child who is looked after, and for your own child, for example if an emergency were to arise, or an allegation were to be made.

This area can be problematic for foster parents who are fostering young people with a history of few or no boundaries. Wherever possible you should put in place house rules about when young people can go out (for instance not on a school night) and when they must return. Young people must also inform you where they are going and with whom.

There may be times when answers about where they are going are vague and when they do not comply with the agreement about the time to return. You may be concerned that they are putting themselves at risk but equally unable to physically stop them from leaving. These are not easy situations to resolve. Having an argument may mean the young person will not return to the foster home at all, thus placing himself/herself at even greater risk.

In coping with this situation, the relationship that you build with the young person is extremely important. If they are able to maintain channels of communication, the young person is more likely to consider acting on what you are saying. This means avoiding conflict and argument but explaining calmly how worried you are about the risks he / she is being exposed to and ensuring that they have appropriate information about drugs, alcohol, and sexual health. You should also make clear that whatever happens you will be there for the young person.

You should also discuss any concerns with your supervising social worker, who may be able to offer additional support and advice.

3.13 PHOTOS, VIDEOS AND THE INTERNET

It should be clear in the Placement Plan 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 and make sure that they get copies and that they know who else will see them and why.

Be extra sensitive to how children react to having their photo taken. Never take photos of children having a bath or wearing 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. Ensure that you install software that filters inappropriate material for children on all devices available to children.

Foster parent/s must take up regular training in managing the digital world and safeguarding.

3.14 CHILDREN WITH DISABILITIES

Children with a disability are particularly vulnerable to abuse.

There may be more of a need for intimate personal care. Where a child/young person has a disability or complex health needs, the child's Social Worker will offer advice based on the individual needs of the child in your care.

Foster parent/s 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.

3.15 THE FOSTER PARENT/S' 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 is safer to provide all children with a time of affection outside your bedroom.

3.16 CHILDREN'S BEDROOMS

Your plan should be clear about bedroom rules e.g., it may be decided that you should knock on bedroom doors before going in.

Children over the age of 3 should have their own room but there are exceptional circumstances when children can share. When this happens, they should have their own space in the room and somewhere to store personal possessions.

Children must not share beds.

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.

3.17 BEDTIME

Bedtimes are an opportunity for foster parent/s to show care and warmth towards the child, striking the balance between rules and safe caring that need to be found for each individual child. The rules are set to protect themselves and others. Children need to learn how to say 'no'. Foster parent/s 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 right 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.

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.

Providing a safe environment means that other children in the foster home must understand that any sexual activity with a foster child is as unacceptable as with a biological brother or sister.

The most important thing is that the child feels they can come and ask you questions and talk to you about the subject if they are not sure. Foster parent/s should never share personal details about this subject with the child.

3.18 THE WAY YOU DRESS

It is important for people to dress appropriately when in the house. Make sure that your family and foster children wear nightwear and that expectations are clear for everyone.

3.19 FIRE PLAN

Discuss and agree, 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.

3.20 RESTRICTIVE PHYSICAL INTERVENTION

Foster parent/s need to be confident in understanding the difference between appropriate physical interaction between themselves and the child and a restrictive physical intervention. Restrictive physical intervention must never be used by foster parent/s other than in exceptional circumstances, where Parents have received specialised training and then only on the basis of prior and explicit agreement with the child's Social Worker, IRO and parent(s) as recorded in the child's Placement and Care and Support Plan.

St David's Fostering Service Promoting Relationships and Restraint Policy and Procedure.docx

3.21 MISSING FROM HOME

The plan needs to make explicit how you should respond in the circumstances where the child is missing in accordance with the 'missing children' procedure and any measures that are helpful in reducing the risk of the child going missing. A detailed set of guidance is listed later in the Handbook.

3.22 SAFE STORAGE OF MEDICATION

The plan must specify where all medication will be securely stored in the household in accordance with requirements of storage, administration and disposal of medication and first aid procedure.

Safe Caring plan created 20.09.24.docx
Safe Care policy.docx

4. Safeguarding Allegations and Concerns (see also 21)

An allegation is an assertion from any person that a foster parent or another member of the fostering household has, or may have, behaved in a way that has harmed a child, committed a criminal offence against a child or behaved towards a child in a way that indicates they are unsuitable to work with children.

Allegations are more serious than general complaints against foster parents because allegations have to be investigated under the All-Wales Child Protection Procedure. Allegations should be treated differently from concerns about poor standards of care.

The local authority in which the foster parent lives, the fostering service they work for, the local authority responsible for the fostered child and the police will all be involved in deciding exactly how a particular allegation is investigated.

Foster parent/s and all young people of sufficient age and understanding residing within the fostering household should be familiar with the contents of the 'Managing allegations against staff and foster parent/s' procedure' and in particular be confident in knowing what to report and who to approach should they have any concerns of a safeguarding nature about foster parent/s and/or a member of staff.

The Fostering Network provide further information here

The Fostering Network "Allegations, concerns and Complaints" book can be purchased of shared as required - information can be found here

5. Supervision and Support_

St David's Fostering Service believe that support for foster parent/s is crucial and plays a key role in stability and success of placements. St David's Fostering service aim to maintain skilled professional relationships with you at all times to ensure that you receive the support, training, and information necessary to enable you to provide care and support in accordance with the child's plan.

Regular professional supervision will be undertaken. This will be a minimum monthly for short-term placements and in accordance with the placement agreement for longer term arrangements.

Supervision will be recorded on a standard template, signed off and saved securely and will be used to monitor practice and outcomes. This template will be in 2 sections, one children specific to be saved within the child's file on CHARMS and the other foster parent/s specific to be saved within the foster parent/s file on CHARMS.

Foster parent/s

- Update on actions agreed
- Change of circumstances /issues arising in the fostering family
- Training
- Health and Safety
- Outcomes
- Safe Caring
- Actions Agreed

Children

- Health
- Education
- Contact
- Savings and Pocket money
- Social and Emotional wellbeing
- Risks and Concerns

St David's Fostering Service will provide regular support groups for foster parent/s that will incorporate both training/development and social opportunities.

We will ensure foster parent/s receive support, including support outside office hours, as appears necessary in the interests of children placed with the foster parent/s and to enable them to provide care and support to children in accordance with each child's care and support plan.

Foster parent/s will have access to specialist and tailor-made support when needed. This includes access to psychological health support and therapeutic services.

All children should be made aware of the support and services available to them and should have access to an independent adult they can trust and who can represent their interests if required. This includes sons and daughters of foster parent/s whose needs and views should also be considered by the fostering agency.

St David's Fostering service will always ensure foster parent/s are aware of the support available to them during any allegations / complaints made against them. Foster parent/s and their families will have access to independent support when needed.
St David's Fostering service will monitor and review the information, training, advice, and support provided to foster parent/s and prospective foster parent/s and make any improvements which may be necessary.

Supervision of Foster parent/s policy.docx
110124 Foster parent/s Supervision Template.docx

6. Self-Awareness/Care_

As a foster parent it is important that you are aware of your limits, which can of course be impacted by many different factors; changes in your family circumstances, health, work situation and the needs of the child(ren) you are caring for. If you are becoming stressed and losing your patience with a child, it is essential that you take action straight away to keep the child and yourself safe.

Seeking help from your support network, other foster parents, and speaking with your supervising social worker at the earliest opportunity is vitally important. The behaviour of children in the care system can reflect the trauma they have experienced and this in turn can trigger reactions for foster parents; recognising this, admitting to having difficulties, and taking prompt action is not a sign of weakness. Experience tells us that asking for help early on prevents situations escalating.

When foster parents become stretched beyond their limits, either by the needs of the child(ren) they are caring for, or by a combination of additional life factors there may be a risk of:

- Compassion Fatigue: where you become so drained and exhausted that psychological changes occur in the brain which render you unable to connect with the child or access empathy or higher thinking/ reasoning. An element of compassion fatigue is 'burn out' described as feelings of physical and emotional exhaustion
- Secondary trauma: where you feel traumatised by the child's experiences

Self-care may include short brain break with a cup of tea, a walk, bath, reading, exercise or a planned weekend or day away, venting to a supportive friend/listener

- Build in 'brain breaks' this may be short regular breaks or a period of respite.
- Use your networks to build in support.
- Attend training and support opportunities.

7. Finance and Insurance

St David's Fostering Service respect and celebrate the critical role of our foster parent/s. While money will not be the main motivation for you becoming foster parent/s with us we understand that it is important.

Once approved as foster parent/s and you welcome a child/ren into your life you will receive a weekly allowance of £470 per week for each child that you look after. This allowance is made up of a fostering fee and a child's allowance that covers costs associated with caring for the child, including engagement in hobbies and interests, clothing, food, and household expenses. For most foster parent/s, this will be tax free and will unlikely affect any benefits you are receiving.

We will ask you to sign an agreement with us, covering the arrangements for financial payments, it will include, but is not limited to, the following points;

- Payments are made 2 weeks in arrears from the date a child is placed
- What day of the week payments are made.
- The agreed amount of savings
- How to deal with any issues arising

3.19 FIRE PLAN

His Majesty's Revenue and Customs (HMRC) treats all foster carers as self-employed for tax purposes. So, once they have been approved, all foster carers should register as self-employed. HMRC will charge a penalty if a foster carer does not register as self-employed within six months of the end of the tax year in which they are approved (i.e. the year they start self-employment). The tax year runs from 6 April to 5 April, so the deadline for registering as self-employed is 5 October. (For example, if you became approved as a foster carer between 6 April 2023 and 5 April 2024, you would need to register by 5 October 2024.)

It's simplest to register with HMRC online. You can also call HMRC if you need support with your registration.

Once registered as self-employed, foster carers will need to calculate how much tax they owe and submit a self-assessment tax return every year. To do this, it's important that foster carers have a record of the children they foster, the dates they are with them, and their ages.

Foster carers who register as self-employed are automatically registered for Class 2 National Insurance contributions.

Tax & National Insurance Contributions for Foster Carers | Financial Support | The Fostering Network

7.2 EXPENSES COVERED BY THE ALLOWANCE

We understand that there are likely to be differences in how foster parent/s spend the allowance allocated to each child. The following stipulates what we expect the allowance to cover, any additional expenditure needs must be discussed and agreed in advance, in line with the identified needs of the child.

Foster Home • Heating • Lighting • Toiletries • Skin and hair products • Haircuts • General household expenses • Decorating • Insurance • Equipment including toys and furniture
Travel (including contact)
Food • Special dietary needs • Celebrations of birthdays and other festivities
Education • Toddler group equipment / nursery fees • books, pens, paint, papers
Sports • Health and Leisure memberships/ fees • clothing and equipment
Social and cultural/religious activities • Cinema • Theatre • Recreational activities and outings (incl. entrance fees) • Prayer books • Festivities • Special clothing

Although this is not an exclusive list it addresses the most prevalent areas where regular expenditure is needed.

In addition, foster parent/s are expected to budget and save money for items such as a bicycle, school uniform, school excursions etc. Where necessary receipts and evidence of spending may be requested and therefore it would be considered prudent for you to keep receipts for inspection and maintain good records.

From the total payment foster parents receive, they should deduct the total 'basic rate' (including pocket money, recreation, toiletry money and clothing allowance) for the age group of the child they are fostering. Children and young people can be divided into age groups as follows: - 0 to 11 years and 12 years plus. Of the remaining figure, 30% represents the 'reward element' and the remainder is to be spent on the child / young person. It is the responsibility of the foster parent/s to declare this for income tax purposes. At least once a year you will receive a notification from us of the minimum recommended weekly allowance for each child (including pocket money, recreational activities, toiletry, clothing and transport). A written record of how the allowance is spent must be kept (including receipts for clothes, leisure activities etc.), this will be inspected and noted, by the Supervising Social Worker.

Savings money belongs to the child/young person. When a placement ends the SSW ascertains from the Local Authority Social Worker, in writing, where the child's savings money is to be forwarded to. This is usually done by means of a Bank transfer. In some situations, there may be a contractual arrangement with a Local Authority which requires a specific amount to be saved each week. Many children and young people would want to save additional money from their allowance, or pocket money so foster parent/s will need to open a savings account. Foster parent/s must be proactive and seek support if they meet difficulties in opening a bank account for a looked after child. Details of the child's savings must be made available to the child's Social Worker and the Supervising Social Worker at their request.
Foster Carer finance claim form.docx

7.2 EXPENSES COVERED BY THE ALLOWANCE

While you do not need to have specialist home insurance to be foster parent/s, we will expect you to advise your insurance company of your fostering role and we strongly recommend that you speak to potential insurers about your occupation to ensure you are not exposed to any unnecessary risk.

The Fostering Network suggests 10 key questions to ask a potential insurer

- I am a foster parent/s, do you apply any additional restrictions, reductions or exclusions to my policy?
- Do you cover my foster children's possessions as contents of my home? Are there any non-standard restrictions, reductions or exclusions to this?
- Would you provide cover for any accidental damage caused to my buildings and contents by a foster child in my care?
- Would you provide cover for any intentional or malicious damage caused by a foster child in my care? If yes, what would I be required to provide as evidence to support my claim submission?
- Do you require me to let you know as and when I accept new placements, or foster children leave my care? If so, what information would you need me to provide and how quickly could you confirm if cover is available?
- If a foster child has a criminal background or a background of causing damage, do I need to disclose this to you?
- Do you have a cap on how many foster children I can have in my care at any one time?
- What is your claims process for dealing with foster parent/s home insurance claims?
- Do you have a team that understands my role as foster parent/s? Do you understand that I will have occupation-related visitors to my home regularly, such as Social Workers?
- Am I able to get specific foster home insurance advice at any stage during my policy period?

7.3.1 WHY SHOULD YOU ASK THESE QUESTIONS?

As foster parent/s, in the eyes of an insurer, you may also be using your home as a business premises. This is why it is particularly important that you speak to any potential insurers to really understand what you are and are not covered for.

With standard home insurance, it may not be enough just to tell your insurer you foster children. While it may not make any difference to your policy or premium, and they may note it on your policy that this is your occupation, it could be that you find you are not covered for things you assume you would be. Some specific things to think about are:

- **Fostered children's possessions** - This may seem to you like a standard part of being foster parent/s, but you need to make sure that any insurer considers your foster children's possessions to be contents of your home. If not, and there is any loss or accidental damage to any of their belongings, your insurer may not pay out.

- **Intentional Damage** - You may well have fostered children in your care from time to time who have experienced distressing situations that means they show signs of anger; resulting in them damaging or stealing your property or contents. If your insurer deems foster children simply to be part of your family, this will likely mean that any damage they cause intentionally, rather than accidentally, and any theft or attempted theft would not be covered under your policy, so you may find yourself out of pocket.

- **Claim requirements** - If an insurer can extend your policy to include an element of intentional damage and theft cover, you should also check with them what the requirements would be to claim under this section of the policy. It may be that you would need to obtain a crime reference number for any incidents of this nature in order to progress the claim. We understand that adding to a criminal record for your foster children is likely the last thing you want to do, so it is worth asking this question to ensure this is cover you would be able, and comfortable, claiming on. There are specialist providers who can offer policies where there is no need to obtain crime reference numbers for claims of this nature to be processed.

- **Awareness of your role and what it entails** - It is unlikely that a standard home insurance provider would really understand what it means to be foster parent/s and the processes that you follow to accept new placements. It may be that an insurer understands that you are foster parent/s, but that as a condition of the policy, they require you to notify them of any new placements you are considering accepting and whether they have a criminal background or a history of causing damage.

8. The Fostering Family, Mealtime, Bedtime and Play

8.1 THE FOSTERING FAMILY

Becoming foster parent/s will have a significant impact on everyone living at home and everyone in the household needs to be committed to fostering. The whole family will be involved in the decision to foster and the assessment process and training is available for children of foster parent/s. Children of foster parent/s have to share their parents, their toys and their friends, as well as sometimes cope with difficult and challenging behaviour. Despite these difficulties, many say that being part of a foster family has had a positive impact on them and helped them to understand others better. WE will always check up on the children in the home and seek feedback to make sure that their views are heard and where necessary acted on in their best interest.

My Family Fosters: a handbook for sons and daughters of Foster parent/s - The Fostering Network Publications

8.2 MEALTIMES

It is of course important that you give children and young people a healthy diet that provides them with nutritional value, and model healthy eating. Mealtimes are significant family social occasions and there is much to be gained from them. You may also need to take religion, cultural and dietary choices into consideration of both the child and their birth family. This should be noted within the placement plan. For a number of reasons, the children and young people we care for may have developed difficulties in relation to their eating habits, and this can be quite common.

As a guide for all children and young people we care for you should consider the following:

- Model healthy eating choices
- Provide regular times for meals and snacks
- Ensure sugar intake is limited
- Introduce new foods slowly and be prepared for some resistance to any changes
- Learn about the food children and young people do like
- Ensure the child drinks regular water and fluids, avoiding high sugar content drinks
- Engage them in the preparation and clearing up

8.3 BEDTIMES

Effective sleep is important for children and young people's physical and emotional wellbeing. For some children we care for however, they may not be used to a relaxing or structured bedtime routine or may associate going to bed with vulnerability or fear. In addition, adjusting to a new home with different adults caring for them can disrupt sleep patterns and make it difficult for them to initially settle to sleep in your home.

If the child or young person you care for has a structured bedtime routine already, it will be beneficial to adhere to this as much as possible, at least in the initial stages. They may have a comfort toy which helps them get to sleep, be used to nightlight, if they are fearful of the dark or enjoy stories before they sleep. Any information you can gain from their family members or previous carers, as well as their social worker, can be very beneficial.

Children and young people require differing amounts of sleep, according to their own development and age. You may consider the following in helping establish a structured bedtime routine, or effective sleep patterns:

- A warm (not hot) bath can help a child relax
- Establish a 'sleep' friendly environment; dim lights encourage production of the sleep hormone, melatonin
- Regular daytime and bedtime schedules
- Security objects, including blankets or soft toys
- Keep computer monitors and devices out of their bedrooms
- Avoid caffeine or sugar prior to bedtime

If you are concerned about the bedtime routine of the child or young person you care for, seek advice. Some useful guidance can also be accessed from the sleep foundation:

Perfecting Your Child's Bedtime Routine | Sleep Foundation

8.4 PLAY

The importance of play within any child and young person's development is a critical factor in their development and wellbeing. Language, emotional, creative and social skills are learned through play, as well as providing fun, adventure and an opportunity to develop relationships. You may care for children and young people who have not had an opportunity to engage in playful activities. Playing either on their own or with others could be a new experience for them and they may need more support and encouragement from you. Remember that all children develop in their own ways and in their own time; it is important not to compare them to other children but do seek advice and guidance from your supervising social worker if you have any concerns or questions about a child's play.

Your role as a foster parent is crucial in helping children develop a sense of self, fun and of their own abilities and there are many activities you can provide for to help them develop their play, including:

- Physical activity to develop body movement and co-ordination such as ball games, running and dancing
- Imaginative play including playing with dolls and puppets, drawing and painting to help develop imagination, creativity and expression
- Musical play; this will help develop listening, rhythm and hearing skills
- Board games can develop skills such as sharing
- Reading, sharing and acting out stories
- Exploring the outside environment

9. Annual Reviews health and safety at home

All fostering services must review their foster parent/s in accordance with appropriate legislation, fostering regulations and guidance. The review will consider whether foster parent/s' approval should continue and if there should be any changes to their terms of approval (if any are set).

Reviews are an opportunity to reflect on the previous year, consult others, acknowledge what has gone well, and consider any challenges as well as exploring the support needs of foster parent/s. It also provides an opportunity to undertake a formal review of health and safety and training matters. Fostering regulations make it clear that the first review report must go back to the panel. After that, there is no legal requirement for a review to go back to panel, although the fostering service may choose to do so.

The following principles apply in terms of annual reviews:

- Fostering services should have a clear local policy and practice guidance in relation to how they manage reviews.
- Terms of approval are kept under review in order to monitor any changes in circumstances, household members, age and range of children cared for etc.
- Allegations or concerns may trigger the need for a review as well as any significant change in the fostering household, such as a serious health issue, bereavement, separation or divorce.
- A report of the review must be written and shared with the foster parent/s and they should have the opportunity to include their own comments.
- A review should at a minimum seek and take account of the views of the foster parent/s, any children in placement during the last year, and the children's Social Worker(s).
- Fostering services must prepare a written report setting out whether the foster parent/s is suitable to continue to foster, their household continues to be suitable and the terms of approval continue to be appropriate and send out written notification to the foster parent/s/s.
- Where fostering services determine the unsuitability of approval, the foster parent/s must be informed of their rights and timescales to submit any written representations to the fostering service provider.

The Fostering Panels (Establishment and Functions) (Wales) Regulations 2018

Many of our due diligence checks are completed at the same time as your annual review. This includes checks on the environment that you live in. We will be interested in making sure that you have considered all aspects of your life when completing your health and safety records, including taking account of your home, garden and transport arrangement, any holiday property/caravan that you own, regular visitors to your home and family pets. Your DBS, medical and vehicle insurance/tax details will also be checked. Any changes or issues arising outside of the annual review process being undertaken should be notified to your Supervising Social Worker, without delay.

10. Training (induction/ mandatory/ ongoing)

St David's Fostering service will ensure any training (induction, ongoing or otherwise) is provided to foster parent/s in line with Social Care Wales Induction Framework, Foster Care Competency Framework and National Safeguarding Guidance.

St David's Fostering Service have arrangements in place to monitor and review the support or advice, training and information provided to foster parent/s and prospective foster parent/s. This feeds into the provider's statutory Quality of Care review.

Learning and development opportunities are considered to be an essential foundation for all foster parent/s. Some outcomes are specified within the regulations and are required to be updated in accordance with local policy. Foster parent/s may require additional learning and development opportunities at any point to ensure that they can meet the identified needs of specific children and young people in their care.

In addition to our local induction, aimed at helping you to gain a working knowledge of our policies and procedures, the following list outlines our core training framework. Your Supervising Social Worker will work closely with you to ensure that you can access and prioritise attendance and will seek feedback when courses have been undertaken. We expect, where there are two foster parent/s in a household, both to attend courses.

- Recording and Reporting (including use of CHARMS)
- Confidentiality and GDPR
- Safeguarding
- Promoting Equality and Diversity
- Child Development
- Safer Caring and Allegations
- Supporting Education and Development
- Working with Birth Families and Contact Recording
- Presenting and Information Sharing, including Data Protection
- Transitions for Children and Young People

- Life Journey Work
- Good Health and Well-being
- Developing a Secure Base and Promoting Attachment
- Managing Challenging Behaviour and Promoting Positive Strategies
- Advocacy and Children's Rights
- Health and Safety
- First Aid

These learning and development opportunities build upon a core foundation and reflect overall development needs. Foster parent/s may require additional learning and development opportunities at any point to ensure that they can meet the needs of the children and young people in their care. It is recognised that other opportunities outside of this framework may be required to meet specific needs.

- Moving Children onto Adoption
- Advanced Attachment and Trauma Therapeutic Re-parenting
- Digital Safety and Social Media Awareness
- Fostering Sons & Daughters and the Involvement of Extended Family
- Caring for Children and Young People with Additional Needs
- Advanced Strategies to Manage Challenging Behaviour
- Advanced Safer Caring and Risk Management
- Child Exploitation
- When I'm Ready - Promoting Independent Living with Teenagers
- Therapeutic Play
- Understanding and working with children and young people's psychological distress
- Taking care of yourself and each other
- Substances and Addiction
- Domestic abuse
- County Lines F
- Court Skills

Equality and Diversity

10.1 POST-APPROVAL LEARNING AND DEVELOPMENT FRAMEWORK FOR FOSTER PARENT/S

There may be a need for foster parent/s to access specific learning and development opportunities to meet the needs of the children placed with them or their own personal development. These may be accessed at any time during their journey through the Post Approval Learning and Development Framework. These specific opportunities may include:

- Child and Parent Placements
- Short Breaks/Support Care
- Managing transitions from residential care and re unification with birth familie
- Unaccompanied Asylum-Seeking Children and Young People
- Radicalisation
- Caring for children who have experienced sexual abuse
- Caring for children with specific needs e.g. disabilities
- Fostering Changes
- Train the Trainers
- Peer Mentoring
- Sexual orientation and gender identity awareness
- Sex and relationships

Competencies for Foster parent/s .docx

E-learning Modules Archives - AFKA Cymru

10-LD-Framework_E-1.pdf

11. Recording and Information Sharing

Keeping clear and accurate chronological records is a key part of foster parent/s role. The records kept belong to the fostering service, and children can either ask to read them at the present moment, or later on, as adults. They also provide information foster parent/s can use in review meetings.

Records should enable a child to understand themselves and their past. They may also be helpful for the child in later life when they want/are able to understand more about their childhood experiences and life journey.
It is therefore critically important, as foster parent/s that you contribute to these records and keep a daily log of events about all the children/young people placed with you.

Records also help to make sure that situations are clearly understood and this can help if allegations are made against you. They may also be used to contribute towards a Court hearing or to make important decisions about the child/young person.

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

Case records should reflect children's lives and how you are supporting the child. They should reflect a child's achievements and clearly relate to the plans for their futures. Records should help a child understand their histories, background and experiences. They are able to see them, challenge them or contribute to them as they wish, with appropriate support.

If you think that something is so sensitive that the young person should not see what you are going to write, you should contact your Supervising Social Worker to talk about this and how this should be recorded.

The Fostering Service will provide you with electronic records which you will complete for each child/young person in your care. We use a system called CHARMS that helps us to organise our service records and communications whilst also keeping records safe and in chronological order. The system supports the service practice framework through its set up. You will receive training in order to make the best use of it in your role. Your Supervising Social Worker will routinely check your records during supervision meetings and use the information on CHARMS to compile reports and information for your Annual Review. CHARMS training is provided to ensure that you can use the system effectively and efficiently.

We would encourage you to use a diary to record appointments, meetings and arrangements including any leisure activities the child or young person is involved in.

11.1 WHAT TO RECORD

- Contact - with the child's family/others, how was the child, how was the family/others, when they did not turn up and any reason given.
- 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 immunisation.
- 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 any incidents are reported.
- Comments the child makes that give you cause for concern, record these using the child's own words.
- Details of the child's behaviour that cause concern. Record their actual behaviour, what happened before the behaviour and how you dealt with it.

- Any positive improvements, achievements and significant events for the child.
- Dates when the child is away from the foster home – with family, friends, school trips, introductions to new parents.
- If the child/young person goes missing.
- Details of times when the child is with other parents 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 e.g. if the child goes missing, 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.

11.2 RECORDS - CHILDREN AND YOUNG PEOPLE

When a child/young person is placed with you, the child's Social Worker will give you:

- Placement Plan (which will be developed in consultation with you)
- Care and Support Plan, including any risk assessments
- Health Care and Treatment Plan
- Personal Education Plan
- Notes from Looked After Reviews

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.

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 and/or the 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. Whenever personal information is shared with another person or agency, it should always be recorded and for what purpose. If you are attending a meeting and information is shared with you, make sure you know whether you can share this information with the child, young person or parents before sharing this information. At times effective sharing of information is essential for the early identification of need.

11.3 FOSTER PARENT/S RECORDS

You are required to keep information including your form F assessment and Foster Care Agreement, records of supervision meetings, your Safe Care and Health and Safety risk assessments, a list of the children you have looked after as well as your up to date training and development records and a record of any allegations made against you.

These records have to be kept for at least 10 years after the date that your approval ends.

11.4 SAFEGUARDING AND THE GDPR/ DATA PROTECTION ACT 2018

St David's Fostering Services uses an electronic database for record keeping and management that is compliant with the GDPR requirements. It supports real time communication, that enables chronological information to be managed within a secure and safe system. Information, including photographs can be safely uploaded and stored. The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.

To effectively share information:

- all practitioners should be confident of the processing conditions, which allow them to store, and share, the information that they need to carry out their safeguarding role. Information which is relevant to safeguarding will often be data which is considered 'special category personal data' meaning it is sensitive and personal

- where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information without consent

- information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.

- relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.

Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.

11.4.1 BREACHES OF CONFIDENTIALITY

If personal data is shared without the consent of the person or when there was no legal basis for the sharing, the Foster Service will carry out an investigation into the circumstances.
Breaches of confidentiality are always taken seriously and may result in action being taken which is likely to include a review of your approval.

11.4.2 GOOD PRACTICE PRINCIPLES

1. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

2. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

3. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. 25 You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

4. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

5. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to-date, is shared in a timely fashion, and is shared securely (see principles).

6. Keep a record of your decision and the reasons for it –whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose. Department for Education.

11.4.3 TRAINING

We will provide training around recording, data protection and information sharing. If there is anything that is not clear, then you should seek advice from your Supervising Social Worker and/or children's Social Worker.

11.5.1 NOTIFIABLE EVENTS

- Death of a child
- Serious accident or injury of a child placed with foster parent/s
- Outbreak at the home of foster parent/s of any infectious disease which in the opinion of a general practitioner attending the home is sufficiently serious to be so notified
- Any referral to the Disclosure and Barring Service pursuant to the Safeguarding Vulnerable Groups Act 2006
- Allegation that a child placed with foster parent/s has committed a serious offence
- Any incident which is reported to the police relating to a child placed with foster parent/s
- Any incident of a child placed with foster parent/s being absent without permission
- Any serious complaint or allegation about any foster parent/s approved by the service provider
- Instigation and outcome of any child protection enquiry involving a child placed with foster parent/s
- Any incident of child sexual or criminal exploitation or any suspected child sexual or criminal exploitation

12. Working With Birth Families

Contact is a legal word often used by adults when making decisions about children and young people in care staying connected with their family. This can include visiting their family, talking on the phone, writing letters or sending presents or cards. The child's Care and Support Plan will determine who a child can see, for how long, and where and when it will take place.

Where appropriate regular contact provides children and young people with an ongoing sense of identity, as well as feelings of stability and security. However, as foster parent/s, this can often pose challenges.

For birth parents, contact can help them to feel reassured about the child's new situation and to acknowledge both their own bond with the child and the bond between the child and the foster parent/s. It may also help them to accept the court's decision about where and with whom the child should live.

The child's birth family are likely to always have a role in a child's life. Many children will think about them every day. Where there has been abuse and neglect these thoughts may be distressing yet their first family will remain a major part of a child's inner world and identity. Contact can reassure children that their family members are all right and still care about them. It can help them process why they no longer live with them and come to terms with their past. It can help them to continue to develop relationships with siblings and their wider family network, which may be particularly important to them as they get older.

12.1 BIRTH PARENTS' RIGHT IN FOSTER CARE

As part of the Social Services and Well-being (Wales) Act 2014, local authorities and, in turn, independent foster agencies, are required to support and promote contact with birth families, unless it is not in the best interest of the child. Birth parents benefit from the reassurance that their child is being taken care of, so maintaining contact throughout the foster placement allows them to continue and develop their relationship.

The amount and type of interaction birth families have with their child whilst in foster care will vary case by case. For younger children, the level of contact may be high, to maintain the attachment relationship, whereas a teenager may require less contact. This will always be decided by the local authority and Social Workers.

Foster parent/s need to support relationships between foster children and their birth family and are encouraged to apply the following principles and practice.

12.2 SPEAKING POSITIVELY ABOUT THE FOSTER CHILD'S FAMILY

One of the most important ways to support a foster child's contact with their birth family is by speaking positively about them. There may have been circumstances that have led to your foster child being placed in the care system which you do not agree with – however, as foster parent/s, it is your job to protect the child in your care from these events and focus on the positives.

This will help to strengthen the bond between the child or young person and their family, and it could help to work towards reunification, if this is the goal.

12.3 LEARN THINGS ABOUT THEM

Make a concerted effort to learn about the child's family. What do they like to do? What does the family tree look like – who has important relationships? What type of hobbies, social or cultural activities do they like? Being interested and curious will provide you with good opportunities for conversation topics at meetings and will help you to relate to your foster child too.

12.4 MONITOR BEHAVIOURAL CHANGES

It is common for foster children to exhibit behaviour changes before and after visits with their birth parents. These visits may trigger feelings of disappointment, sadness or loss, but they can also provoke feelings of anger and confusion as to why they are separated.

It is important that behaviour changes are recognised and reported to Social Workers so that they can be managed carefully. The child's feelings following birth family visits should always be validated whilst supporting ways to appropriately express these feelings.

12.5 PREPARE FOR VISITS BEFOREHAND

Opening up the lines of communication before visits is important, so the foster child can address their wishes and feelings beforehand. A good piece of advice is to not assume you know what your foster child is feeling – and be aware that their emotions may change over time.

Preparing for visits will differ for each child – for example, they may find value in knowing the date of the meeting in advance so they can prepare, but they could also become anxious about this if they know too far in advance.

12.6 MANAGING REUNIFICATION

In many fostering placements, the end goal is reunification. This refers to when the foster child is placed back into the care of the birth parents, family or guardians, and is typically more common in emergency placements or short-term placements. For both the foster child and the foster parent/s, reunification can present mixed and complex emotions. Your foster child may have reservations about being reunited with their birth parents, and you may find it difficult to say goodbye. Our Therapeutic Transitions can assist in managing these feelings and help to make it a positive move, for all concerned.

12.6 MANAGING REUNIFICATION

Although there are many birth parents who feel gratitude and respect towards foster parent/s for looking after their children, there are also birth families who experience difficulties which may manifest in resentment and jealousy.

Contact must always reflect what is in the best interests of the child. Understanding how the birth parent is feeling and recognising the loss they face will help avoid conflict and keep the focus on the child. Effective communication is vital. Try to be open and honest with parents about the benefits of sticking to contact arrangements for the child. Helping children create a narrative about their past and being open and truthful with them can help them feel secure in their new identity and life.

As foster parent/s, you will be supported and trained to understand how to manage these interactions and ensure that these are not reflected onto the foster child. They need to view both their foster family and their birth family on the same team, if they experience any hostility this could result in them feeling compelled to choose a side.

13. Working, in partnership with the Professional Network_

13.1 SOCIAL WORKER

Every child/young person placed in foster care will have a Social Worker, employed by the(ir) Local Authority. Sometimes they are referred to as the LASW. (Local Authority Social Worker)

Their role is to:

1. Assess the needs of a child.
2. Develop a relationship with the child.
3. Coordinate the child's Care and Treatment Plan and ensure it is regularly and robustly reviewed.
4. Work with you, the child and the child's family.
5. Share information with you.
6. Identify and manage risks, in partnership with you and other professionals, acting in the best interest of the child.
7. Obtaining suitable resources to ensure that the child's needs are met.
8. Visit the child at the foster home within one week of the placement and then at least every six weeks for the first year or visit in line with the Care and Support Plan. Thereafter, where the placement is intended to last until the child is aged 18, at intervals of not more than three months, and in any other case, at intervals of not more than six weeks.
9. 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.

If you, or the child you are looking after, are experiencing any 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.

13.2 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.

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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:

- Monitoring a child's case on an on-going basis.
- Chairing a child's Looked After Review.

They can be a useful source of support for you, if plans for a child are not going how they should, although it is the child's Social Worker who remains ultimately responsible.

13.3 EDUCATION

Every school has a designated teacher for children in care, they have a particular duty in respect of ensuring that safeguarding processes are dealt with. You will work with the educational settings to make sure the child is supported well and achieving what they should from both an educational and social perspective, within their education setting. The relationship you develop with the child's classroom room teacher/s will be significant to the child and will enable effective communication.

13.4 GUARDIAN AD LITEM

A Guardian is appointed by the court from CAFCASS (Children and Family Court and Support 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 encourage the child to share their views, particularly about their future and are supported to spend time with the guardian appointed so that

A the Guardian can tell the child's story in court where the child is not able to do this themselves.

13.5 INDEPENDENT VISITOR

The Local Authority looking after a child has a duty to appoint a person to be the child's Independent Visitor where it appears to them that it would be in the child's best interests to do so. The Independent Visitor will have a duty to make regular visits to the child and maintain other contact, by telephone and letter as appropriate.

Independent Visitors are particularly important where children have no contact with any member of their family. The main purpose of the visits and contacts will be to befriend the child and give advice and assistance as appropriate.

13.6 ADVOCATE

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. The child's Independent Reviewing Officers should also make sure that this information is available to the child and assist the child in identifying and appointing a suitable Advocate as appropriate.

13.7 CHILD ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

The Child and Adolescent Health Service take referrals for Looked After Children. Some of these children, due to their experiences, may have emotional and mental health issues. 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.

13.8 THE LOOKED AFTER CHILDREN NURSE

A child's health care needs are usually managed through the General Practitioner although children in care are also appointed to a specialist nurse who is involved in monitoring, reviewing and coordinating health service input. Other health professionals may also be involved on a case-by-case basis, depending on the individual needs of the child such as paediatric clinicians, physiotherapists, dieticians, opticians.

14. Inspections

Fostering service providers are registered by the Welsh Government and subsequently inspected as part of a regular cycle, in most cases this is a three yearly cycle.

All inspections are made against a set of published regulations. In Wales the Care Inspectorate Wales undertakes this function on behalf of the Welsh Government. The Regulations aim to ensure that children who are looked after by people other than their parents receive the best possible care and that the services who provide that care are fit to do so, taking account that they are set up robustly, properly resourced, suitably managed and conducted in line with the rights and needs of the children in placement and focused on wellbeing outcomes.

Inspections of independent providers are undertaken by regulatory inspectors, they analyse specified quality assurance information made available by the registered provider/Responsible Individual also known as the R.I., this includes records of approvals and terminations, complaints, safeguarding concerns and allegations. They will visit the service, meet with foster parent/s and Panel members and will consult with children, birth families and other key stakeholders, often by using questionnaires. They will be interested in your training and supervision experiences and will want to know how well you are supported. Inspectors will not turn up at your home unexpectedly. Often inspections are focused on a theme. Where shortfalls in the quality of care are evidenced the service provider is required to take actions within a set timescale to improve the service.

The Regulated Fostering Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019

15. Types of Placements

15.1 (WELSH) EARLY PERMANENCE – ALSO KNOWN AS WEP

With most children in Wales, when they are first removed from their birth family either just before or at the start of care proceedings, they are either placed with family members or in a short-term foster placement with approved foster parent/s. If the local authority plan, ratified by the court, is for the child to either be reunified with birth parents or placed with family members, then the child moves from their foster placement at the end of proceedings. If the care plan for adoption is accepted by the court, then the foster parent/s sees the child through their transition to their adoptive placement. With WEP, the foster parent/s who take the child at the start of proceedings are also approved prospective adoptive parents. They act as any foster parent/s, caring for the child, facilitating contact with the birth family and taking part in the child's looked after reviews. If the care plan is for reunification or placement with family, then they help the child with the transition to their birth family. If the care plan is for adoption, then the child stays with the foster parent/s who then become their adoptive parents. The foster parent/s are trained and prepared to become foster parent/s and actively work to a detailed reunification programme from the start of care proceedings, often facilitating regular contact with birth parents and / or other family members. The foster parent/s understand that the child may return home to birth parents or be placed with family and friends at the conclusion of the care proceedings. It is only if these options are ruled out by the court, following a welfare analysis and the making of a placement order that the formal matching takes place, and the foster placement transforms into an adoptive placement. The concurrent carers bear the risk of this placement not becoming an adoptive placement. If the child returns home or goes to family or friends, then the child will not have experienced any more moves than if they had been in a short-term foster placement and then returned to family. If the child remains with concurrent carers, then they will benefit from remaining with the one carer through to the adoptive placement.

15.2 THERAPEUTIC FOSTERING

Therapeutic fostering is a more specialist placement for children who have experienced significant neglect or trauma and would benefit greatly from therapeutic care. Working in partnership with the Family Place and incorporating the Fostering Together model, specifically designed to support transitions from both residential other fostering provisions

15.3 SHORT TERM

Refers to a temporary placement, where foster parents support a child for a specific period, whilst decisions are being made in relation to their long-term care. This may be a return to parents or wider birth family, onto adoption or into a long-term fostering arrangement. Short term foster parents work in partnership with children's families and involved professionals and contribute to the assessment of the child's longer-term needs.

15.4 LONG TERM

In cases where assessments conclude that a return to parents or to wider birth family is not appropriate and neither is adoption, children and young people will need a long-term fostering placement where they can be supported until they reach adulthood.

15.5 PARENT AND CHILD FOSTERING

Parent and child fostering provides a supportive and supervised environment where parents are offered guidance and helped to develop their parenting skills, so they can provide good enough care to their child. Foster parents will work in partnership with professionals involved with the parent and child and are expected to contribute toward the assessments of parents.

15.6 SHORT OR PLANNED BREAK FOSTERING

This type of fostering is a regular or one off, pre-arranged care provision for a child or young person. This could be to support family or an existing fostering placement, where it has been assessed as appropriate and necessary. Short breaks promote new opportunities and experiences for children to develop additional relationships and allow parents and carers the opportunity to spend time with other children in the family or to rest and recharge.

16. Making Placements

16.1 MATCHING

Every placement is made in line with due process. This means that we take particular care around matching children to specific carers because we know that this will benefit the child and the foster parent/s and help to achieve the best possible outcomes including placement stability and retention of our foster parent/s. We collate and share your information routinely with local authorities to enable us to make placements with you and expect placing authorities to share as much information and history as they can. The following sets out our key considerations and fits with the criteria set by the placing authorities when seeking appropriate care for 'their' children.

1. The child's history and any known resilience/risk factors
2. The type of the placement needed
3. The child's emotional, social and physical/health needs
4. The child's education
5. Contact arrangements with relatives and friends
6. The child's identity/race/culture

We also determine

- Your availability
- Your experience /strengths/needs
- Your family composition
- The distance from the foster home to the child's school
- Other children in the placement
- Your own children.

Once the possibility of a placement has been identified, the child's social worker will liaise with the foster parent/s supervising social worker. At this stage, the social worker will also discuss the child with the prospective foster parent/s and share/clarify any risks associated with the placement with the foster parent/s and the supervising social worker. The child's social worker will visit potential foster parent/s and consult with other professionals, prior to a decision being made.

If the placement is outside the foster parent/s's terms of approval an exemption is required which needs to be agreed to by all parties and signed off by our Fostering Panel.

When a placing authority approves the foster placement, the placement planning process can start

It is good practice for an introductory visit to be arranged to the proposed placement, with the child and parents (if appropriate).
13. Matching | Fostering and Adoption

16.2 PLACEMENT PLANS

Each individual child has a Placement Plan which must be completed either on the day or within five days of a placement being made with you. This 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:

1. Objectives and purpose of the placement.
2. Arrangements for the child's education/training, including the name and address of the child's school/other educational setting/provider and designated teacher; the Local Authority maintaining any Education, Health and Care Plan.
3. The child's personal/cultural history.
4. The child's likes/dislikes.
5. Arrangements for the child's health (physical, emotional and psychological) and dental care, including the name and address of registered medical and dental practitioners; arrangements for giving/withholding consent to medical/dental examination/treatment.
6. Arrangements for contact between the child, their family and others.
7. Frequency of social work visits to the child and review meetings.
8. If an Independent Visitor is appointed, the arrangements for them to visit the child and their contact details.

The Placement Plan will also outline the necessary arrangements for ending placements.

The placement plan will be reviewed at the child's looked after review. However, if children are not settling into their placement, managers can take steps to ensure that the plan is reviewed with the placing authority, the parents and parents (as appropriate) to consider the best steps to take. They will challenge effectively and take action when they are concerned that placing authorities are not making decisions that are in children's best interests, when the statutory requirements for looked-after children are not met, or when they cannot keep children safe.

Where it is necessary to review the placement arrangements between looked after reviews, then this can be done by the child's social worker in conjunction with the foster parent/s and their supervising social worker as well as with the child, parents and others affected. This will usually take place at a placement plan review meeting convened by the child's social worker.
If the outcome of any review is that the placement plan is amended, then the amendment should be circulated by the child's social worker to all those participating in the review process.

16.3 DELEGATED AUTHORITY.

The Placement Plan must show who can make decisions, including:

- 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 local authority/person with Parental Responsibility consider appropriate.

The Placement Plan will also identify any matters about which the Local Authority/person with Parental Responsibility considers that the child may make a decision about.

16.4 CARE AND SUPPORT PLAN AND LOOKED AFTER REVIEWS

Reviews are formal meetings, chaired by an independent reviewing officer (IRO). The IRO must be satisfied that the wishes and feelings of the child's parents, any person who is not a parent but who has parental responsibility and the current foster parent/s have been considered as part of the review process. Your supervising social worker will support you to attend and contribute to the review and attend the meetings with you.

16.4.1 THE PURPOSE OF THE LOOKED AFTER REVIEW IS TO:

- Ensure that appropriate plans are in place to safeguard and promote the overall welfare of the looked after child in the most effective way and achieve permanence for them within a timescale that meets their needs.
- To monitor the progress of the plans and ensure they are being progressed effectively.
- To make decisions, as necessary, for amendments to plans to reflect any change in knowledge and/or circumstances.
- For a young person living in foster care, the first looked after review following their 16th birthday should consider whether a When I'm Ready arrangement (whereby the young person remains in the foster home after the age of 18) should be an option.
- The review should also take account of the child's placement plan and any other plan ensuring that they are up to date or that arrangements are in place to update them.

A review will also be convened by the IRO where the circumstances of an event has a significant impact upon the child's Care and Support Plan, as suggested in the following sorts of circumstances:

- A proposed change to the Care and Support Plan arises 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 Section 47 of the 1989 Act ('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 youth offending services, pending criminal proceedings and any convictions or sentences because of such proceedings.
- If the child is excluded from school.
- If the child has run away or is missing from their placement.
- Significant health, medical events, diagnoses, illnesses, hospitalisations, or serious accidents; and panel decisions in relation to permanency.

16.4.2 PREPARATION FOR THE STATUTORY REVIEW

When arrangements are made to conduct a review, the supervising social worker will talk to you and arrange for a report to be drafted which is forwarded to the child's social worker in time for them to circulate it. Your report should detail events surrounding the child's care, education, health etc. since the last review. It is the child's social worker's responsibility to ensure that invitations and papers are sent to those involved in the review at least 10 days before the meeting takes place.

There is a presumption that children attend their review. If they do not wish to attend, they should be encouraged to complete a review questionnaire or prepare their own report/letter/contribution for the review. A child's disability should not be an obstacle to their attendance.

If it appears to be necessary or the child requests it, an advocate or, if appointed, an independent visitor can be asked to accompany the child.

The IRO may adjourn a review meeting once, for not more than 20 working days, if they are not satisfied that sufficient information has been provided by the local authority to enable proper consideration of any of the factors to be considered. The IRO should consider the effects on the child of delaying the meeting, and seek the wishes and feelings of the child, carer and parents where appropriate. No proposal under consideration at the review can be implemented until the review has been completed.

16.4.3 RECORD OF REVIEWS

Following the review:

The IRO should produce a written record of the decisions or recommendations made within 5 working days of the completion of the review and a full record of the review within 15 working days of the completion of the review;

The full written record of the review, including the decisions, should be distributed within 20 working days of the completion of the review;

Within 10 working days, following the completion of the review, the social worker should update the care and support plan in relation to any changes agreed at the review.

17. Having a child to stay

17.1 WELCOME PACK

A welcome pack or folder is a great way to share information with a foster child before they come to you. It will help to familiarise them with their new home, your routines and general rules/expectations and help them to begin to feel more comfortable with the change.

Include pictures of your house, garden, and their room. Introduce everyone in your family, including pets, and share the things you like to do as a family.

17.2 PREPARE YOUR FOSTER CHILD'S BEDROOM

Before they arrive, arrange their bedroom so it is as cosy as possible, make up an age appropriate 'welcome' pack, filled with personal touches such as toiletries, a notebook and pen, cuddly toy and books. A nightlight may also be a good idea, even for older children.

17.3 UNPACKING

Wait until your foster child is ready before offering to help them unpack their personal belongings. Encourage them to make their room their own and be available to help them to arrange their room so it is how they like it.

17.4 KEEP YOUR FOSTER HOME CALM AND QUIET

Once your foster child has arrived, keep your house as relaxed and quiet as possible to help them to settle in and feel comfortable. Allow them to have some alone time and give them a chance to explore your home. It is important not to overload them with visitors before they have a chance to feel settled.

17.5 MEALTIMES

Offer foods that you know they like but be mindful that they may not feel up to eating. Try to be encouraging and relaxed around mealtimes to build trust. Making food together could be an effective way of helping them to settle and may help them in their orientation of their new home.

17.6 ROUTINES

A predictable routine will help your new foster child to feel secure, if you know their old routine try to stick to this for the time-being. Consistent mealtimes, bedtimes, and daily activities will help to provide stability, and can reduce anxiety during the adjustment period.

17.7 RESPECT THEIR BELONGINGS

They may come to you with belongings that appear to have little value or be very worn, tatty, and ill-fitting. Consider whatever they arrive with as valuable as it may be all they have and hold some sentimental value. Keep any belongings safe even if they cannot wear or use them any longer.

17.8 FOSTER FAMILY ACTIVITIES

Find out what they enjoy doing. If there is a particular game, make sure you have it so you can play it together. Allow them to pick out a family activity and get the whole family involved – this empowers them to have a voice in their new foster home, just like all family members should have.

18. Managing Money

18.1 SAVINGS

The long-term wellbeing of children is paramount and supporting a child's transition to adult life is a key part of promoting their long-term wellbeing. To support this transition as part of good corporate parenting practice, and to promote consistency and fairness, local authorities and fostering services are expected to ensure that children in their care have savings made on their behalf.

Savings are important for young people and can start at any age. The sooner a child starts saving and being aware of money matters, the more they can begin to understand and plan for their future. Whether it is short-term savings, such as saving for a computer game or going on holiday, or long-term saving for a future goal – a deposit on a home or a car – it is never too early to start.

18.2 POCKET MONEY

Foster parent/s have a key role in educating and supporting children and young people in the responsible use of money, including pocket money, short term and long-term savings. This is particularly important for older children and young people preparing for independence.

Receiving pocket money is beneficial for all children and young people. It promotes a sense of being treated the same as other children. It gives a level of choice and control regarding decisions children make, encourages independence and promotes the understanding of the value of money, and can support in developing lifelong budgeting skills.

Children and young people should be aware of the amount of pocket money they should expect and be allowed to spend it as they choose, with appropriate adult guidance. The amount should increase with age. Children should be encouraged to use a short-term savings account for any money they have left over which they can use to save for more expensive items they wish to purchase or to save to use, for example for holiday spending money. They should not be expected to buy personal care items or other household expenses from their pocket money as this is provided for within the foster care allowance, unless this is agreed as the young person moves to independence.

In terms of normalising family life for children it would be unfair if some children received either more or less than the other children in the home, especially where their ages are similar. Therefore, arrangements need to consider the pocket money paid to other children in the household and some parity reached.

We suggest that the amount should not exceed the element for personal needs within any benefit payment a young person could expect if they were unemployed. This is important because it is the responsibility of both social workers and foster parents to help ensure a smooth transition to independent living after foster care. It would be unhelpful to this process if a young person's pocket money enabled them to enter into a lifestyle which was not possible if they later had to live independently on limited income such as education grants or welfare benefits.

Discussions about the amount of pocket money should include the foster parent, social worker and if old enough the child and young person, and this should be agreed at the start of the placement and reviewed regularly as the child gets older.

The Fostering Network has put together a useful guide to assist foster parent/s in managing money on behalf of the children they look after.

https://www.thefosteringnetwork.org.uk/sites/default/files/2022-06/Long-term%20savings%20PIN_Jun22_1.pdf

Your Supervising Social Worker and the child's social worker will guide you and help you to manage savings and will check on these routinely. As an Agency we would also point out, in line with our policies and procedures, that pocket money or savings should never be used as a way of controlling behaviour or withheld based on whether or not a child has completed daily tasks or household chores.

19. Placement Ending

19.1. GIVING NOTICE FOR A CHILD'S PLACEMENT TO END

If you are of a view that the child or young person's placement cannot be supported to continue you can put in notice to end the placement. Notice to end a child's placement should be at least 28 days in order to identify a suitable next placement, prepare the child to move and facilitate a transition. Support will continue to be offered and reviewed during the notice period.

19.1.2 MANAGING THE ENDING OF A PLACEMENT

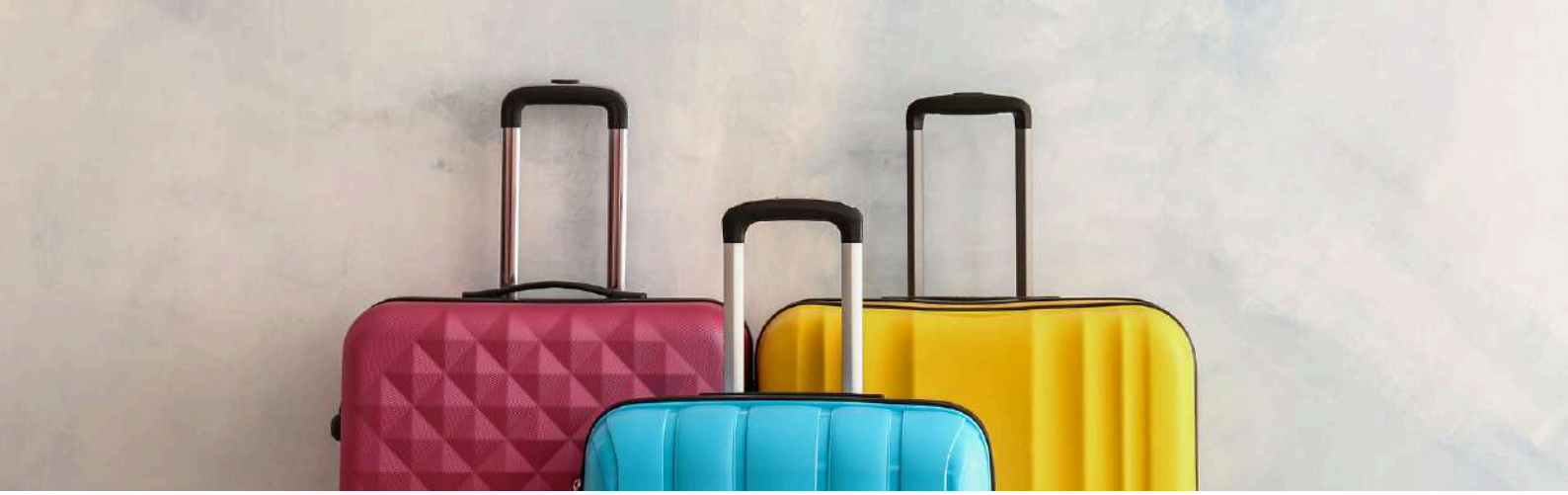
Wherever possible when a placement is ending, a transition plan should be developed to move the child/young people. This should be developed by the child's social worker in conjunction with you and their supervising social worker. The child/young person might be feeling worried about what is going to 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 is 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 essential 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. Your supervising social worker will discuss with you examples of what sort of things to keep so that the child has as many positive memories as possible.



- 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 hold all and never be transported in bin-bags or other inappropriate containers.
- 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.
- On-going contact with the child after they have changed placement should be jointly agreed between you, the supervising social worker and the child's social worker.

19.2 PLACEMENT DISRUPTION/BREAKDOWN

When endings are unplanned, the welfare and well-being of children remain paramount and the Agency and foster parent/s must always act with this in mind. It is also important to understand the impact on other children living in the foster home, in order to manage issues that are likely to arise.

A Disruption Meeting in relation to children whose placement has ended abruptly or on an unplanned basis will be convened under the procedures of the placing authority.

Those invited, or asked to contribute will include:
- The child
- The birth parents (as appropriate)
- The child's social worker and manager
- The link worker/keyworker (for residential care) and home manager
- The foster parent/s(s) and supervising social worker
- The Independent Reviewing Officer
- The child's current foster parent/s/caregivers
- Other relevant professionals

The meeting will ensure the child (depending on their age and level of understanding) is given the opportunity to understand the reasons for and be supported with managing the transition.

Where appropriate, you will be supported to maintain links with children who leave your care.

The agenda will depend on the child/circumstances, but the chairperson will endeavour to ensure that the circumstances leading to the disruption are carefully reviewed, and that all concerned are provided with opportunities to express their views freely to establish:

1. A factual account of how and why the disruption occurred
2. An opportunity for learning, in order to avoid the same thing happening again - for the child or others in the placement
3. Any impact on future planning for the child
4. If any specific work needs to be done and to ensure it is completed
5. That necessary actions/ notifications have been undertaken.

The chairperson will record the meeting and draft minutes, which will be circulated to all concerned.

A foster parent/s Review will be convened after a placement disruption to consider the foster parent/s' Approval in line with our policies and procedures.

20. Safeguarding

KEY PRINCIPLES

1. Foster parent/s have a duty of care to their foster children and must uphold stringent safeguarding policies to ensure that they uphold their responsibility to protect children from maltreatment, whether the risk of harm comes from within the child's family and/or outside (from the wider community), including online.
2. Foster parent/s should be aware of risks and make well-thought-out decisions in partnership with the child's Social Worker and the fostering service.
3. Children's safety and welfare must be promoted at all times in all fostering placements to prevent impairment of children's mental and physical health or development.
4. Foster parent/s should actively safeguard and promote the welfare of all children within the fostering household, taking action to enable all children to have the best outcomes.
5. Positive relationships with children and a culture of openness and trust are essential.
6. Foster parent/s must undertake regular training and evidence a working knowledge of using policies and procedures relating to safeguarding to ensure that children are growing up in circumstances consistent with the provision of safe and effective care.

St David's Fostering Service Safeguarding Policy and Procedures.docx

20.1 SPECIFIC SAFEGUARDING DEFINITIONS AND CONCERNS

20.1.2 ABUSE

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial context by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

20.1.3 EMOTIONAL ABUSE

The persistent emotional maltreatment of a child so as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only as far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them, or making fun of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

20.1.4 NEGLECT

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or parent failing to:

- provide adequate food, clothing, and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment
- provide suitable education

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

20.1.4 NEGLECT

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or parent fabricates the symptoms of, or deliberately induces, illness in a child.

20.1.6 SEXUAL ABUSE

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

20.1.7 CHILD CRIMINAL EXPLOITATION

Where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

20.1.8 CHILD SEXUAL EXPLOITATION

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. A child is defined, in law as anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection.

20.1.9 CONTROLLING OR COERCIVE BEHAVIOUR

Also known as coercive control, controlling or coercive behaviour is a form of domestic abuse. In 2015, the offence of controlling or coercive behaviour was introduced under Section 76 of the Serious Crime Act as a criminal offence. Controlling or coercive behaviour is included in the definition of domestic abuse in section 1(3)(c) of the Domestic Abuse Act 2021. Controlling or coercive behaviour is a pattern of abuse (on two or more occasions) that involves multiple behaviours and tactics used by a perpetrator to (but not limited to) hurt, humiliate, intimidate, exploit, isolate, and dominate the victim. It is an intentional pattern of behaviour used to exert power, control, or coercion over another person. Controlling or coercive behaviour is often committed in conjunction with other forms of abuse and is often part of a wider pattern of abuse, including violent, sexual, or economic abuse. Children can be used to control or coerce the victim, for example, by frustrating child contact and/or child arrangements, telling the children to call the victim derogatory names or to hit the victim, or by threatening to abduct the children. This pattern of abuse causes fear, serious alarm and/or distress which can lead to a substantial adverse effect on a victim's day-to-day life. This can have a significant impact on children and young people. Section 68 of the Domestic Abuse Act 2021 came into force on 5 April 2023 and removed the 'living together' requirement for the controlling or coercive behaviour offence, which means that the offence applies to partners, ex-partners or family members, regardless of whether the victim and perpetrator live together.

20.1.10 COUNTY LINES

Is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons. This activity can happen locally as well as across the UK; no specified distance of travel is required.

20.1.11 DOMESTIC ABUSE

Domestic abuse may be a single incident or a course of conduct which can encompass a wide range of abusive behaviours, including a) physical or sexual abuse; b) violent or threatening behaviour; c) controlling or coercive behaviour; d) economic abuse; and e) psychological, emotional, or other abuse.

Under the statutory definition, both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be "personally connected" (as defined in section 2 of the Domestic Abuse Act 2021). The definition ensures that distinct types of relationships are captured, including ex-partners and family members. All children can experience and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members, including where those being abusive do not live with the child. Experiencing domestic abuse can have a significant impact on children. Section 3 of the Domestic Abuse Act 2021 recognises the impact of domestic abuse on children (0 to 18), as victims in their own right, if they see, hear or experience the effects of abuse. Young people can also experience domestic abuse within their own intimate relationships. This form of child-on-child abuse is sometimes referred to as teenage relationship abuse. Depending on the age of the young people, this may not be recognised in law under the statutory definition of domestic abuse (if one or both parties are under 16). However, as with any child under 18, where there are concerns about safety or welfare, child safeguarding procedures should be followed and both young victims and young perpetrators should be offered support.

20.1.12 EXTRA-FAMILIAL HARM

Children may be at risk of or experiencing physical, sexual, or emotional abuse and exploitation in contexts outside their families. While there is no legal definition for the term extra-familial harm, it is widely used to describe different forms of harm that occur outside the home. Children can be vulnerable to multiple forms of extra-familial harm from both adults and/or other children. Examples of extra-familial harm may include: criminal exploitation (such as county lines and financial exploitation), serious violence, modern slavery and trafficking, online harm, sexual exploitation, child-on-child (nonfamilial) sexual abuse and other forms of harmful sexual behaviour displayed by children towards their peers, abuse, and/or coercive control, children may experience in their own intimate relationships (sometimes called teenage relationship abuse), and the influences of extremism which could lead to radicalisation. Extra-familial contexts - Extra-familial contexts include a range of environments outside the family home in which harm can occur. These can include peer groups, school, and community/public spaces, including known places in the community where there are concerns about risks to children (for example, parks, housing estates, shopping centres, takeaway restaurants, or transport hubs), as well as online, including social media or gaming platforms.

20.1.13 EXTREMISM

Extremism is defined in the Prevent strategy as the vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces.

20.1.14 RADICALISATION

Young people may be exposed to influence from peers, from older people and the internet as they begin to explore ideas and issues around identity. There is no single journey to becoming radicalised; a combination of influences and factors may work in tandem.

Children at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. Extremists may provide a sense of belonging whilst brainwashing them and isolating them from their family and friends. Radicalisation or a child at risk of radicalisation is a safeguarding issue that will require a multi-agency response.

Possible signs of radicalisation may include

- Increased anger and/or conviction that their religion/culture or beliefs are under threat
- Isolating themselves from their friends & family
- Talking as if from a script
- Increased secretiveness especially around their internet use
- Possessing items such as phones etc. from unknown sources
- However, any of these signs might be usual teenage behaviour, or a sign that something else is wrong. - If you have concerns talk to the child's social worker and your Supervising Social Worker. You can also talk to the school.
- Serious concerns should be reported immediately in line with our safeguarding policy. If you feel the child is in immediate danger or at risk of leaving the country, you will also need to contact the police and ensure their passport is safely stored.

20.1.15 FINANCIAL EXPLOITATION

Financial exploitation can take many forms. In this context, we use the term to describe exploitation which takes place for the purpose of money laundering. This is when criminals target children and adults and take advantage of an imbalance of power to coerce, control, manipulate or deceive them into facilitating the movement of illicit funds. This can include physical cash and/or payments through financial products, such as bank and cryptocurrency accounts.

20.1.16 FEMALE GENITAL MUTILATION (FGM)

This procedure involves the partial or total removal of external female genitalia for non-medical reasons. It is also known as female circumcision or cutting. Despite the religious, social, or cultural justifications sometimes offered, FGM is illegal because it poses serious health risks and causes lasting physical and emotional harm.

There are no medical benefits to FGM; it neither enhances fertility nor makes childbirth safer. It may be used to control female sexuality. The procedure is typically performed without medical training or anesthesia, using instruments like knives, scissors, or razor blades. Even partial procedures can lead to severe health complications for girls and women.

The prevalence of FGM is difficult to ascertain due to its clandestine nature, but it is estimated that 137,000 women and girls in England and Wales are affected. Since 1985, FGM has been a criminal offence in the UK, with additional penalties for UK nationals or residents who take their child abroad for the procedure.

20.2 MANDATORY REPORTING DUTY

In response to the severity of the issue, the UK has implemented measures like FGM Protection Orders, which anyone can apply for to prevent at-risk individuals from undergoing FGM.
There is also a mandatory reporting duty since 2015, requiring health, social care professionals, and teachers to report any suspicion or evidence of FGM involving girls under 18 to the police. This duty aims to ensure immediate action to safeguard potential victims and prosecute offenders.

20.3 CHILDREN WITH DISABILITIES

Many factors can make a child with a disability more vulnerable to abuse than a child without a disability of the same age. Safeguarding children with disabilities demands a greater awareness of their vulnerability, individuality and particular needs. It should be remembered that children with disabilities are children first and foremost, they have the same rights to protection as any other child. People caring for and working with children with disabilities need to be alert to the signs and symptoms of abuse. Children with disabilities must never be left in situations where there is a high level of neglect or other forms of abuse, because a practitioner feels that the parent, parent or service ‘is doing their best’. Foster parent/s will be challenged in the same way as parents of children without a disability. Children with disabilities may have fewer outside contacts than other children making them more vulnerable to abuse than children without a disability, in addition the following factors also increase their vulnerability;

They may receive intimate care from a considerable number of parents, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries.

- They may have an impaired capacity to identify, resist or avoid abuse.
- They may have communication difficulties that make it difficult to tell others what is happening.
- Not all disabilities are visible; children may also face discrimination.
- They may be inhibited from complaining for fear of losing services.
- They are especially vulnerable to bullying and intimidation (see Bullying procedure).
- They are more vulnerable than other children to abuse by other children.

Additional factors may be:

- The child's dependence on parents could result in the child having a problem in recognising what abuse is. The child may have little privacy, a poor body image or low self-esteem.
- Parents and staff may lack the ability to communicate adequately with the child.
- A lack of continuity in care leading to an increased risk that behavioural changes may go unnoticed.
- Lack of access to 'keep safe' strategies available to others.
- Children with disabilities living away from home in poorly managed settings are particularly vulnerable to over-medication, poor feeding and toileting arrangements, issues around control of challenging behaviour, lack of stimulation and emotional support.
- Parents'/parents' own needs and ways of coping may conflict with the needs of the child

Some adult abusers may target children with disabilities in the belief that they are less likely to be detected.

- Signs and indicators can be inappropriately attributed to disability.
- Children with disabilities are less likely to be consulted in matters affecting them and as a result may feel they have no choice about whether to accept or reject sexual advances. Indicators It is unacceptable for poor standards of care to be tolerated for children with disabilities, which would not be tolerated for children without a disability. In addition to the universal indicators of abuse/neglect, the following behaviours should be considered as abusive:
- Force feeding.
- Unjustified or excessive physical restraint.
- Restraint which may be more than the minimum required which may indicate a potential deprivation of liberty.
- Rough handling.

- Persistent carrying or handling children when alternative safe methods have been identified (i.e. carrying a child upstairs when an alternative has been provided).
- Extreme behaviour modification including the deprivation of food, medication, or clothing.
- Misuse of medication, sedation, heavy tranquillisation.
- Inappropriate use of invasive procedures.
- Deliberate failure to follow medically recommended regimes.
- Non-compliance with programmes or regimes.
- Failure to address ill-fitting equipment, e.g. calipers, sleep boards which may cause injury or pain, inappropriate splinting.
- Misappropriation/misuse of a child's finances.
- Depriving the child of their liberty without due regard to their wishes and feelings.

20.3 CHILDREN WITH DISABILITIES

Advice to Foster Parents on what to do if a child discloses.

- 20.4.1 It is critically important that an appropriate response is given to a child from the outset. The emotional and psychological consequences for the child and the impact on the legal outcome of any resulting investigation can be impacted on as soon as a disclosure is made, due to the immediate actions taken to address concerns raised.
- 20.4.2 If a child discloses to you, do not interview the child in depth but react calmly and assure them it is ok to tell you. Be mindful of your responses both verbally and non-verbally.
- 20.4.3 Listen carefully and re-assure the child, stay calm and take what the child says seriously, recognising the difficulties inherent in interpreting what is said by a young child/ or a child who has communication impairment and/or differences in language.
- 20.4.4 Keep questions to an absolute minimum to ensure a clear and accurate understanding of what has been said.
- 20.4.5 Do not make any judgements about what is said.
- 20.4.6 Explain what has to be done next and who has to be told. Never agree to keep a disclosure secret.
- 20.4.7 Make a record of what has been said, heard and/or seen and sign and date the record.
- 20.4.8 Advice from the Agency, Local Authority or Childs' Social Worker will need to be sought immediately, in all incidences of a disclosure being made, in order to initiate a formal Child Protection Referral and ensure associated activities can be instigated in line with national safeguarding procedures.

- 20.4.9 Foster Parents must notify the St David's Fostering Service via their supervising social worker immediately and they must notify their line manager. In extraordinary circumstances or out of hours, when the Agency social worker/manager is not available the area local authority should be notified through their 24/7 duty team.
- 20.4.10 Where a child has suffered an injury medical attention may be needed and they may need to be seen by a medical doctor.
- 20.4.11 The child's immediate safety must always be considered a priority to ensure that they are safe. A review of risk assessments and the Safe Care Policy must be considered as and when appropriate.
- 20.4.12 Records must be made and saved on CHARMS, as soon as is practically possible after the situation has been made safe.
- 20.4.13 Make sure that the child is supported and that they know they are not to blame. Reassure them it was right to tell and that your role is to help to keep them safe.
- 20.4.14 The information a child discloses is 'confidential' and must only be shared on a need-to-know basis. Foster parents should be minded to seek advice about who is notified of a disclosure and what information they are provided with and by whom, to keep the child safe and not to inadvertently prejudice an investigation or associated enquiries.

Safeguarding children: reporting suspected abuse, neglect or harm | GOV.WALES

21. Allegations

An allegation is an assertion from any person that foster parent/s or another member of the fostering household has, or may have, behaved in a way that has harmed a child, committed a criminal offence against a child or behaved towards a child in a way that indicates they are unsuitable to work with children.

Allegations are more serious than general complaints about standards of care that may be made against foster parent/s. Allegations have to be investigated under child protection procedures.
Allegations can occur for a variety of reasons. Some children may make allegations as a way of gaining some control over their situation. They might use it as a tool to move placement or because they think that being removed from foster parent/s will mean they get to go home.

Sometimes children misinterpret something foster parent/s says or does and perceive it as something bad. This can be particularly true for children who have experienced trauma or abuse in the past, as they may be more sensitive to certain actions or words.

The local authority in which the foster parent/s lives, St David's fostering service, the local authority responsible for the fostered child and the police will all be involved in deciding exactly how a particular allegation is investigated.

In some cases, a child might be describing the abuse they have suffered by someone else but are not able to articulate or understand that the foster parent/s was not involved. This can be a complex and challenging situation to navigate, as it involves addressing the child's past trauma while also dealing with the allegation.

Allegations might also be made by birth parents, either to try to gain some control over their situation or to blame foster parent/s for an injury to their child that they themselves actually committed. These allegations can be particularly difficult to deal with, as they involve a complex mix of emotions and relationships

When an allegation is made, it is taken very seriously. The agency will take key steps to evaluate and investigate the matter. This could include interviewing all parties involved, reviewing medical records, and conducting home visits. The initial timeline for this process can vary, but foster parent/s will be kept informed throughout.

It is important to note that during this process, the primary concern is always the welfare of the child. The aim is to get to the truth of the matter as quickly and thoroughly as possible, ensuring the child's safety and well-being.

The process begins with the reporting of the allegation. This can be done by anyone who has concerns about the welfare of a child. Once the allegation is reported, it is then assessed to determine the level of risk and the appropriate course of action. This assessment will consider the nature of the allegation, the evidence available, and the potential risk to the child.

If the allegation is deemed serious enough, it will then be investigated. This investigation may involve interviews with the child, the foster parent/s, and any other relevant parties. It may also involve a review of any relevant documentation, such as medical records or school reports.

Once the investigation is complete, a decision will be made based on the findings. This could range from no further action, if the allegation is found to be unfounded, to various actions if the allegation is substantiated. These actions could include additional training or support for the foster parent/s, changes to the foster home's policies or procedures, or in serious cases, removal of the child from the foster home.

Throughout this process, it is crucial for foster parent/s to cooperate fully with the investigation and to maintain open and honest communication with their supervising social worker and the investigating team.

As foster parent/s, there are key practice principles to follow to prevent or defend against allegations.

- Prioritise Safe Caring at all times.
- Never promise to keep secrets.
- Be mindful of physical contact and how this may be misconstrued by a child.
- Never engage in intimate contact.
- Remember that personal information is private.
- Always maintain professional boundaries on digital platforms/social media.

Keeping detailed records of interactions with the foster child, maintaining open communication with your supervising social worker, and adhering to the guidelines and policies are all crucial.

In addition, it is important to create a safer caring policy for your home. This policy should identify potential risks and outline strategies to mitigate them. Regular training and support will also help you navigate the complexities of the foster care system and reduce the risk of allegations.

Understanding the nature of your role as foster parent/s, the potential challenges you may face, and the support available to you can go a long way in helping you navigate allegations. It is also important to remember that not all allegations are substantiated, and an allegation does not automatically mean that you have done something wrong.

While the prospect of facing allegations can be daunting, it is important to remember that support is available. By understanding the nature of allegations, taking proactive steps to prevent them, and working closely with us, you can navigate these challenges and continue to provide a safe, nurturing environment for children in need.

Becoming a foster parent/s is a journey of faith, patience, and resilience. It is about making a difference in the lives of children who need it most. Allegations can be a challenging part of this journey, they are just that - a part of the journey, not the whole. With understanding, support, and the right tools, you can navigate these challenges and continue on your rewarding path as foster parent/s.

As foster parent/s you will also be able to seek independent support through your membership with The Fostering Network.

Managing Concerns and Allegations Against Foster Parents.docx
FLW Allegations Factsheet (Aug 2021).pdf

22. Compliments and Complaints by, or on behalf of children

We welcome compliments (expressions of satisfaction about levels of service or actions of staff). Positive feedback is part of our strengths-based practice and helps motivation, boosts confidence, and shows people how much they are valued. It helps us to understand and develop our skills to help and support you. This has a positive impact on individual, team, and organisational performance.

We can only record something as a compliment when it is for doing the job particularly well, or for doing something outside the ordinary. A good indicator is when people take the trouble to write a letter or send a card. As a foster parent you should share your compliment with your supervising social worker / child's social worker / child and family support worker / team manager, who can then share it with their teams.

We also recognise that there will be times when people are not satisfied with the service they have received or are receiving. We would always encourage issues to be raised promptly and alongside routine opportunities to offer feedback we would ask that you use every opportunity for children and young people (or their representatives) to comment on the services they receive, to ask for changes to be made, and ask about services they would like to receive. We routinely seek feedback on our practice at times of service and annual reviews, from all of our stakeholders including you, your families and the children you look after, in line with the Outcomes we work towards and our legal obligations, these are reported on, to our Commissioners, Trustees and Independent Panel.

There is a clear framework for dealing with complaints which has three stages and is outlined in our policy. (see below) A complaint is an expression of dissatisfaction about the standards of service, actions, or lack of action.

Before a formal complaint is made, it will be dealt with informally at local level (level 1 of the complaints procedure) through discussions between the child, their social worker, yourselves, and the supervising social worker.

If these discussions do not resolve the issues, then the complaint may progress to level 2 which is dealt with by the service.

As foster parents you may be the person making a complaint, you may be the person being complained about, or you may be supporting a child or young person to make a complaint.

Children must be informed about the complaint procedure in a variety of ways (e.g., copies of leaflets etc.) suitable to their age and level of understanding, our leaflet is linked below.

adoptionwales.sharepoint.com/sites/Fostering/Shared Documents/Forms/AllItems.aspx?id=%2Fsites%2FFostering%2FShared Documents%2FPolicies and Procedures%2FExample St David%27s Policies%2FAdoption%2FCOMPLAINTS%2FCYP Complaints Leaflet%2Epdf&parent=%2Fsites%2FFostering%2FShared Documents%2FPolicies and Procedures%2FExample St David%27s Policies%2FAdoption%2FCOMPLAINTS St David's Fostering Service Complaints Policy and Procedures.docx

23. Children who go missing

A missing person is: "Anyone whose whereabouts cannot be established will be considered as missing until located and their wellbeing or otherwise confirmed."

We will ensure that you are fully aware of and know how to implement our Missing Procedure and understand how this links up with the All-Wales Safeguarding Procedures that must be implemented by the responsible authorities in line with their policy in relation to children going missing. The care and support you provide to children enables you to develop a good relationship which will help to minimise the risk that they will go missing and reduce the risk of harm should the child go missing. Foster parent/s can help children in their care to understand the dangers and risks of leaving the foster home without permission and be made aware of where they can access help if they consider running away.

1. Children who do go missing from their foster homes should be protected as far as possible and must be responded to positively on their return.

2. Children who go missing should experience well-coordinated responses that reduce the harm or risk of harm to them. There will be a clear plan of urgent action in place to protect them and to reduce further harm or the risk of harm.

3. You should be aware of, and know not to exceed, the measures you can take to prevent a child leaving without permission under current legislation and Government guidance. Our Missing Procedure will be updated accordingly when legislation and Government guidance changes.

4. You and the Fostering Service must take appropriate action to find children who are missing, including working alongside the police where appropriate, and to protect children who are absent from the foster home without consent, but whose whereabouts are known.

5. If a child is absent from the fostering home and their whereabouts are not known (i.e., the child is missing), you should act in accordance with this Missing procedure and with the protocols and procedures applicable to the area where your home is located.

6. Where children placed out of authority go missing, the Fostering Service will follow the local protocol, and comply with, and make you aware of, any other processes required by the responsible authority, specified in the individual child's Care and Treatment Plan.

7. Where a child goes missing and there is concern for their welfare, or at the request of a child who has been missing, the Fostering Service will arrange a meeting in private between the child and the responsible authority to consider the reasons for their going missing. The Fostering Service will consider with the responsible authority and with you what action should be taken to prevent the child going missing in future. Any concerns arising about you as the foster parent/s or the placement will be addressed, as far as is possible, in conjunction with the responsible authority.

8. The Fostering Service will liaise with and challenge the responsible local authority as appropriate (for example when an independent return home interview is not offered or arranged by the local authority) and will take appropriate steps to escalate concerns.

9. Parents, if it is appropriate, are made aware of incidents when the child has been or is missing.

23.1 DEFINITIONS

There are various terms which are used in relation to missing children:

23.1.1 Missing Child

A child reported as missing to the Police by their family or parents.

23.1.2 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.

23.1.3 Away from Placement Without Authorisation

A looked after child whose whereabouts are known but who is not at their placement or the place they are expected to be and the parent has concerns or the incident has been notified to the local authority or the Police.

23.1.4 Young Runaway

A child who has run away from their home or care placement or feels they have been forced or lured to leave.

The Police, as the lead agency for investigating and finding missing children, will respond to children and young people going Missing or being Absent based on on-going risk assessments in line with current guidance and the College of Policing definition of missing and absent. The police will prioritise all incidents of missing children as medium or high risk.

23.2 PLANNING AND PREVENTION

All children must have a Placement Plan which takes account of any likely risk of the child going missing. The Placement Plan should incorporate measures to reduce or prevent the child from becoming absent, and information that would help facilitate the location of the child should they go missing. As part of the referral, placement and ongoing planning process, consideration must be given to the risk of the child becoming missing. If there is a risk, a plan must be drawn up to reduce or prevent it.

23.3 SPECIFIC RISKS.

The Care and Treatment Plan and the placement plan should include details of the arrangements that will need to be in place to keep the child safe and minimise the risk of the child going missing from their placement.

The Care and Treatment Plan – should include strategies to avoid unauthorised absences and/or a child going missing. It should also include strategies to reduce the duration and risks associated if the child does have unauthorised absences/go missing;

The Placement Plan – should include strategies for preventing the child from taking unauthorised absences/going missing;

A pre-incident risk assessment should be completed for all children for whom there is concern that they may run away. Distance from home, family and friends should be considered as a risk factor;
The child should be provided with advice about access to an independent Advocate and the child's views considered;

Statutory reviews should consider any absences and revise strategies to prevent repeat absences and/or missing incidents and the Care and Treatment Plan should be revised accordingly.

Where a child already has an established pattern of running away, the Care and Treatment Plan should include a strategy to keep the child safe to reduce the likelihood of the child running away in the future. This should be discussed and agreed on as far as possible with the child and with you.

Where there are Safeguarding concerns relating to a child and/or where the child has gone missing from the placement or from any previous placement, the Placement Plan must include information agreed between the placing authority and the Fostering Service about the day-to-day arrangements put in place to keep the child safe.

You should be proactive in providing a foster home which promotes a feeling of security that aims to minimise the likelihood of the child going missing. You will work with children to educate them about the risks of going missing, help them where possible to identify trigger points and give them other alternatives in these particular circumstances. Your competence and support needs in responding to missing from care issues should be considered as part of your regular appraisal and supervision.

You should know when to try to prevent a child leaving the home and should do so through dialogue, but you should not try to restrain the child should they be intent on leaving, or in any other circumstances, unless it is necessary to prevent injury to the child or others, or serious damage to property.

On a day-to-day basis, you should be alert to signs or indications that a child may be likely to run away or become missing. If you suspect that this may happen, you should take any actions already agreed with the Supervising Social Worker and the child's Social Worker, or do what you reasonably and safely can to reduce or prevent the child from leaving - this includes circumstances where a child is refusing to return to the home.

If the risk increases, you should contact the Supervising Social Worker or, if out of hours, the on-call Social Worker for advice.

If there is a serious risk e.g., the child is behaving in a violent manner or threatening to damage property, you should contact the Police, then contact the Supervising Social Worker at the first opportunity.

The planning process for each child, including the likelihood of them becoming missing, must take account of any specific risk factors for each child. These risk factors include, but are not limited to, the following:

The planning process for each child, including the likelihood of them becoming missing, must take account of any specific risk factors for each child. These risk factors include, but are not limited to, the following:

23.3.1 TRAFFICKING

Some looked after children may be unaccompanied asylum-seeking children or other migrant children. Some children in this group may have been trafficked into the UK and may remain under the influence of their traffickers even while they are looked after. Trafficked children are at considerable risk of going missing, with most going missing within one week of becoming looked after and many within 48 hours. Unaccompanied migrant or asylum-seeking children, who go missing immediately after becoming looked after, should be treated as children who may be victims of trafficking. Children who have been trafficked may be exploited for sexual purposes.

The location of the child should not be divulged to any enquirers until their identity and relationship with the child has been established, if necessary, with the help of police and immigration services.

23.3.2 GROOMING

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation. Children and young people can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or professional. Groomers may be male or female. They could be any age. Many children and young people do not understand that they have been groomed, or that what has happened is abuse.

Children can be groomed for the purpose of sexual abuse as well as other forms of exploitation including involvement in criminal and extremist activity. Children who are missing are more vulnerable to being groomed and may also go missing because of being groomed.

23.3.3 RADICALISATION

Children and young people can suffer harm when exposed to extremist ideology.

Going missing is a risk factor in relation to radicalisation:

A child may go missing because they have already been radicalised;

A child's risk of being radicalised might increase because they are missing and are spending time with people who may seek to involve them in radical/extreme activities. The risk is heightened whilst they are missing, because the protective factors of family or care are not available to them.

23.3.4 SEXUAL EXPLOITATION

Going missing is a significant risk factor in relation to sexual exploitation. A child may go missing because they are being sexually exploited.

A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation.

A child's risk of being sexually exploited might increase because they are missing and are spending time with people who may seek to involve them in sexual exploitation. The risk is heightened whilst they are missing because the protective factors of family or care are not available to them.

23.3.5 CHILDREN AT RISK OF BEING DRAWN INTO OFFENDING BEHAVIOUR

Children and young people who go missing from care also need safeguarding against the risk of being drawn into offending behaviour by gangs or criminal groups.

In your role you should ensure that children are helped to understand the dangers and risks of leaving the foster home without permission and are made aware of where they can access help if they consider running away. Where a child goes missing and there is concern for their welfare, or at the request of a child who has been missing, the fostering service arranges a meeting in private between the child and the responsible authority to consider the reasons for their going missing. The fostering service considers with the responsible authority and foster parent/s what action should be taken to prevent the child going missing in future. Any concerns arising about the foster parent/s or the placement are addressed, as far as is possible, in conjunction with the responsible authority. Written records kept by the fostering service where a child goes missing detail action taken by foster parent/s, the circumstances of the child's return, any reasons given by the child for running away from the foster home and any action taken in the light of those reasons. This information is shared with the responsible authority and, where appropriate, the child's parents.

23.4 ACTIONS WHEN THE WHEREABOUTS OF A CHILD ARE NOT KNOWN

Whenever the whereabouts of a child are not known, preliminary checks should be carried out to see if the child can be located. For example, if a child was supposed to have returned home from school but has not arrived within the normal journey time, checks could include finding out if there are transport delays, phone calls to the child, phone calls to the school to see if the child has been delayed etc. If these initial checks do not succeed in locating the child or there are still concerns that, despite contact being made with the child they are at risk, the individuals and agencies listed below should be informed.

It is clearly important that a deadline is set at the outset of these initial checks so that they do not continue beyond a reasonable time. This should be based on an assessment of the risks relating to the individual child. In some cases, there might be reasons to be worried for the child's safety immediately and the agencies detailed below should be contacted straight away – this in conjunction with on-going attempts to contact the child and find out why they are not where they are supposed to be.

If a child is missing, you must contact the Supervising Social Worker or the fostering manager, unless there is an immediate serious risk to the child or others, in which case, you should contact the Police first. If the incident occurs out of normal office hours the On-Call/Out of Hours Duty Social Worker/Manager must be contacted.

The Supervising Social Worker/Duty Social Worker or fostering manager will come to a decision about further actions that should be taken.
The Social Worker should decide whether to notify the parent(s) and, if so, who should do so.

23.4.1 THE INDIVIDUALS AND AGENCIES WHO SHOULD BE CONTACTED

- The local police.
- The authority responsible for the child's placement – if they have not already been notified prior to the police being informed.
- The parents and any other person with parental responsibility unless it is not reasonably practicable or to do so would be inconsistent with the child's welfare.
- The Independent Reviewing Officer (IRO).

23.4.2 MISSING REPORTS SHOULD INCLUDE THE FOLLOWING INFORMATION:

- The child's name/s; date of birth; status; responsible authority;
- Where and when they went missing;
- Who, if anyone, they went missing with;
- What was the child wearing plus any belongings such as bags, phone etc.;
- Description and recent photo;
- Medical history, if relevant;
- Time and location last seen;
- Circumstances or events around going missing;
- Details of family, friends and associates;
- Updated risk assessment.

You should take all reasonable steps to secure the safe and speedy return of the child based on your own knowledge of the child and the information in the child's placement plan. If there is suspected risk of harm to the child, you should liaise immediately with the police. Following initial discussions between the allocated children's social worker and the police, they should agree an immediate strategy for locating the child and an action plan. This to include a range of actions to locate and ensure the safe return of the child, including:

1. Arrangements for attempts to be made to contact the child on a daily basis by, for example, calling their mobile phone or the phones of friends or relatives that they may be with.
2. The Independent Reviewing Officer (IRO) should also try and contact the child.
3. Visiting their parents' address/es and of any friends or relatives with whom they may be staying.
4. Police can consider requesting a trace on the child's mobile phone.
5. Within 3 days, a missing from care meeting/ telephone discussion between relevant parties should take place and include the police, the child's Social Worker and the provider. The action plan and risk assessment should be reviewed and updated.
6. Missing from care meetings/discussions should be held at least monthly to update the action plan and share information.
7. Any publicity will be led by the Police, the use of harbouring notices etc. will be agreed at the missing from care meeting. Recovery Orders may be used.
8. During the investigation to find the missing/run away child, regular liaison and communication should take place between the police, the responsible local authority children's social care services and the host authority (if an out of area placement) and any other agencies involved.
9. The authority responsible for the child should ensure that plans are in place to respond promptly once the child is found and for determining if the placement remains appropriate.

23.5 CHILD INFORMATION FORM

1. The Placing Authority should provide you with a Child Information Form as a record of essential information for when a child or young person goes missing. This form is to be completed for children and young people looked after and be kept up to date with a recent photograph it will need to be amended following any changes in information.

2. The Child Information Form should be shared with the police when the child or young person is reported missing. This will assist police in risk assessing the missing episode to provide the appropriate response. The child's Social Worker should have a conversation with the child about the information recorded in the Child Information Form and should explain the circumstances under which the form will be shared with police and other agencies

3. When a child does go missing this is described in the Fostering Regulations as a 'Notifiable Event' and by law this requires the Fostering Service to monitor and review all incidents of this nature. It is therefore a requirement that you inform the Supervising Social Worker if the child in their care leaves without permission.

4. At no time should you pass any information to the press. All information should only be shared between the local authority, Police and the fostering manager.

23.6 POLICE RISK ASSESSMENT

The police classification of a person as 'Missing' or 'Absent' will be based on on-going risk assessment. A child whose whereabouts are known would not be treated as either 'Missing' or 'Absent' under the police definitions.

It is important to note that foster parent/s or others reporting a child missing to the police should not make the judgement themselves as to whether a child is missing or absent – this decision will be made by the police based on the information provided. A child who is Absent may be at risk for example of child sexual or criminal exploitation, involvement in drugs, gangs, criminal activity, trafficking, forced marriage, female genital mutilation or radicalisation, and Police Risk Assessments should take account of those situations and may need to change the category to Missing.

Where a child is recorded by the police as being absent, the details will be recorded by the police, who will also agree review times and any on-going actions with you or another person reporting the absence. All persons recorded by police as Absent are monitored by the police system. Monitoring is ongoing and subject to regular reviews to ensure risk levels do not change. Where information becomes known which introduces any risk to that person, then the case may be re-categorised as 'Missing' and a police investigation started.

One of the overriding principles of 'Absent' is that police can focus resources more effectively, in accordance with the police risk assessments of 'Absent' and 'Missing' incidents. A child who is Absent may still be at risk for example of child sexual or criminal exploitation, involvement in drugs, gangs, criminal activity, trafficking, forced marriage, female genital mutilation or radicalisation, and the Police risk assessment should reflect this.

23.7 HIGH RISK MISSING CHILD

1. The risk posed is immediate and there are substantial grounds for believing that the child is in danger through their own vulnerability; or

2. The child may have been the victim of a serious crime; or

3. The risk posed is immediate and there are substantial grounds for believing that the public is in danger.

The high-risk category requires the immediate deployment of police resources. Police guidance makes clear that a member of the senior management team or similar command level must be involved in the examination of initial enquiry lines and approval of appropriate staffing levels. Such cases should lead to the appointment of an Investigating Officer and possibly a Senior Investigating Officer and a Police Search Advisor. There should be a media strategy and/or close contact with outside agencies. Family support should be put in place. The UK Missing Persons Bureau should be notified of the case immediately and local authority children's services should also be notified.

A Missing child incident would be prioritised as 'medium risk' where the risk posed is likely to place the subject in danger or they are a threat to themselves or others. This category requires an active and measured response by police and other agencies in order to trace the missing person and support the person reporting. This will involve a proactive investigation and search in accordance with the circumstances to locate the missing child as soon as possible.

Section 17 of the Police and Criminal Evidence Act 1984 provides police with powers to enter and search premises such as for the purposes of saving life and limb or to arrest a person who has committed an offence.

The police can use the powers under Section 46(1) of the Children Act 1989 to remove a child into police protection, for up to 72 hours, if they are likely to suffer significant harm. Early and effective sharing of information between professionals and local agencies is essential for the identification of patterns of risky behaviour. This may be used to identify areas of concern for an individual child, or to identify 'hotspots' of activity in a local area.

23.8 ONCE THE CHILD RETURNS HOME

You should take the following steps when a child returns after such an event:

- Assess the child's immediate needs i.e., offer something to eat, does the child need a shower/bath and a clean change of clothes? Is there any need for medical treatment?
- Explain to the child that you do not want them to go missing but they will be welcomed back to the household.
- Try to gain an insight into the young person's absence and what can be done to minimise its recurrence, although the point at which the child returns may or may not be the best time to try to discuss the reasons why the child has gone missing.
- Inform all relevant professionals i.e., Police (unless they returned the child), fostering manager, the child's Social Worker and the independent reviewing officer that the child has returned.
- The Fostering Service will make arrangements for Safe and Well checks and Independent Return Review interviews:

23.9 SAFE AND WELL CHECKS

Safe and well checks are carried out by the police as soon as possible after the child has returned. Their purpose is to check for any indications that the child has suffered harm, where and with whom they have been, and to give them an opportunity to disclose any offending by or against them.

Where a child goes missing frequently, it may not be practical for the police to see them every time they return. In these cases a reasonable decision should be taken in agreement between the police and you as the foster parent/s with regard to the frequency of such checks bearing in mind the established link between frequent missing episodes and serious harm, which could include gang involvement, forced marriage, maltreatment or abuse, bullying or sexual exploitation.

The assessment of whether a child might run away again should be based on information about:
1. Their individual circumstances.
2. Family circumstances and background history.
3. Their motivation for running away.
4. Their potential destinations and associates.
5. Their recent pattern of absences.
6. The circumstances in which the child was found or returned.
7. Their individual characteristics and risk factors such as whether a child has learning difficulties, mental health issues, depression and other vulnerabilities.

23.10 INDEPENDENT RETURN REVIEW

The independent return review is an in-depth interview and should be carried out by an independent professional (e.g., a Social Worker, teacher, health professional or police officer, not involved in caring for the child and who is trained to carry out these interviews and is able). The child should be seen on their own unless they specifically request to have someone with them. The child should be offered the option of speaking to an independent representative or advocate. The IRO should be informed.

The responsible local authority should ensure the return review interview takes place. It should be offered and provided within 72 hours of the child being located or returning from absence, it should preferably take place in a neutral place where they feel safe.

The interview and actions that follow from it should:

1. Identify and deal with any harm the child has suffered – including harm that might not have already been disclosed as part of the 'Safe and Well check'– either before they ran away or whilst missing;
2. Understand and try to address the reasons why the child ran away.
3. Help the child feel 'safe'/understand that they have options, to prevent repeat instances of them running away.
4. Understand what the child would like to see happen next whether short term and/or long term.
5. Gather your views of the circumstances, if appropriate.
6. Provide the child with information on how to stay safe if they choose to run away again, including helpline numbers.

23.11 FOLLOW UP

The local authority children's social care services, police, Fostering Service and other agencies involved with the child should work together to assess the child and:

1. To build up a comprehensive picture of why the child went missing.
2. What happened while they were missing.
3. Who they were missing with and where they were found.
4. What support they require upon returning home.
5. Whether a statutory review of the Care and Treatment Plan is required.
6. Where children refuse to engage with the interviewer, you should be offered the opportunity to provide any relevant information and intelligence they may be aware of. This should help to prevent further instances of the child running away and identify early the support needed for them.

23.12 REPEAT RUNNING AWAY

If a child continually runs away actions following earlier incidents need reviewing and alternative strategies should be considered. To reduce repeat running away and improve the longer-term safety of children and young people, the agencies involved may want to provide:

- Better access and timely independent return interviews, particularly for the most vulnerable.
- Safety planning with the child for their missing.
- Better access to support whilst a young person is away, which may come from the voluntary sector.
- There may be local organisations in the area that can provide repeat runaways with an opportunity to talk about their reasons for running away and can link runaways with longer-term help if appropriate.
-

Safeguarding Wales

https://www.myguideapps.com/admin/projects/wales_safeguarding_procedures/default/downloads/child_information_form.pdf

https://safeguarding.wales/en/chi-i/chi-i-c6/c6-p9/

https://www.safeguarding.wales/en/chi-i/chi-i-c6/

24. Managing risks at home

24.1 SAFETY OF YOUR HOME (INCLUDING YOUR GARDEN, HOLIDAY CARAVAN/HOME)

Children have needs that require a high level of supervision, joining a new household may increase the possibility of accidents within the home. To minimise such risks a Health and Safety Check is completed and once approved this is reviewed on at least an annual basis, or when changes occur. We all need to ensure that your home environment meets the needs of the children you care for. You will need to fully engage with the Health and Safety Checks and rectify any issues arising, where unresolved problems persist, we would have to refer concerns to the fostering panel as a standard of care issue. However, it is hoped that you and your supervising social worker will work together to resolve issues that may emerge, which could adversely affect the children you care for.

If the cost of carrying out checks in your household, such as electrical wiring or rectifying identified problems, are likely to cause you financial difficulty, you should discuss this further with your supervising social worker.

We use a standardised format for your Health and Safety Check and routinely check your insurances, fire safety planning, pets, people you identify as regular visitors to your home, including adult children, babysitters, firearms and vehicle use, within this process.

24.2 POISONOUS PLANTS

Most of the plants grown in gardens do not present any hazard to humans or animals, and incidents of serious plant poisoning in the United Kingdom are rare. Nevertheless, it is your responsibility to ensure that no avoidable risks are presented, and knowledge of potentially harmful plants should be gained. The Horticultural Trades Association has worked with the Royal Horticultural Society and other organisations to compile a summary of toxic plants. (see below). Look for safety information on labels when purchasing plants and learn what to do in the unlikely event of poisoning through eating or handling plants.
Potentially harmful garden plants / RHS Gardening

24.3 WATER SAFETY

In addition to providing a safe and protected environment within the home, you must ensure that any water areas, including swimming pools and ponds, are secured so a child cannot access them without adult supervision.
According to The Royal Society for the Prevention of Accidents (ROSPA) garden ponds are involved in more than half of all toddler drownings and on average five children under six years old drown in garden ponds each year in the UK.

Pond and garden water safety - RoSPA

If you do have a pond in your garden, this will be specifically assessed as part of the health and safety check to ensure all risks for the children we care for are minimised. ROSPA recommend either filling, grilling, or fencing your garden pond to ensure children and young people are safe.

You may have a swimming pool in your garden; this will also need to be specially risk assessed as part of your health and safety check. At all times, it is essential you supervise children and young people around any water settings they encounter whilst in your care.

24.4 HOT TUBS

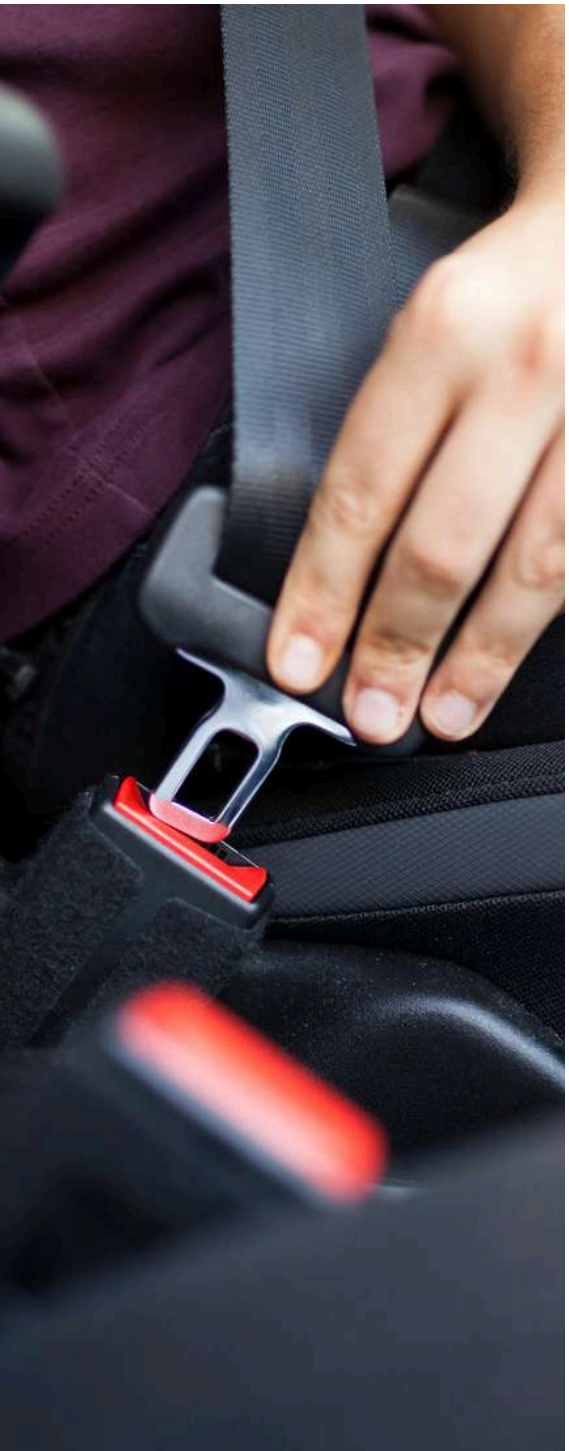
Hot tubs can present safety hazards for all children and young people. The hot water can easily cause infants and children to overheat, and the cleaning chemicals used can be particularly harsh on their skin. If you do own and use a hot tub in your home, this will be included within your health and safety check and risk assessment, completed in discussion with your supervising social worker. To protect the children from harm however, you must:

1. Ensure the hot tub has a solid cover that can be locked, and only opened by an adult
2. Always supervise children and young people when around an open hot tub
3. Ensure the hot tub is covered and secure when not in use
4. Store cleaning chemicals safety- ensure they are stored out of reach

5. Never let a child under five years old enter a hot tub
6. Make sure the suction drains under the water are properly covered, with the correct cover
7. Never allow a child or young person to submerse their heads under the water and make sure those with long hair have it tied back when using the hot tub
8. You must also ensure the child or young person is not at risk of overheating or dehydration, and not allow them to use the hot tub for more than 20 minutes at a time

24.5 VEHICLES

All vehicles used by children must have a current MOT certificate and fully comprehensive insurance, which will be viewed by your supervising social worker as part of your health and safety check and review. You must notify your insurance company you are a foster parent.



Children and young people must wear seat belts when travelling in a car, and car seats must meet British Standards and be age appropriate for the child. As stated by ROSPA 'a child car seat is a legal requirement. The law states that all children travelling in the front or rear seat of any car, van or goods vehicle must use the correct child car seat until they are either 135cm tall or 12 years old (which ever they reach first). After this, they must use an adult seat belt. It is important to note that it is the responsibility of the driver to ensure children are restrained correctly, in accordance with the law. You can be fined if you do not wear a seat belt, or if a child under 14 is not in the correct car seat or using a seat belt when you are driving.

Seat belts: the law: Overview - GOV.UK

You must be aware that not all car seats will fit all vehicles. You must therefore check the compatibility of any car seat used with your vehicle, and if you are using a car seat in a different vehicle, be confident that the car seat is still compatible. You are advised to use a qualified car seat fitter so you can try a range of seats in your car. Further information about car seats that are compatible with your vehicle, as well as how you should install it, can be found on the below website:

Child Car Seat Fitting and Compatibility | Child Car Seats

It is also essential that any car seat is the appropriate one for the child you care for, depending upon their weight, and that child restraints conform to a British Standard. Guidance is provided within the below link:

Buying Child Car Seats Checklist | Child Car Seats

Consideration also needs to be given to where you place a car seat in your car. It is illegal to place a rearward facing baby seat in the front of the car if there is an active passenger airbag. Further guidance is available here:

Positioning Child Car Seats in Cars | Child Car Seats

You must not use a car seat if you cannot be certain of its history and car seats must be replaced if they are involved in a collision. If you are unsure about whether you are using the correct car seat, seek advice and guidance from a qualified professional or your supervising social worker.

24.6 CYCLING SAFETY

Riding a bike is a wonderful experience for children and young people. As well as allowing them to develop some independence and boosting their confidence, they will benefit from exercise and enjoy a fun activity. It is important that you encourage children and young people to learn how to cycle safely and ensure their bikes are well maintained. The following must be noted:

Children and young people must always wear a helmet when riding a bike. You will need to ensure the helmet is correctly fitted for them and wear a helmet when cycling with children we care for
You must check brakes and brake blocks or discs to ensure safe stopping in wet and dry weather
Make sure the lights are working properly and the reflectors are clean. Batteries that do not give a bright light must be replaced. All bikes used by children we care for must have appropriate lights and reflectors
Children and young people should wear bright, reflective clothing when cycling
Children and young people are not able to cycle on the road until they are competent to do so. Cycle lanes can be used instead. Cycling proficiency classes should be arranged; many schools offer this service.

24.7 BEDROOM SHARING

Children over three years of age should have their own bedroom. However, this is not a regulatory requirement. Any decision made for children and young people to share bedrooms will be recorded in writing. Your supervising social worker will undertake a risk assessment in such an instance in conjunction with the social worker for the child.

24.8 FIRE SAFETY

As an approved foster parent, you must have a safety plan in place that is known to all members of your household. This plan should detail how the family will exit your home in the event of a fire and be displayed where everyone in the household can see it. Your plan should be reviewed and reinforced on a regular basis, particularly when a child joins your household. The local Fire Service can visit you to offer advice if necessary.

To ensure an early warning of fire in your home, you must have at least one smoke alarm on each floor of your home. These alarms should be tested regularly, ideally once a week.

24.9 FIREARMS AND KNIVES

Applicants and existing foster parents living in both urban and rural areas may own guns and other weapons for several reasons, including for sporting and leisure activities or for farming practices such as pest control. However, it is important to ensure that requirements are met for the protection and safety of all those in the household, including any fostered children. Where a prospective foster parent has a firearm or other weapon, the assessment will consider:

- the reasons for this and whether the weapon is kept for a legitimate reason.
- that the owner has a licence if required or, in the case of swords, relevant authorisation.
- that any weapon is stored securely in line with government guidance and, therefore, cannot be accessed by children in their care. These requirements will be monitored during the annual Fostering Review.

24.9.1 KEEPING KNIVES AT HOME

Every home will have knives inside and the police will never expect to enter a property and not find a knife of some sort. However, there are laws that are in place to ensure that knife ownership is as safe and responsible as possible. For the purpose of assessing risk in fostering households, it is important to understand that some knives are banned in the UK. The list below is not exhaustive but gives examples

- Swords
- Zombie knives
- Butterfly knives
- Stealth knife
- Disguised knives
- Flick knives or gravity knives

All kitchen knives should be kept so they cannot be accessed by children in the home. Depending on the age of the children being placed and identified risks, this might be in a lockable drawer or one with a child safety latch.

24.9.2 AM I LEGALLY ALLOWED TO OWN A SWORD IF IT IS ALWAYS KEPT IN MY HOME?

Some people like to own swords as decorations and in the past, criminals have claimed they have such weapons in their homes for decorative reasons only. Because of this, UK's laws on sword ownership have become increasingly strict in recent years. It is now illegal to sell any type of curved sword that has a blade longer than 50 cm unless:

- The sword was hand forged in a traditional way.
- The sword is an antique of at least 100 years of age.
- The sword is a samurai sword that was made before 1954.

If a person wants to own a sword that does not fall into one of the categories, they must obtain authorisation to do so. There are further specifications that apply such as the owner must be a martial arts or historic re-enactment club member that holds third party and public liability insurance. Advice from the relevant club on registration of the sword should be sought.

If you are in possession of weapons, we will need to consider the needs and any potential risk to the children you care for. We need to be confident that you are fully aware of the risks and use them in a responsible manner. To keep firearms, you must hold a valid Firearms Certificate, which needs to be seen and a copy placed on your file. You must also comply with the relevant.

legislation re the requirement that firearms are securely stored to prevent access by any unauthorised person, including a child. All guns and ammunition must be separately secured away from the family home or in an approved gun storage cabinet.

Your assessing or supervising social worker will complete a risk assessment with you, which will be reviewed on a yearly basis. At such a review, the security of the storage of weapons, firearms and ammunition must be verified, and the current certificates will be viewed. Any concerns about the storage or use of such items will be immediately reported to a senior manager and the police will be notified where foster parents are found to possess firearms or weapons with no certificate. In no circumstance should a child we care for have access to or use any firearms.

https://www.localsolicitors.com/criminal-guides/is-it-illegal-to-own-and-keep-a-weapon-in-your-own-home

25. Navigating the Digital World, Mobile Phones and Internet Safety

Mobile phones and other on-line communication devices offer opportunities to stay in touch with family and friends, through texting, photo exchange and videos. Smart phones allow children and young people to access the internet and communicate with others via social media, games, and live chat 'rooms'. These factors must be discussed prior to the child or young person moving in with you.

It is important that the children we care for understand our perspective of their phone and communication usage. We want to keep them safe and that often means having to set appropriate boundaries, this must also be realistic and balanced in terms of our expectations. Their needs will be individual and should be clearly identified and reviewed in their reviews. At the point of matching, or early on in time living with you, it may be helpful to set up an agreement together with the child and will need to take account of their capacity to understand online safety.

25.1 EXPECTATIONS FOR FOSTER PARENTS RE ONLINE SAFETY

The internet and social media sites can be a positive and hugely beneficial resource for children and young people; enabling them to learn, connect, communicate, gain support and explore their creativity. Technology has become central to us all in our day to day lives computers, laptops, tablets, games consoles, televisions and mobile phones are everywhere. Children can therefore widely access them at home, school, libraries and through friends.

Due to the fast paced and ever-changing nature of the on-line world it is essential that you keep up-to-date knowledge of the inevitable risks and associated safeguarding concerns. The considerations for children and young people we care for are even greater because of the additional vulnerabilities they face, which extend these risks and introduce others. You have a significant role in keeping children and young people we care for safe by minimising their opportunities to enter into situations that may place them in the way of harm.

Internet safety is a key area of safer care for foster parents.
https://hwb.gov.wales/keeping-safe-online/

25.2 GUIDELINES FOR FOSTER PARENTS RE ONLINE SAFETY

When using social media sites, such as Facebook, Instagram, or Pinterest it is important that you understand the potential ramifications for yourself or any children and young people that you are looking after. Be mindful that family members linked to the child or young person may be able to identify yourself or a family member and learn information about you from what you post. Social networking sites will have privacy settings which enable you to protect your identity and information. It is an expectation that you keep any accounts very secure.

Basic privacy settings and tools | Facebook Help Centre

Privacy settings and information | Instagram Help Centre

It is also important to consider what you post on your social media platforms. Have these discussions with your household family members, as well as wider family and friends who may be tempted to tag you in a post. Part of protecting your identity as a foster parent is not sharing this information publicly on social media sites.

You must never post online information or photographs of the children and young people you care for. Using social media sites as foster parents carries the risk that information about a child or young person, their home, or their location might inadvertently be revealed and, therein, breach the mandatory requirement of maintaining confidentiality; or creating serious safeguarding risks.

You need to adhere to strong boundaries and as such do not make links with a child or young person's birth parents, or other family members of the child or young person. Talk to your own children about the concept of 'friending' other people and the respective implications. This is particularly relevant in relation to becoming friends with children we care for on social media sites (in placement or if they have moved on), because of the far-reaching nature of social media communities the information that is shared such as photographs and 'tagged' posts. It is essential that fostering households have agreements in place, and clear expectations with all family members about managing these risks.

Photographs of birth parents or significant others: If a child or young person in your care does not have the photographs you feel they need please speak to their social worker and your supervising social worker as to how to take this forward. This is also something that you could raise at the placement agreement meeting and child looked after reviews.

If you or your children have any concerns regarding the information contained above, a discussion with you supervising social worker would always be the starting point for getting advice.

If you have any worries or concerns relating to a child or young person's use of the internet you should speak to your supervising social worker and the child or young person's social worker at the earliest possible opportunity.

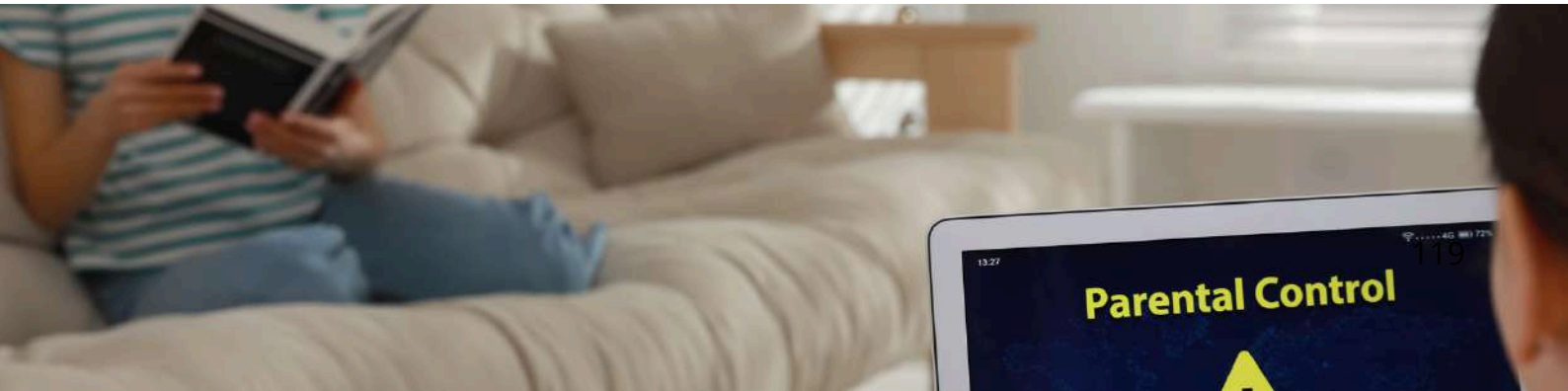
If worries, or concerns arise, the on-line safety aspect of a child or young person's safer caring plan will need to be reviewed. Again, this should be done at the earliest possible opportunity to ensure that these arrangements are revised in 'real-time' and that they effectively safeguard the child or young person.

There are practical steps you can take to ensure that devices and/or internet access by children and young people is as safe as possible:
If a child has access to a computer or laptop at home, ensure that this is positioned in a central place in the home and that it is facing outwards so that it can be easily viewed or monitored

Ensure that parental or safety controls have been set up on all devices
Parental controls and privacy settings guides | Internet Matters

Children and young people in foster care who have experienced past trauma or low self-esteem are likely to be more vulnerable to the dangers associated with the internet.

Take notice about what a child or young person is doing online through becoming involved in their sessions and have conversations with them about their use of the internet and social media. Do not be afraid to connect with a child or young person by asking them for help in understanding new applications and the language used.



Regularly check the devices history and sites visited.

Develop a family agreement which is specific to the family or individual child or young person. This can be incorporated into the safer caring plan that you have for the child or young person you are looking after.

Where required obtain parental/social worker consent for allowing children or young people to use social media sites.

Closely monitor the apps being downloaded and used by a child or young person to determine their suitability. It is not appropriate for foster parents to allow children we care for below the minimum age limit to have access to these sites in any circumstance.

Do not encourage the use of webcams.

If you become aware of any arrangement for the child to meet someone they have connected with on-line, contact the child or young person's social worker immediately. This may also require a discussion with the police.

Remember to record any worries, identified patterns of internet use; or any new information about a child or young person's engagement on-line that falls outside of prior agreements in your foster parent diary recording sheets. Remind children and young people never to give out personal information online.

Remind them to keep their passwords safe and never give their name, email address, address, or mobile phone number to anyone outside their immediate circle of friends.

Remind children and young people to be careful what they upload to the Internet as well as what they download.

25.3 PROTECTING YOUR DATA, PERSONAL INFORMATION AND IDENTITY

It is imperative that you approach your own 'cyber security' and that of your family in a robust manner. There are many things to navigate in the on-line space and if you take the lead in developing your own understanding, you will be in a stronger position to keep a child or young person safe and provide good role-modelling.

Without the right protection in place, your electronic devices are vulnerable to cyber-crime or on-line safety risks. In some cases, your computer/devices can be rendered unusable if they become 'infected' with a virus or malware, this can result in permanently losing important data and documents. In additional others may gain access to your personal information which could leave you open to fraud or internet scams. In some cases, this includes being targeted by cyberstalkers who use obscene or offensive content, which could manifest through pop-ups or unsuspecting links, defamation, threats, harassment and identity theft in criminally organised activities.

Without the right safeguards within the home environment children and young people may ....
- Access confidential information
- Download inappropriate materials
- Give information out about where you or they will be at a particular time i.e., through location settings, updating social media posts or through instant messaging

Whilst these are not illegal activities they can have significant implications. It is therefore important that you and other members of your household apply caution and are aware of what individual or household devices are being used for.

25.4 MINIMISING RISKS

Always use strong and secure passwords.

Keeping passwords private and safe.

Install and regularly update anti-virus software.

All household members need to be mindful about what they access online.

Where shared devices are used, ensure that each user logs out of websites or apps after using them

26. Contact with the media

There may be occasions where you are approached by the media for interviews or comment. Prior to speaking with any journalists please contact your supervising social worker who will be able to liaise with us to provide you with appropriate support and guidance. This expectation is included in your Foster Care Agreement.

https://www.thefosteringnetwork.org.uk/advice-information/looking-after-fostered-child/fostering-in-digital-world

Internet-Matters-Guide-CYP-in-Care-Browsing-Online-2.pdf

REACH-online-safety-for-children-in-care-exec-guide.pdf

Helping Children Deal with Bullying & Cyberbullying | NSPCC

27. Child Health and Development and PACE

Children's development and mental health are affected by factors such as the environments they are raised in, the relationships they build and the experiences they have.

Child development refers to the physical, cognitive, emotional and social growth that occurs throughout a child's life. Children's mental health – their cognitive, behavioural and social wellbeing – is affected by this development, as well as other factors like trauma and abuse.

All aspects of children's health and development work together to form their overall wellbeing.

Some children may have moved frequently between different foster and residential placements, or they may be placed far from their home neighbourhoods, friends, and family. This can mean details of their medical history are difficult to find, while also compounding their social isolation and loss of support networks.

In addition to this, when a child is in public care the health-related responsibilities of their parents are delegated to a wide number of professionals – not only to their foster parents but also to social workers, specialist nurses, paediatricians, youth services and teachers, along with many others.

Co-ordinating this activity between a public authority and the NHS can be a complex task for anyone. However, foster parents will need to meet these challenges to assess, address and promote the health and wellbeing of children and young people in their care.

Child health and development | NSPCC Learning

27.1 PACE

St David's Fostering Service support the principle of PACE, this stands for Playfulness, Acceptance, Curiosity and Empathy. It is a framework developed by clinical psychologist Dr. Dan Hughes over 20 years ago, aimed at developing caregivers' ability to build safe and trusting relationships with children and young people, particularly in cases where they have a history of trauma. PACE principles have been increasingly adopted over the years and are now regarded as a highly beneficial system of thinking when approaching childcare in a variety of settings.

Learning to effectively combine these elements in interactions with children or young people is paramount in effectively applying PACE principles in a care environment.

Playfulness

The Playfulness component of PACE Training is about engendering a light-hearted, fun and playful atmosphere when communicating and engaging with the child. Creating a sense of joy in carer-child interactions can help diffuse negative emotions they may be encountering, reduce feelings of defensiveness or withdrawal, and foster a general sense of positivity in day-to-day activities.

Children with a history of trauma may find difficulty in regulating their own emotions and may be more susceptible to negative feelings of anger, fear and sadness. Helping foster positive feelings through playful interaction may provide particular benefits as a result. This approach may not always be appropriate in cases of misbehaviour or discipline, therefore learning to judge when a playful atmosphere is beneficial is an important part of PACE training.

Acceptance
The Acceptance component of PACE Training involves accepting a child's feelings, motives, and perceptions is a crucial part of creating a sense of safety and security with a child. This does not simply mean accepting behaviour in all cases but rather learning to dispel judgement about a child's intentions and communicating this in a way which potentially they can understand and appreciate. This may involve verbal and non-verbal communication and can have profound benefits in developing trusting relationships with children and young people.

Curiosity
The Curiosity component of PACE training refers to a carer's curiosity about the meaning behind a child's behaviour. Through curiosity, a carer can convey their desire to understand what drives a child's decisions, which in turn can encourage a child to stay open and engaged in their interactions. Understanding certain nuances in this approach is important for it to be effective. Reserving judgement in curiosity, removing anticipation or need of a response, and using the right tone in communicating curiosity are examples of the small details that should be considered in this context.

Empathy
The Empathy component of PACE training involves understanding and sharing the feelings and perspective of a child. By a carer actively showing a child that their feelings are important to them, they demonstrate a commitment to supporting and sharing potentially difficult experiences or tough times. Through this process, strong and trusting carer-child connections can develop. This pillar may be especially important if the child or young person has experienced abandonment in the past; by communicating commitment and solidarity, a carer is conveying that the child or young person does not need to deal with periods of distress alone.

28. Supporting healthy relationships and promoting a secure base

Children need relationships with affirming, reliable, trusting adults who care for them and care about them. Some children have this kind of relationship with one or more adults before they come into care. In this case, it is important to nurture that confidence in building appropriate relationships. However, many fostered children did not experience these kinds of relationships before coming into care. Even if you are a short-term carer, you can make a profound difference to the child's life by acting as a secure base.
Foster parents provide a secure base when they are:

- available to the child or young person
- sensitive, and able to help the child manage their feelings
- accepting, and building the child's self-esteem
- co-operative, so the child feels they are valued, rather than passive and dependent
- including the child as part of the family, so the child feels they belong.
-

Life story work and drawing up social network maps can also help a child develop a sense of identity and where they feel they belong.

Having a voice and knowing you are heard makes a huge difference to how you experience adversity. As well as listening to the child yourself, you can exert your advocacy role in supporting them to be heard by other professionals involved in their lives, such as their CLA Review or with their teachers and social workers. Focusing on a child's strengths helps build confidence and self-esteem. It makes them feel valued and competent, which in turn boosts resilience. Knowing how to make decisions about your life and being allowed to make your own decisions are important skills for resilience. You can support a child to learn to make decisions by making sure they have relevant information, understand the information, think through consequences of decisions and then know how to communicate clearly with those around them. If you support them to practice these skills on decisions that do not have a major impact on their life (e.g., what to wear or eat), they will be better equipped to make bigger decisions in the future.

Working definition of trauma-informed practice - GOV.UK

28.1 STRENGTHENING RESILIENCE IN CHILDREN

Providing a healthy context for development, particularly healthy family environments, supports the child's ability to develop skills to adapt and cope with change in later life, and gain the resources needed to function well, acting as a natural protective system across a child's development. Being a positive role model is an essential element of your role.

cavuhb.nhs.wales/files/resilience-project/resilience-project-logo-adjustments/pace-pdf/

29. Identity, Gender, Culture, Race and Religion

29.1 IDENTITY AND GENDER

Where children and young people express a preference, we use the gender pronouns (they, he, or she etc.) that they prefer. The NSPCC website has information that you may find useful about gender identity. For example, they use the following definition:

'Gender identity is the term that is used to describe how someone feels about their gender. For example, some people may identify as a boy or a girl, while others may find neither of these terms feel right for them and identify as neither or somewhere in the middle. Although people often confuse them, gender identity is different from someone's biological sex or assigned gender at birth and from sexuality or who someone's attracted to.'

Language changes all the time and as a foster parent you may not always know the right term to use with a child who has questioned or changed the gender identity they were born with. However, it is particularly important that you 'put yourselves in the shoes' of the child or young person when talking to them and have a basic understanding of what is considered appropriate language and what might cause serious offence. Asking the child or young person how they would like to be referred to is often a good starting point and shows that you are being sensitive and want to get it right.

For further information please look at the NSPCC guidance on this subject: Gender identity | NSPCC

29.2 CULTURE

Identity can mean different things to different people. For children and young people, it might be about who their friends are, what music they listen to, where they live or what ethnicity they are. Simply put – your identity is 'who you are.'

IA person's cultural identity develops from birth in response to their interaction with their family and environment. Each child or young person has their own individual identity, which is influenced by factors such as race, religion, language, physical ability, learning needs, education, personality, personal and family history, class, age, gender, gender identity and sexual orientation.

Culture is not static, changes over time and is influenced by societal developments. We are striving to fully embrace diversity and to be mindful about unconscious bias. This is something we all need to continue to work on and is an important part of your role as a foster parent. Ongoing support, training and development opportunities will be made available to you to assist you in your practice of ensuring that you support cultural diversity.

29.3 RACE, RELIGION AND CARING FOR A CHILD OF DIFFERENT HERITAGE

For all children it will be important for you to have a good understanding of their background and culture, but this is particularly true if you are caring for a child or young person of a different ethnicity or religion. This will assist you to help them understand themselves and to develop a positive self-identity. It is important for children to have opportunities to practice their religion, both in formal places of worship and in the home if they so wish. It is also important for children and young people to meet others from similar backgrounds.

You may also need to get advice on different types of skin and hair care, and dietary needs. Your supervising social worker would be a good place to start.

You can play a particularly significant role in supporting a child or young person who is subject to racism and other forms of discrimination. As a foster parent you will be expected to be very mindful of diversity, and to sensitively consider the needs of, and advocate on behalf of, any child in your care who experiences racism.

It is important to keep the child's heritage alive in their everyday life, for example through discussion, food, toys, clothing, books, internet, television channels, contact with family and friends and life story work. Thinking sensitively about the language you use with children from different ethnic backgrounds is important, as is avoiding inappropriate terms. Attending anti-racism training will help you to be mindful of diversity practice.

30. Health

30.1 REGISTERING WITH GP

Your child's social worker will provide you with details of the child's current GP. If it is not possible for the child to remain registered with their current GP, you should register them with their own GP as soon as possible. The GP should know that the child is a looked after child.

30.2 REGISTERING WITH OPTICIAN AND DENTIST

As above

30.3 HEALTH PLANS

A health assessment for a child or young person in care is a holistic assessment of their physical, emotional and behavioural needs. The assessment also includes aspects of health education and health promotion. It is not an isolated event, but part of a process of continuous care including monitoring and promoting the child's health. The Looked After Children Health Assessment system provides a statutory health assessment process which means all children and young people aged 0-18yrs who are in care are offered regular health assessments. All Looked After Children must also have a Lead Health Professional who ensures the health assessments take place, health care is coordinated, and actions are delegated and followed up. They are a key point of contact for both carers and other professionals. The Lead Health Professional for each Looked After Child is the Health Visitor, School Nurse, Specialist LAC Nurse, or Paediatrician. Health Plans are reviewed regularly and information is shared formally at Statutory Reviews.

The key principles for a Looked After Child health assessment are: The individual child should be at the centre of the process of health assessment, planning, intervention and review. Each child or young person should be given the opportunity at all stages to express their views or concerns and they should be listened to. Health professionals should conduct health assessments in a way that enables and empowers children and young people

to take appropriate responsibility for their own health. Health assessments and services for children and young people who are looked after should be sensitive to age, gender, disability, race, culture and language. Children whose first language is not English should have the opportunity to have their health assessment carried out in the language of their choice.

phw.nhs.wales/services-and-teams/national-safeguarding-service/safeguarding-latest-guidance/specific-group-guidance/nhs-wales-lac-health-assessment-framework-pdf/

30.4 SPECIFIC MENTAL HEALTH SUPPORT

Mental health issues for children and young people can take many different forms. Increasingly there is recognition of the impact that anxiety, depression, obsessions and compulsions, post-traumatic stress and other mental health issues can have on our children and young people. Some of the most common problems associated with psychological wellbeing, experienced by children in the care system, are highlighted below. Should you have any worries or concerns about a young person it is important that you flag them up in a timely manner to ensure that they can access the support services they may need. Specialist nurses are available for every looked after child and can be contacted by the child's social worker.

30.4.1 IMPACT OF TRAUMA

Many looked after children have experienced early childhood trauma, such as abuse, neglect, or family breakdown. This trauma can lead to long-term mental health issues like anxiety, depression, and post-traumatic stress disorder (PTSD).

The instability and inconsistency often associated with being in care can disrupt healthy attachment formation. This can affect a child's ability to form trusting relationships later in life and may lead to difficulties with intimacy and emotional regulation.

30.4.2 ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) AND ATTENTION DEFICIT DISORDER (ADD)

The national mental health charity Young Minds states
'ADHD is a condition where you have lots of energy and have difficulty concentrating. You might also find it hard to control what you say and do. For example, you might speak without thinking first or find that you do things on impulse.

Symptoms usually start early in life, before the age of six. The causes of ADHD are not straightforward but experts think it might run in families, or it could be to do with the way the chemicals in the brain work. ADHD-like symptoms are also attributed to early life experience and trauma. Another condition called attention deficit disorder (ADD) has similar symptoms to ADHD, but you do not feel as hyperactive. For people with ADD, the main problem they have is difficulty concentrating.'

The Young Minds website below also gives further detailed information and useful guidance about symptoms:

https://www.youngminds.org.uk/young-person/mental-health-conditions/adhd-and- mental- health?gclid=EAIaIQobChMIsvvSp8jv8wIVAZ7tCh1KKwY1EAAYASAAEgKGbPD_BwE#Whati sADHD

30.4.3 SELF HARM AND SUICIDAL IDEATION

Children in care and care leavers are at increased risk of hurting themselves because of adverse experiences and continuing stress.
Self-harm helps manage distress whereas suicide attempts to stop distress by ending life. Young people self-harm or contemplate suicide for many reasons and every individual's motivation will be different.

Young people hurt themselves in many ways. These may be completely invisible to those around them.

Responding to underlying distress is more important than focusing on stopping self-harm. Excessive control and the removal of implements may make things worse.

https://www.mind.org.uk/information-support/types-of-mental-health-problems/self- harm/about-self-harm/

30.4.4 EATING ISSUES AND DISORDERS

Many of the children we care for experience eating issues in some form or another. Poor parenting and trauma can impact on development in relation to food and feeding, which can be further complicated if the child has a disability. Some children and young people may have been used to a diet that included a lot of fast food and unhealthy snacks, others may have experienced food deprivation or very irregular meals. Difficulty in regulating how much they eat; either eating too much, too little, very slowly or very quickly, can be common problems that can take a long time to resolve.

Food and eating problems can be particularly challenging for the child and the foster parent, leading to conflict and stress. It is important therefore that you get advice if you have any concerns. Apart from speaking to your supervising social worker/the child's social worker and the Looked After Children Nurse or Health Visitor, and reading on the subject, the following organisations and hyperlinks will provide useful information:

Beat (formerly Eating Disorders Association) - The UK's leading eating disorder charity with online support groups and a helpline for anyone under 18.

Family Eating Disorders Service (FEDS) - Support for children, young people and families affected by an eating disorder.

There are some specific eating disorders, that can affect both children and adults, characterised by abnormal eating patterns, involving either insufficient or excessive food intake, for example:

Anorexia Nervosa-where people are of low weight due to limiting how much they eat and drink

Binge Eating Disorder-where people eat large quantities of food without feeling like they are in control of what they are doing

Mental Health Support For Young People | YoungMinds
https://www.gov.wales/sites/default/files/publications/2019-08/responding-to-issues-of-self-harm-and-thoughts-of-suicide-in-young-people-guidance.pdf

https://www.papyrus-uk.org/wp-content/uploads/2024/06/Supporting-Your-Child-A5-Booklet-English-2024.pdf
Microsoft Word - mental health UPDATED January 2018.docx

30.4.5 SUBSTANCE AND ALCOHOL MISUSE

Substance misuse is one of the most common risks to a young person's health and development. All drugs have the potential to cause harm, some can be addictive, and using drugs in combination can increase the risks. Legal drugs such as alcohol and tobacco can be very addictive. Illegal drugs include cannabis, cocaine, ecstasy, and heroin.

There are things you can do as a foster parent to help your child develop a healthy and informed relationship with alcohol and drugs. The NSPCC has a website with useful information

www.nspcc.org.uk/keeping-children-safe/talking-drugs-alcohol/
If you think they may be using alcohol or drugs to help them cope with difficult feelings or mental health issues, speak to your GP or specialist nurse for professional health advice and to your supervising social worker/ child's social worker.

30.4.6 BEREAVEMENT

In addition to the losses children and young people inevitably experience when they come into care, some may also experience significant bereavements. Ensuring that they get appropriate support is especially important. Winston's Wish (website link below) is a specialist charity that provides emotional and practical bereavement support to children, young people and those who care for them. Their support covers the many different circumstances that may be linked to bereavement for children.

Winston's Wish - Bereavement Support for Children

31. Confidentiality and Health

You are entrusted with personal and confidential information about the child's health in order to help you to care for them.

You will receive care plans and health information about the child and these should be kept securely and confidentially. You will be working with other professionals also involved with the child, e.g., teachers, health professionals. Care needs to be taken in how and when information is shared.

As foster parent/s you need some information about a child's family background and current needs, initially to make a decision about whether you can meet their needs and accept the placement, and later to help meet the child's ongoing needs.

Children in your care and their families have the right to expect that information about them is kept secure and confidential. Information should not be shared other than on a 'need to know' basis. All information about the child should be kept in a secure, locked place within the home, and/or securely on your computer (using password protection). All health information must be returned to the child's social worker if the child moves home. If in doubt foster parent/s should seek advice from the child's social worker before sharing any information. Foster parent/s need to ensure that when they are discussing a child's health with those who need to know, that this is done in a safe, secure environment where the conversation cannot be overheard.

Sometimes a child or young person may disclose something to you and ask you to keep it confidential. You will need to be honest that there may be times when you may need to pass the information on in order to keep them or other children safe. However, you can give the child reassurance that they have been listened to and understood and that you will only pass it on to people in the professional network who need to be aware, and that the information will be dealt with sensitively.

32. First Aid

First Aid training is a core training requirement for all foster parent/s, you should not attempt to give First Aid for which you have not been trained. We expect you to prioritise attending health and safety training opportunities when they arise. You always need to be clear about what decisions you can make about giving consent for medical treatment, which will be recorded in the Placement Plan. If a child who is placed with you has particular health needs, the child's social worker should provide information and advice on specialist management of conditions, advisory or support groups.

Your Supervising Social Worker will check that you are maintaining a fully stocked first aid box when they do the Health and Safety check. First aid boxes should be kept in a safe accessible place, not within reach of small children. You must keep a First Aid kit, both at home and if applicable in your vehicle. The first aid box may be checked during an unannounced visit, by your Supervising Social Worker.

Always have the child's GP'S surgery telephone number available, if you ever suspect a broken bone or spinal injury do not try to move the child unless you believe that they are in imminent danger.

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 if the first aid required was above a basic level. You should not delay the process of getting medical help.

You should always assess the situation and in a medical emergency, send for medical help and an ambulance or the Police if this is needed.

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 significant 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

You are required to complete records of when you administer any prescribed medicines or when there has been a medical incident, i.e., hospital admission, consultant/GP appointments.

33. Use of Home Remedies

Home Remedies are medicines that can be bought over the counter without prescription, including Paracetamol, homeopathic, herbal, aromatherapy, vitamin supplements or alternative therapies.

They may only be given to a child with the consent of the parent (where applicable) and after consulting with the child's GP. Agreed use of home remedies must also be recorded in the Placement Plan.

Although Aspirin may be purchased 'over the counter', without prescription; it may 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.

34. Allergies

A specialist nurse for children looked should be allocated to the child, their role involves coordinating care, they will therefore ensure that specialist allergy information and management advice is included in the Health Care plan which should be shared with you and with all agencies working with the child/young person.

The Care and Treatment Plan, Placement Plan and Health Care Plan should highlight:

1. Any known allergies and associated risks including recognising the signs and symptoms of an allergic reaction and anaphylaxis for the child/young person.
2. Preventative measures - e.g., taking antihistamines for hay fever, making sure cleaning products and gloves are hypoallergenic, and washing powder is suitable for skin conditions.
3. Action to take when a young person has an allergic reaction. The plan should outline exactly what to do and who needs to be contacted in the event of an emergency.
4. You need to be aware of the Plan and should have been trained to administer an Epi Pen by a suitably qualified health professional.
5. The child or young person should be educated around their allergies and what to do in an emergency - a young person may be able to self-administer their own EpiPen or take antihistamines. If this is the case this should be recorded.
6. Medication should be easily accessible so you and/or the child/young person can access their medication in an emergency.
7. You must always keep a record of any episode, as well as any medication given and ensure that the child's social worker and Supervising Social Worker are informed.

35. Administration of Medication

Any health-related issues should always be discussed in supervision meetings and recorded.

You must have guidance on giving prescribed drugs for children and advice on if you can give drugs not on prescription. You will receive training in relation to the management and administration of medication. This element of practice is regulated and therefore you are legally responsible for ensuring you adhere to the legislation.

General guidelines for administering medication to children in foster care follow the 'Five R's of Medication'. The five R's are reminders to administer medication thoughtfully and with attention and that doing so is a legal responsibility.

- Right person
- Right medication
- Right amount/dosage
- Right route of administration
- Right time

35.1 FOSTER PARENTS' ROLE IN GIVING A CHILD MEDICATION

1. Check the medicine to make sure it is prescribed for the child and it is within the expiry date.
2. Make sure the child's name, the name of the medication, and the dosage are correct.
3. Give the medicine in accordance with the instructions.
4. Record when you give the medicine including the date, time, how much, your name and signature.
5. Record if the child refuses the medicine or the reason it was not given.
6. You should not attempt to administer another dose of medication if the dose of medication has been partially swallowed or spat out.

A record is required to identify what happens to unused prescribed medication in the home. This record should show -

1. Date you finished the medicine or disposed of it/returned it to the pharmacy
2. Name and strength of medicine
3. Quantity taken
4. Name of the child for whom the medicine was prescribed
5. Your signature if you arranged disposal of the medicine

First aid and records of all prescribed medicines that have been given will be recorded in the daily record; if advice is sought from a GP, NHS 101 or pharmacist, you should record details of the discussions. If an accident occurs, which results in a visit to GP/hospital, it should be recorded.

In addition to the above, all prescribed medicines from whatever source, including medication from hospital should be recorded, the record should show:

1. Date you got the medicine
2. Name, strength and dosage of medicine
3. Quantity received
4. Expiry date
5. Name of the child for whom medication is prescribed/purchased
6. Your signature for receiving the medicine

35.2 WHAT YOU SHOULD DO IF A CHILD REFUSES TO TAKE MEDICATION

1. Medication must never be crushed or disguised in foods/drinks without the prior agreement of the prescriber.
2. Side effects that change the child's energy level or appearance can also make a child reluctant to comply with their medication regime. You need to take these concerns seriously and address them before they reach the stage of refusing to take the medication.
3. Sometimes children express concern about taking medication because they do not see the benefit, or they are tired of taking it, or they feel 'different' from their friends by having to be on medication.

It will be helpful for the foster parent/s to -

- Try to talk the child through it.
- Find out why they are refusing the medication.
- Stress the purpose and importance of taking the medication
- Explain that they can talk to a health care professional
- Talk to a health professional asap to determine the appropriate course of action if the child has a condition that requires medication (e.g., seizures, asthma)

35.3 ADMINISTERING/TAKING MEDICATION OUTSIDE THE FOSTER HOME

1. Whenever possible, dosing schedules should be planned to minimise the administration of medication outside your home. However, there will still be times when children in foster care need to take medication while in school, on trips, or on home visits.

2. You must communicate with the school if children are routinely expected to take medications, schools will have their own procedures regarding medications.

3. You must ask the pharmacist to dispense into 2 containers. School and home should have their own appropriately labelled container.

4. When children are out of the home, on short trips, the schedule of medication should not be changed, without discussion with the child's G.P.

5. If children have to take medication during contact, the birth parents should be advised about:

- The medication used, its purpose, and possible side effects
- Importance of giving medication at its prescribed time and amount
- Importance of safe storage of the medication
- Return of medications to the foster home

35.4 CONTROLLED DRUGS

Some children and young people are prescribed controlled drugs. Examples of controlled drugs are morphine and pethidine for pain, methadone for withdrawal and Ritalin for hyperactivity.

ALL CONTROLLED DRUGS MUST BE TREATED WITH EXTRA CARE AND ATTENTION AND BE STORED IN A LOCKED CABINET. NO MORE THAN 28 DAYS' SUPPLY SHOULD BE KEPT AT A TIME.

If you accept responsibility to give medicines either by injections, administering rectal medication or tube feeding etc. the following criteria should be met:

1. The child's parent, if appropriate, has given written consent

2. 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.

35.5 STORAGE OF MEDICATION

Safe storage is essential, ideally in a locked cabinet, out of sight and reach of children, as detailed in your Health and Safety Assessment. Under no circumstances should medication or drugs be left in a place where children can access them. Foster parent/s should have guidance from the GP on the administration of prescribed drugs for children. You should also be aware of any possible adverse/ allergic reactions to the medication and the necessary steps to correct such an occurrence.

St David's Fostering Medication Policy and Procedure.docx

36. Education

As foster parent/s you will attend meetings in schools. For school-age children these will include parents' evenings and involvement in Personal Education Plans (PEP). If the child has additional needs this can also include review meetings and discussions related to Individual Education Plans (IEP), regardless of whether the child has a statement or not. And, if they are at risk of exclusion there are Pastoral Support Programmes, too.

To get the most from these meetings:

- Be an advocate for the child, a positive voice, be clear about what the purpose of the meeting is and what outcome you want.
- Take someone with you to help make sure that everything gets covered – and remembered.
- Be prepared. Make a note of what you want to say, and to ask, and how you might deal with any areas of disagreement.
- Look for common ground. The people present will want the child or young person to succeed. Find the things you can agree on and build from there.
- Ask for specific examples of both good and bad events. Generalisations could arise from stereotyping or prejudice.
- Make sure there is a written record. If no-one is taking minutes send an email yourself afterwards, thanking people for the meeting and the actions they have agreed to take.
- Agree deadlines, monitoring and feedback. How will you know things have changed, who will keep track, and when will you meet again to review the situation and the agreed plans?
- Look for the positives. Even a crisis can be an opportunity to make a change.
-

Some children/young people will attend different education settings to a mainstream school setting but your role will always be in promoting the best interest of the child and their development.

The Fostering Network has produced a useful guide to help consider your role and involvement in the system.

tfn_educationguide_web_0.pdf
Education resources for Foster parent/s | The Fostering Network
https://www.thefosteringnetwork.org.uk/powerful-ways-all-foster-carers-can-support-childrens-learning

37. Contact

Contact arrangements are also referred to as 'Family Time' and usually involve the fostered child and their birth/extended family members.
Contact can contribute to:

- preparing a foster child for a return home
- maintaining relationships and connections within families
- assisting a child in grieving for losses entailed in separation
- supporting the development of identity
- providing professional help to a fostered child's parents regarding how to respond to their child's behaviour

Contact enables children to keep up to date with information about their family and it can help young people to decide how they manage that relationship in the future. Regulations and guidance define the role contact plays in the health and wellbeing of children and specify requirements for fostering services and foster parent/s to actively promote family time unless this is not in their best interests. The judgement for determining contact arrangements lies with the placing authority and the Courts. Your role is to enable arrangements to take place and may involve facilitating contact too. The Fostering Network has produced a useful guide, called Positive Contact (see below) that will help you to consider how best to approach this area of care, it can be a complex and overwhelming aspect of life for children in your care so will always need a gentle understanding approach. Your supervising social worker will always support you and help with any practical arrangements too.

Positive Contact.pdf

Direct contact means meetings between the child or young person and family members or significant others, like aunties or uncles and includes phone calls, texts and emails. Indirect contact means letters and cards through members of the birth family and/or significant others usually through a third party. Every looked after child will have their own Care and Support Plan in which a contact plan will be agreed, outlining arrangements.

f you are caring for a baby, you need to be prepared to support a high level of family time between the baby and their birth parents. The frequency of this will be agreed in the Care and Support plan and Placement Plan and is likely to be stipulated by the court. The arrangements will require substantial commitment and energy from yourself. You will be expected to support the baby's progress throughout their care plan; this could include the baby returning to the care of their birth parents, to other family members or adoptive parents. In all instances, it is vital you keep accurate and detailed records about the baby's development, particularly when they are involved in care proceedings.

There are key principles underpinning good practice in supporting contact.

- the legislation emphasises the welfare of the child is considered paramount.
- the purpose of contact needs to be discussed and understood by everyone working with looked after children and shared with the children's families.
- contact must be assessed for any risks to the child and those responsible for the care and support plan should put in place whatever measures are considered necessary to manage risks.
- foster parent/s sometimes have to manage the emotions and often the confusion of children who have contact with their families.
- confusion, discomfort and distress on the part of the child are common responses to contact but these do not necessarily indicate that contact should be reduced or terminated.

38. Life Story Work

Life story work can help children to make sense of their pre-care and in-care life. Life Story work is the process of helping children in care, who have been separated from their family of origin, to know about and understand their past. It is not a "one off" event – it is continuous, where children and young people are enabled to ask questions about their past and build a coherent picture during their time in care. It also involves talking about their present and future.

'All children in Wales, who are unable to be cared for by their birth families, need to have an understanding of their family history and of their unique journey. Life Story Work is designed to help a child make sense of their past and understand their current situation to help them to move into the future. Life Journey Work should support the child's identity, promote self-esteem, help give the child a sense of belonging, wellbeing and support good mental health.'

Children who are looked after should also be helped to explore their past and this can be undertaken in a variety of ways, sometimes through Play Therapy or through a specialist piece of therapeutic work.

Life Journey Work provides:

- An opportunity and a structure for the child to explore their emotions and talk about painful issues
- Children with important factual information
- It provides a narrative / explanation for the Child
- It preserves memories.

Taken from the National Adoption Service (NAS) Life Journey Work Good Practice Guide.

The purpose of the model used is that the child has answers to the following questions:

- Who am I?
- How did I get here?
- Where am I going?

As a foster parent you will have a key role in maintaining a chronological account of their time with you, this includes celebrations, holidays and achievements and day-to-day life. The record you create should be recorded and provided to the child when they leave you.

Memory Boxes are commonly used from day one, to keep appropriate memorabilia (including photographs) of the child's time living with you, involving the child or young person as far as possible. Also foster parents need to ensure they record and help children (subject to age and understanding) make a record of significant life events during their time with them.

Life Story Work is particularly important to increase children's sense of self-worth and self-esteem, but it is emotionally demanding, and children and young people can react in different ways, sometimes regressing or reflecting troubled emotions in their behaviour.

For children with communication difficulties, children from diverse cultural backgrounds, or unaccompanied children and young people who are seeking asylum in the UK, there may well be additional complicating factors, or loss and trauma, that need to be considered.

Just as children need support through life story work you may also need additional support from your supervising social worker when detailed work is being undertaken regarding the child's past.

Each child or young person is an individual and any work undertaken should be according to those individual needs. Readiness to undertake detailed life story work must be a key factor. You can ask for a 'team around the child' lie story work planning meeting to take place to plan this work. Life story work should also be regularly discussed as part of the child's looked after review.

a3-ljw-frameworke1.pdf
7-Draft-on-line-LJW-Guide-for-Foster-carers-2020-04-HL.pdf

3-Draft-on-line-LJW-Guide-Activities-2020-05-HL1.pdf

6-Draft-on-line-LJW-Guide-for-adopted-children-and-young-people-2020-05-HL.pdf
Good Practice Guides

39. Managing Challenging behaviour

We will endeavour to ensure that you are provided with all relevant information about a child or young person, including information about any previously challenging behaviour and how this should be managed in future. This should be covered as part of the matching process and at the Placement Agreement Meeting.

Wherever possible foster parents are expected to promote positive behaviour in children and young people and to manage challenging behaviour through building positive relationships. Where necessary you may need to reinforce and encourage acceptable conduct and behaviour and use de-escalation approaches.

If there are specific behaviours that you are likely to have to manage thought can be given in advance with the child or young person's professional network as to helpful management techniques. Risk Assessments, The Placement Agreement Meeting Form and the Care and Support Plan are all likely to be useful for you to understand the needs of the child or young person and to consider what may trigger specific behaviours or potential future difficulties.

39.1 USE OF DISTRACTION

t is always important to de-escalate situations where possible. You may have your own approaches. Below are some general principles and ideas that may be helpful:

- Divert attention
- Ignore a behaviour (if it is safe to do so) and address it at an appropriate time using a positive approach
- Remain calm and non-confrontational (demonstrating this in both your voice and body language), reasonable and reassuring
- Maintain gentle eye contact
- Maintain a positive relationship with the child or young person based on mutual respect
- Put yourself 'in the child's shoes' and try to imagine what is going on for them
- Continue to show empathy in your approach to the child or young person
- Give the child or young person personal space
- Maintain awareness of inconsistencies between what the child is saying, and doing-this will help you to understand what may be going on for them

- Try to involve the child or young person in solving the situation/moving forward
- Reframe what is happening, being positive about what the child or young person has achieved so far
- Give a choice or agree a compromise (using realistic options)
- Reflect and recap on what has happened with the child, in order to move forward
- Use humour -always needs to be done in a careful way, from knowledge of the child as to what could help
- Give yourself some space, and walk away if you can safely do so, if you fear losing self-control
- Use your support network (including the professional network) to help directly/support you/provide advice
- Work out a system with the child or young person so that they can signal to you that they are reaching a trigger point (e.g., holding up a red card or an agreed signal). This will help them to start to regulate their behaviour, and you to realise a change of approach may be needed.
- Have consistent and clear household rules that apply to all children and young people in your home
- Sensitively acknowledge and hold in mind the past experience of the child or young person
- Working in partnership with the child and their network, and seek help early on

St David's Fostering Service Promoting Relationships and Restraint Policy and Procedure.docx

40. Alcohol, drugs and smoking

As a foster parent, you are expected to raise awareness of the effects of smoking and tobacco use and to be a positive role model for the children you care for, to promote a healthy lifestyle. If you are looking after a child or young person who smokes, you are expected to gain advice and support from their GP or health nurse for advice and access cessation support services.

You must never buy cigarettes or materials used for smoking or vaping for children and young people in your care. If any person in your household smokes, clear household rules must be put in place and these need to be made clear to the child or young person you care for.
If you smoke, you are not able to care for:

- Children with disabilities
- Children under five years old
- Children with certain health problems, such as asthma or other respiratory conditions
- Older children and young people who have asked not to be placed in smoking households

You will be asked to complete a specific risk assessment about smoking; this will also be referenced within your safe care plan. You must provide a smoke-free home for children to ensure that they can eat, sleep and play in a smoke-free environment, this includes any means of transport. Visitors to your home also need to adhere to your rules.

On 1 October 2015, a law was made to protect children and young people from the dangers of second-hand smoke. It is illegal to smoke in any vehicle with anyone under 18 years old. Both the driver and the smoker could be fined.

40.1 YOUNG PEOPLE AND SMOKING AND VAPING?

In the UK, the legal age to consume nicotine products such as cigarettes and vapes is 18 years old. This means that it is illegal for your foster child to buy vapes or cigarettes or for others to buy them for them.

We understand that it might be concerning for you as a foster parent if you discover your foster child has been vaping or smoking while they are underage. However, we are here to support you with any worries or concerns you might have.

If you find out that your foster child is smoking or vaping, we recommend the following process;

We recommend letting your supervising social worker know so that they can offer the appropriate advice and support.

Talk to your foster child about the dangers of smoking or vaping, but make sure to stay calm as your foster child might become defensive about their behaviour if they sense confrontation or judgement.

Often children who start smoking at a younger age do so because of peer pressure. It is important to discuss the dangers of peer pressure and give them the tools they need to confidently say no when encouraged to smoke or vape by their peers.

Set boundaries and rules around smoking and vaping. While remaining empathetic to the situation, your foster child should understand that their actions will have consequences.

The use of e-cigarettes has become commonplace and can provide a routine for smokers to help them reduce or give up smoking. It is good practice not to use e-cigarettes in front of any child due to the risk of modelling behaviour which may encourage smoking. Evidence continues to be gathered about the modelling effect on children and young people observing adults using e-cigarettes and their own smoking and vaping behaviour.

Vaping - Public Health Wales

https://www.thefosteringnetwork.org.uk/sites/default/files/2022-06/Foster%20care%20adoption%20smoking%20and%20vaping_Jun%202022.pdf

41. Babysitters/day care and overnight stays

All parents as well as foster parents appreciate a break and will at times have to leave their child with relatives, 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 (if appropriate) have a united and recorded approach in line with the delegated authority supporting overnight stays and/or babysitting. This needs to be recorded on the child's plan.

We support the child or young person having 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.

It will be helpful to identify anyone who you may consider to be a babysitter 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. If babysitting or overnight stays are a regular occurrence you will be expected to highlight this with your supervising social worker. Babysitters and extended family members who have unsupervised time with your fostered child will need to be known to the service. The child's social worker may request that vetting and checking procedures be undertaken.

A young person may also be asked to babysit; you should talk to your supervising social worker for advice.

Support networks for foster carers | The Fostering Network

40.1 YOUNG PEOPLE AND SMOKING AND VAPING?

You will need to seek the permission of the child's social worker before permitting a child to stay overnight with friends, to safeguard the child's welfare. Any agreed arrangements should be recorded and explained to the child in an appropriate way. Looked After Children have often led unsettled lives and usually benefit from being given good notice about staying somewhere different overnight.

ou should only give agreement for overnight stays if it has been agreed that you have delegated authority to make such decisions. It is primarily 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 make all reasonable checks that a good parent would make about the arrangements for the care of the child.

You should also know how the child is getting there, what the sleeping arrangements and how and when the child will return.

Overnight stays should be planned to ensure arrangements are made appropriately. Permission for overnight stays should have been 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 babysitters, visits and overnight stays?
2.Is the child likely to struggle with an overnight stay due to their history?
3. Are you concerned 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 and hosting adults must have your contact details; know the plan for their return and what to do if they decide to come home early or if plans change unexpectedly.

You should only give information on a 'need to know' basis and record what information you have given in the child's daily record. These discussions could be as simple as discussing bed wetting to more complex behaviours, if you are uncertain of whether this information can be shared, please discuss it with us first. You should ensure they have any necessary health information.

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 record.
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 / family time arrangements, the child/young person is due to stay away from your home with family members, the child's social worker will make all appropriate arrangements.

41.2 HOLIDAYS AND TRIPS

Provided you plan ahead, seek clarification as to the status of the child and who can make decisions about holidays, and get all those permissions and relevant paperwork in order, you should reduce the number of potential issues surrounding taking your foster child on holiday.

Holidays and fostering | The Fostering Network

42. Preparing for Independent Living

The transition to adulthood can be challenging for all young people. Children who are cared for by a local authority are likely to make the transition to independence earlier than their peers and without the support that many receive from birth families. Sadly, children we care for are still over-represented in prisons and in the homeless population.
Your support as foster parent/s is crucial at this key time. Children we care for are more likely to have experienced loss, lack of stability and may have less self-confidence, with fewer educational qualifications. Preparing for independence can be even more challenging for children looked after who have disabilities.
Local authorities have a duty to prepare children looked after for when they leave care and to continue to support them towards independence; in particular, local authorities should:

1. Assist individual young people to move on from care when they are ready to leave.
2. Ensure good quality assessment, preparation and planning for care experienced young people provide high quality personal support and clear financial arrangements for young people leaving care
3. Allocate a social worker and/or a personal advisor to give them support up to the age of 21, or 25 if they remain in higher or further education.
4. When the care order is discharged on the young person's 18th birthday, many young people will remain with their foster parent/s under a When I'm Ready arrangement. Other young people's plans could include a move into, or remaining in, one of the following:

- supported lodgings
- semi-independent accommodation such as a YMCA hostel or post 18 provisions
- tenancies leading to full independence

https://www.thefosteringnetwork.org.uk/sites/default/files/content/wheniamreadyfactsheet.pdf

https://coramvoice.org.uk/what-is-a-pathway-plan/#:~:text=A%20Pathway%20Plan%20is%20written%20to%20plan%20how,Services%2C%20which%20you%20both%20have%20to%20agree%20on.

42.1 YOUR ROLE

Preparation for independence will include:

- Providing opportunities for the young person to learn and practice skills
- Promoting financial responsibility and increasing independence
- Encouraging the young person to recognise the importance of achieving their independence skills before moving on
- Encouraging the young person in their chosen educational, training or employment option
- Being open and realistic about their future support once they reach 18
- To care for themselves, young people need to have knowledge and understanding about:
- Health issues, including personal care and sexual health
- Education, employment and training
- Budgeting skills, paying bills and benefits advice
- Managing their own accommodation
- Independent living skills, such as cooking (and what constitutes a balanced diet), washing clothes, ironing, sewing and cleaning
- How to manage adult social and sexual relationships (e.g., How to tell friends they cannot have parties every night at their flat when they are working!)

43. Links to Policies and Procedures and Forms and Records

Everything you need to use in your day-to-day activities is stored on the CHARMS system and available to complete electronically or download, as necessary. Storing information in one place helps us all to use the most up to date versions and ensures that we maintain a good standard of record keeping.

Useful Resources/Contacts
Free Books - Timpson Group

CONTACT US

Address

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Cardiff
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