Welcome to the 2017 Edition of the Cornerways Fostering Handbook

This handbook has been written to help & support our foster carers to undertake their role in caring for some of the most vulnerable children and young people in our community. It will also be useful for staff & students working for Cornerways.

The continually changing and evolving world of childcare and fostering means that this handbook can only be fully accurate on the day it is written. Carers are advised to consult and make use of the internet websites of the following organisations about new issues:

- UK Government website - www.gov.uk/foster-carers/becoming-a-foster-carer
- OFSTED - www.gov.uk/government/organisations/ofsted
- NSPCC - www.nspcc.org.uk
- Childnet - www.childnet.com
- Corum BAAF - http://corambaaf.org.uk/
- Fostering Network - www.thefosteringnetwork.org.uk
- FosterTalk - www.fostertalk.org

Thank you for being a part of our service to children & young people, for making a difference in their lives now and for their future.

Feedback regarding this handbook will always be welcome both in terms of accuracy and relevance to the role of tasks of our foster carers.

Thank you to the staff and foster carers who have assisted in the production of this edition. Their feedback and comments have helped shape this handbook.

You can also access this handbook online at www.cornerwaysfosteringservices.org, in the foster carers' section.

Best wishes

Fiona Darlington-Black
Fostering Services Manager
Fostering Handbook

Contents Page

1. **The Cornerways Fostering Service**

2. **The Law Relating to Children, Foster Carers and Fostering Services**
   - The Children Act 1989
   - The Fostering Services (England) Regulations 2011, The Care planning, Placement and Case Review and Fostering Services (Miscellaneous) Regulations 2013
   - The Placement of Children (General) Regulations 2007
   - Special Guardianship, Adoption and Children Act 2002, Children Act 2004
   - The Children (Leaving Care) Act 2000
   - Children and Young Persons Act 2008
   - Delegated Authority

3. **The National Minimum Standards for Fostering Services**

4. **OFSTED (The Office for Standards in Education)**

5. **Supervision and Support for Foster Carers**

6. **Training for Cornerways Foster Carers**

7. **Different Types of Fostering to Meet Different Needs**

8. **Foster Carers and Finance**
   - Cornerways Foster Carer Payments and Allowances for Young People’s Maintenance
   - Mileage expenses, general expenses, birthday and holiday allowances
   - Managing fostering personal allowances for young people (pocket money, clothing allowance, savings)
   - Bank accounts for young people

9. **Foster Carers Tax Issues, National Insurance and Pensions**

10. **Foster Carers and Insurance**
    - Foster Carers’ own household contents and building insurance
    - Foster Carers’ own car insurance
    - Professional Indemnity Insurance
- Legal Advice Insurance for Foster carers through FosterTalk
- Travel insurance for young people going on holiday
- Insurance for significant damage to a carer's home by a foster child

11. Foster Carers and Social Security Benefits

12. Records and Record Keeping
- Records about children kept by social services
- Records kept by Cornerways about children
- Records kept by Cornerways about our Foster Carers
- Recording by Cornerways Foster Carers for Foster Children
- The Data Protection Act
- The Access to Personal Files Act 1987

13. Promoting Physical, Mental Health and Wellbeing for Fostered Children
- Introduction
- Consent
- Medication
- Illness and Emergencies
- First Aid
- Eyes, Teeth, Hearing and Nails
- Healthy Eating
- Being Active
- Sexual Health
- Smoking, Alcohol and Drugs
- Bedwetting and Soiling
- Helping young people develop and maintain good mental health
- Caring for children who harm themselves

14. Promoting Learning, Relationships, Enjoyment and Achievement
- Promoting Learning and Education
- Family Contact and Friendships
- Helping a child settle
- Helping a child leave
- Listening to children and young people
- Helping children understand and take part in decision-making
- Helping prepare for adult life and offering supported lodgings/Staying Put
- Children with disabilities
- Valuing diversity

15. Making Decisions, Delegated Authority and Making Risk Assessments
- Delegated Authority
- Making Risk Assessments
- Mobile Phones
- Babysitting for and by foster children
- Overnight stays for foster children
- Holidays and passports for foster children

16. **Health and Safety**
   - General Health & Safety
   - Household & Garden
   - Car
   - Smoking (including electronic cigarettes)
   - Internet and Online Safety in your Foster Home

17. **Managing Children's Behaviour and Building Resilience**
   - Ordinary behaviour management for ordinary behaviour
   - Understanding and working with challenging behaviour
   - The importance of resilience
   - Building resilience in children and young people

18. **Child Protection and Safeguarding**
   - Child Protection
   - Child Sexual Exploitation (CSE)
   - Radicalisation
   - The Treatment of Abused Children
   - 'Whistle blowing' within Cornerways
   - Allegations against Foster Carers
   - Reporting & Managing Missing Children - the Foster Carer's Role
   - Safe Care for Foster Families

19. **At the End of a Placement**

20. **Parent and Baby (or child) Fostering**

21. **Court Work for Foster Carers**

22. **Complaints and Representations**

23. **Cornerways Policies and Procedures**

   Our policies are reviewed and updated at regular intervals, and new ones are created and circulated whenever necessary.

   All policies and procedures can be found on our website.
SECTION 1

THE

CORNERWAYS

FOSTERING

SERVICE
Basic information about the service

Cornerways Fostering Services Ltd
Alpha B Smallmead House
Smallmead
Horley
Surrey
RH6 9LW

Tel: 01293 826830
Email: fostering@cornerways.org
Website: www.cornerways.org
Ofsted number: SC059535
Company number: GB 4745025

Responsible Individual: Mrs Vivienne Spence
Registered Manager: Ms Fiona Darlington-Black

Cornerways History

Cornerways Fostering Services began as an Independent Fostering Provider (IFP) in November 2003. Its sister organisation Cornerways Children’s Services has provided residential child care since 1987 for teenage girls with very particular needs. This residential care continues to be provided by Cornerways in two small children's homes. Cornerways has its own registered 'Cornfield School' for girls aged 12+, providing education for girls who may be in residential care, foster care or who live with their families in the local community.

Cornerways Fostering Services provides high quality foster care for children and young people aged 0-18 years, both boys and girls looked after by Local Authorities under the provisions of the Children Act 1989, which includes parent and baby foster care. Cornerways Fostering Services is required to provide services to children and Foster Carers in accordance with the National Minimum Standards for Fostering 2011 and the Fostering Services (England) Regulations 2011 and the subsequent amendments to these regulations.

Cornerways Fostering Services is registered as an IFP by Ofsted and is subject to the regulatory inspection and review processes of Ofsted, as are all other Fostering Services, whether provided by Social Services, independent or private agencies. The most recent Ofsted Inspection in July 2014 judged the service to be “good”.

Statement of Purpose

The Cornerways Fostering Services Statement of Purpose provides Ofsted, Local Authorities and our Carers and service users with a summary of our intentions as an Agency, our structure and staffing.
**Cornerways Fostering Services Staffing Structure and Roles**

**Director (Viv Spence)**
- To set expectations of quality and service provision
- To represent Cornerways nationally
- To address any complaints about the Head of Fostering Services
- The responsible individual for Cornerways Fostering Services
- Cornerways Fostering Services Decision Maker
- To line manage the Head of Fostering Services
- To undertake some out of hours carer telephone support

**Head of Fostering Service**
- To develop and supervise the operational management of the Fostering Service
- To work with the Finance Manager to achieve Tenders and Preferred Provider status or contracts with Local Authorities
- To ensure all legal requirements and Standards are met
- To manage the quality of service to children and Foster Carers
- To manage the Fostering Panel processes and membership of the Central List
- To liaise with Local Authorities, Ofsted and Provider Forums
- To lone manage and supervise the Fostering Team Manager and other staff
- To manage the matching of children and Foster Carers
- To manage Child Protection issues and complaints
- To develop and review Policies & Procedures and Guidance documentation
- To co-ordinate marketing, advertising and recruitment activity, with other staff
- To undertake some tasks within the Social Worker role
- To undertake some out of hours carer telephone support

**Fostering Team Manager**
- To manage the operation of the Fostering Service on a day to day basis
- To supervise Social Work staff and promote high quality foster care practice
- To be part of the Management Team for the Fostering Service
- To manage the assessment of prospective foster carers
- To liaise with Ofsted on behalf of the Head of Service
- To liaise with Local Authorities and other agencies
- To deputise for the Head of Service for Child Protection matters and complaints
- To problem solve carer and placement issues
- To work with the Head of Service in matching children and carers
- To deliver some training to carers and participate in planning the training programme for carers
- To chair Carer Reviews
- To undertake some out of hours carer telephone support

**Senior Practitioner**
- To supervise the work of other Social Workers and Social Work Students
- To chair Carer Reviews
- To lead on practice developments within the team and participate in the development of the annual training programme for carers
- To supervise and undertake Reviews of Foster Carers and provide support to them and their children
- To recruit, assess and prepare prospective Foster Carers
- To run Support Groups and training for Foster Carers
- To liaise with Placing Authorities and other Agencies
- To chair or take part in Placement Agreement meetings and other meetings for children
- To undertake some out of hours carer telephone support
- To run groups for children who foster
- To participate in profiling and marketing of Carers to achieve good matches

**Fostering Social Workers**
- To supervise and undertake Reviews of Foster Carers and provide support to them and their children
- To recruit, assess and prepare prospective Foster Carers
- To run Support Groups and training for Foster Carers
- To liaise with Placing Authorities and other Agencies
- To chair or take part in Placement Agreement meetings and other meetings for children
- To undertake some out of hours carer telephone support
- To run groups for children who foster
- To participate in profiling and marketing of Carers to achieve good matches

**Sessional Child Care Workers**
- To provide 1:1/1:2 activities for young people
- To babysit/occupy children
- To transport children
- To supervise contact if appropriately trained

**Fostering Administrator**
- To provide administrative support to the fostering team
- To gather, collate, monitor, maintain and disseminate data and records
- To maintain a safe office working environment
- To ensure the office has an admin presence during the working week
- To develop the website and support its maintenance
- To assist in advertising initiatives
- To produce newsletters for carers, children and young people

**Support Services Colleagues**
- Personnel Officer (Cornerways Children’s Services)
- Finance Manager (Cornerways Children’s Services)
The Cornerways Fostering Panel

The Cornerways Fostering Panel is established and run in accordance with the Fostering Services (England) Regulations 2011 and the National Minimum Standards for Fostering. The procedures and practices of the Cornerways Fostering Panel are guided by the BAAF (British Association for Adoption and Fostering) Practice Guide. The Panel has a role in considering and making recommendations about Foster Carer approvals and registration details following assessment, review of Carers' registrations, investigations and complaints. It also has a quality assurance role and provides feedback to Cornerways regarding reports and assessments.

Fostering Panel Membership (The Central List)

Independent Panel Chair - Joanna Corbett
Joanna is a qualified and experienced Fostering and Adoption Social Worker and currently a manager in a national adoption service.

Independent Panel Member - Colin Sykes (vice-chair)
Colin is a qualified Social Worker with over 30 years experience working within a large local authority as a Practitioner and Senior Manager. Colin retired as a Senior Manager within the National Care Standards Commission. He brings skills and knowledge in Child Care, Managing Services and chairing meetings.

Social Worker - Sara Milner (vice-chair)
Sara is a qualified and experienced Social Worker and childcare manager. She is the Service Manager for Cornerways Children's Services. Sara is also the designated Vice Chair of the Fostering Panel, when Colin and Joanna are unavailable.

Independent Member (Medical Advisor) - Dr Shwan Beck
Dr Beck is an experienced GP within the local community and has wide experience in the field of psychiatric care.

Social Worker - Fiona Darlington-Black
Fiona is a qualified and experienced Social Worker. She is the Registered Manager for Cornerways Fostering Services. Fiona also acts in the role of Panel Advisor.

Social Worker - Sharon Mulhern
Sharon is a qualified Social Worker, experienced also as a foster Carer and Parent. She is a senior practitioner within the Cornerways Team.

Social Worker - Amanda Byatt
Amanda is the Fostering Team Manager at Cornerways and a qualified Social Worker. Amanda has extensive experience working in Local Authority children's services.

Independent Social Worker - Claire Cole
Independent Social Worker - Ellen Holroyd
Independent Member - Sue Ryan
Independent Member - Steve Ellis
Independent Member - Jennifer Ginger
Independent Member - Diana Bullock
Foster Carers Attendance at the Fostering Panel

Whenever a Foster Carer’s approval is being considered by the Fostering Panel, the Foster Carers are welcome to attend, bringing a supporter if they wish. Cornerways Policy emphasises that Foster Carers must attend Panel for their first Carer Review and thereafter they should attend at least every alternate year.
What We Offer Children and Young People

Cornerways Fostering Services was established to deliver fostering services to children and young people that would be safe, nurturing and supportive and would provide opportunities to experience positive childhood and teenage years with the chance to recover from previous difficult or painful emotional and physical experiences and thus have a good chance of enjoying a happy and constructive adult life. We try hard to match what an individual child needs with foster carers who can meet those needs. We do this so that the best outcomes may be possible for the young person and so that their foster placement will be stable and continuous. These are the outcome areas in which we are working to help children and young people develop skills and experience and some examples of how we and our foster carers do this.

Safety
This constitutes a safe place to live and advice and guidance about keeping safe in the community and online. Foster homes have a safe care policy so everyone can know the house rules about respect for each other and other people’s space and possessions.

Health
Every child needs a healthy life in Foster Care with healthy meals, good sleep, exercise and someone to talk to help develop an understanding of how to look after your own body, know when it is unwell and how to get better. Foster carers will help children to develop routines for meals, sleeping and taking care of themselves. They will ensure that children see the doctor, dentist and have their eyes tested regularly. Foster Carers will support children and young people to be active and to know what specialist health services are available if needed.

Resilience
This is the ability to be able to cope with life’s ups and downs and to bounce back when difficult experiences happen. This is really important when you are a child, young person or an adult. How we will help young people develop resilience is by supporting them to build confidence, to develop friendships and take part in clubs, interests and activities. We will help children find out what they are good at and support them to succeed.

Self-esteem
We will support young people to experience positive self-esteem by enabling them to achieve at school and in any hobbies or interests they may already have or would like to try. We will provide them with a positive, respectful living experience and will help develop a positive view of themselves and a positive attitude to trying new things and having a go.

Emotional intelligence
This is about how well we are able to put ourselves in other people’s shoes, recognize other people’s feelings, as well as recognizing our own feelings and why we are feeling them. It is connected to how we choose to respond to other people’s behaviour and take into account their feelings as well as our own. We will help children to recognize,
learn about and name their own feelings, as well as learning about other people’s feelings and the choices we have about how we respond to other people’s behaviour and feelings.

Control
We will help children and young people to develop positive ways of being in control of themselves and about appropriate parts of their lives, as well as being able to influence and make decisions at an appropriate age. Children and young people will be encouraged to think about making choices and why they make the choices they do about school, friends, possessions, clothes, food, etc. Children will be encouraged to understand how they can make and be involved in decisions in their adult lives.

Relationships
Cornerways will help children and young people to develop and maintain positive relationships with friends and with family. Foster carers will also help young people to think about what are positive friendships and relationships and to understand how to keep safe in relationships as a child, teenager and as an adult.

Achievement
Achievement is a very positive experience for any person. It may be achievement at school or college, it maybe in a hobby or a sport, getting a job or learning a life skill. We will recognize and help celebrate children and young people’s achievements! We will help children and young people have the opportunity to achieve, to go to clubs and learn sport, music, dance or any other interest.

Preparation for adulthood
Becoming an adult is ahead of all the children and young people that Cornerways looks after. We will support children and young people to learn about the adult world, how services and systems work (money, banks, credit, tax, cars, insurance, rent, electricity and gas, bills, shopping, cooking, looking after clothes and shoes, looking after a home, using domestic machines, etc). We will help young people to access college courses, have jobs and be ready to interact positively with other people at college, university in the workplace, socially and in the home.

What We Expect From Our Foster Carers

- Commitment to the task of fostering, to fulfilling the Foster Carer Agreement with Cornerways and the Procedures and Policies of Cornerways Fostering Services.

- To afford the same opportunities, standard of care and protection that Carers would give to their own children, bearing in mind that they are sharing the care of the fostered young person with their parents and the placing authorities.

- To listen to children and involve them in appropriate decision-making as soon as the child is able.
- Commitment to their own development as a Foster Carer, attending the required training opportunities and completing the TSDS workbook.

- Regular attendance at Foster Carer Groups.

- To use supervision visits professionally.

- Attendance at all meetings held for the young people in their care and any hearings at Court or with the Police that they are required to attend.

- To support children with any health or therapy appointments, by transporting and accompanying them if need be.

- To appropriately record observations and the child’s experiences and activities each day while in foster care, to include any sanctions given and records of the child’s allowances and any occurrences of physical intervention.

- A willingness and commitment to promote contact and work with the parents and families of children and young people and to support children in coping with contact.

- Observe, understand and adhere to the requirements of the child/young person’s Care Plan/Placement Agreement.

- Notification to their Fostering Social Worker/Cornerways Fostering Manager of any significant change that occurs in the household (eg. new member, new partner, house move, extended family death/birth, separation, work, etc).

- Participation in their Foster Carer Review, which must be at least annually to maintain registration.

- Immediate notification to their Fostering Social Worker/Out of Hours Worker of any unauthorised absence of a child from the placement (including if a child goes missing), any incident or accident sustained by the young person that requires medical treatment, contact with the Police (eg. missing child), or the Police coming to the home for any reason.

- To respect a child/young person’s culture, ethnicity, religion, sexuality, gender identity, physical or learning disability or special needs.

- To work to sustain placements for children and, if notice must be given, to ensure this is 28 days notice wherever possible after a disruption/stability meeting has been held.

- To maintain regular and appropriate contact with other agencies involving the child or young person such as school, health professionals, Social Services.
Cornerways Foster Carer Job Description

JOB DESCRIPTION

JOB TITLE: Foster Carer
JOB LOCATION: Home-based
REPORTING LINE: Fostering Social Worker; Fostering Service Manager, Director

This job description reflects expectations written within Fostering Services & Standards + Regulations 2002, the Children’s Workforce Development Council (CWDC) and Cornerways Fostering Services policies & procedures.

OVERALL RESPONSIBILITY:

To provide a safe, caring, healthy and nurturing environment for young people in a way that promotes their well being and development towards maturity and in doing so keeping with the legal framework for children in foster care. To continue to develop one’s own skills as a foster Carer through supervision with a fostering social worker and attendance at training courses identified through an individual development plan.

MAIN RESPONSIBILITIES:

1. To support children/young people to achieve positive outcomes in the following areas:
   - Safety
   - Health
   - Resilience
   - Self-esteem
   - Emotional intelligence
   - Control
   - Relationships
   - Achievement
   - Preparation for Adulthood

2. To work in close collaboration and partnership with Cornerways Fostering staff, and external people or organisations linked to the young people in keeping with care and placement plans and court directions.
3. To have regard for the legal, financial, equality & diversity opportunity requirements within the fostering task.

4. To develop skills & knowledge in fostering by undertaking appropriate training and development as required.

5. To take responsibility for personal affairs such as finance, tax and one’s own and family’s health.

**MAIN TASKS**

In support of main responsibility 1:

**Health:**

1. To care for children / young people in ways that provides for and promotes their physical health. This includes modelling a healthy and active lifestyle; routines for food, sleep, etc in a smoke free environment within the home and during transportation. Facilitating access to health practitioners, doctors, dentist, etc.

2. To care for children / young people in ways that promote their mental and emotional well-being. To provide a calm environment to facilitate a time to talk and support in a non-judgmental manner and seek professional help under the guidance of Cornerways social work staff.

3. To provide appropriate information, advice and guidance which enables and supports children / young people in adopting and maintaining healthy lifestyles, including sexual health.

4. Inform and support young people in choosing not to take addictive substances, such as cigarettes and non-prescriptive drugs.

5. To have a knowledge of First Aid and ability to contact emergency services.

**Safety:**

1. To keep children / young people safe from maltreatment, neglect, violence, sexual exploitation within the foster home and as far as is possible outside.

2. To keep children / young people safe from accidental injury / harm within the foster home, garden, car, etc by ensuring that health & safety is maintained as directed by Cornerways Fostering Service.

3. To endeavour to keep young people safe from bullying and discrimination.

4. To endeavour to keep young people safe from crime and anti-social behaviour.

5. To endeavour to keep young people safe from the risk of radicalisation.

6. To take appropriate guidance and or action when a child / young person becomes at risk.
Achievement:
1. To ensure that a child / young person is encouraged to value school and education by being punctual and attending regularly. The Foster Carer is expected to attend all school meetings and events associated with education.
2. To support children / young people to achieve appropriate education standards and attainments by reading together, setting time for homework completion and providing a space for this to be achieved and where necessary facilitate extra tuition within the home.
3. To support and encourage children / young people to achieve personal and social development and enjoy recreational activities. To include enrolling children / young people in clubs and activities, going to watch their activities and encourage any special talents.

Resilience, self-esteem, emotional intelligence, relationships:
1. To provide security, stability and an environment that values a child's / young person's contributions by supporting age appropriate responsibilities and praise.
2. To support and encourage children / young people in making a positive contribution to the decision making process that affects their lives through day to day choices, attending meetings and learning to reflect on choices and consequences.
3. To support and encourage children / young people to behave in law abiding ways.
4. To support and encourage young people in developing and sustaining positive relationships with their peers and adults.
5. To support and encourage children / young people to develop self confidence and resilience so they can deal with transitions, life changes and challenges.
6. To ensure the best possible relationships with the children / young peoples' families including working within the agreed contact arrangements.
7. To engage with the wider community, e.g. school, clubs & volunteering and in particular in their religious beliefs where appropriate.

Preparation for Adulthood:
1. To assist the young person to engage in further education, training or employment after leaving school.
2. To assist young people in preparation towards adult life.
3. To assist young people to become financially literate by educating them to understand money from an early age, e.g. opening bank accounts in order that they can save regularly.
4. Support young people to obtain passports, driving licenses, etc.
In Support of Main Responsibility 2:
1. To ensure good working relationships within Cornerways Fostering Services through proactive and open communication, including informing Cornerways Fostering Services of any changes within the family or household circumstances and using the Out of Hours service where necessary.
2. To work with social workers and other agencies as required including participation in multi-professional meetings. Maintaining and sharing records.
3. To participate in regular supervision with a fostering social worker and follow plans as directed.

In Support of Main Responsibility 3:
1. To promote equal opportunities with a commitment to the principle of equality and valuing diversity regardless of race, ethnicity, religion, sex, disability, gender re-assignment, sexual orientation or age.
2. To assist children / young people's religious development in keeping with their own and their family’s religious and cultural beliefs.
3. To understand the legal requirements of fostering.
4. To maintain the child’s / young person's file in accordance with Cornerways Fostering Services policies and procedures.
5. To provide written and/or verbal information to other professionals as required.
6. To complete daily / weekly records for each placement and pass onto the fostering social worker.
7. To provide adequate insurance cover for the home, transport and overseas travel.

In Support of Main Responsibility 4:
1. To participate in all basic training courses: child protection, first aid, attachment & record keeping.
2. To attend other appropriate training courses, carer groups & events.
3. To complete the TSDS induction within the required time frame of the first year of fostering.

In Support of Main Responsibility 5:
1. To successfully manage personal, financial and tax affairs arising from all fostering activities and notify Cornerways Fostering Services immediately of any change in circumstances that could impact upon fostering.
2. To be aware of and manage one’s own health and that of family members living in the household and notify Cornerways Fostering Services of any serious changes that could affect fostering.
General

1. To inform and seek help from Cornerways Fostering Services with any concerns relating to a fostered child / young person or any impediment to fulfilling the expectations of the role of the foster Carer.

Cornerways Foster Care Agreement /
Terms of Reference

All Foster Carers must sign a Foster Care Agreement before caring for a child. Here is a copy of the Cornerways Terms and Conditions detailing the issues that must be covered according to the Fostering Services (England) Regulations 2011.
THE FOSTERING SERVICES (ENGLAND) REGULATIONS 2011
Regulation 27 (5)(b), SCHEDULE 5

TERMS & CONDITIONS FOR CORNERWAYS FOSTERING SERVICES
(FOSTER CARER AGREEMENT)

Carer(s) Name
Carer(s) Address

1. This document formally notifies you of your approval as Foster Carers. We are pleased that you will be working in partnership with Cornerways Fostering, which has been set up to recruit, supervise and support substitute family homes for children in need who are looked after by Local Authorities. We anticipate that you will play an important part in this service and, with us, strive to develop practice and quality in the care provided to children.

a) APPROVAL

Your name has been placed on Cornerways Fostering Services Register of Foster Carers and the terms of your approval are:

[Carer Registration]

Children will not be placed with you outside of your terms of approval for any longer than 6 (six) days.

b) SUPERVISION AND SUPPORT, TRAINING AND DEVELOPMENT

You have been allocated a Cornerways Fostering Social Worker who is [name of SW]. [Name of SW] will undertake your formal social work supervision on a 4-6 weekly basis when a child is in placement, and more frequently if necessary. You will have a supervision agreement and a written record will be made of each supervision meeting.

You can telephone your Fostering Social Worker during office hours on the above number; they will also provide you with their work mobile number and e-mail address.
If you cannot reach them and your issue is urgent, you should contact the Cornerways Fostering Services office and another member of the team will endeavour to assist you. In an emergency out of normal office hours, you should telephone and speak to the Out of Hours Fostering Social Worker.

At least once a year an unannounced visit will be made to you; this could be from any member of the Cornerways Fostering Team and is required under the Fostering Services (England) Regulations 2011.

Cornerways are committed to continuously developing quality services for children in their foster care; as Foster Carers you are key within this process and are expected to undertake at least 4 Foster Carer training events per year. There is a mileage allowance available for travel to 4 sessions per year. For carers qualified in social care at NVQ 3 equivalent or above, there is an additional weekly payment when caring for a child. Foster Carers are expected to book their place on training days and to ensure that any cancellation is made well in advance. Online training is also available and courses can and should be requested via the training website.

You are required to complete the Training Support and Development Standards (TSDS) Induction Workbook for Foster Carers within the first year of your approval and are expected to participate in regular Foster Carer training as part of your ongoing approval. A Personal Development Plan will be drawn up with you by your Fostering Social Worker, and reviewed within your Foster Carer Review each year. The Fostering Panel and Agency Decision Maker will consider your development plan and the training you have undertaken within your Foster Carer Review.

A Foster Carer Group is run for carers to attend regularly for mutual support and networking. Cornerways Foster Carers are encouraged and expected to work as a team with each other and with Cornerways staff.

Cornerways will subscribe for your membership to FosterTalk, providing you with access to support, counselling and advice lines, discounts and benefits. This membership also provides for legal expenses in the event of any court case regarding allegations made against you. For full membership details see the FosterTalk website.

Support is provided to any children of our Foster Carers, either as group activities or 1:1 sessions depending on children's wishes and what is available.

Foster Carers receive fee and maintenance payments when caring for a child and there is a paid holiday entitlement for long term active foster carers. For details see Policy for Foster Carer Payments.

Please see the Cornerways Foster Carer Payments and Allowances Structure and Guidance within the Fostering Handbook regarding Income Tax and National Insurance information. Cornerways’ Foster Carers are self employed and must deal with the Inland Revenue and Department of Social Services/Benefits Agency themselves.

Cornerways Foster Carers will receive payments directly to their bank account on a weekly basis, one week in arrears, for a child in placement. Where any over-payments have been made because a child has left the placement, Cornerways will reclaim the over-payment in full unless any of the following apply:
a. another child has been placed since the original child left and the over-payment will be offset by fees due for that child

b. the over-payment is less than one week's fees and will be offset against fees for the next child to be placed with the carers within a month of the previous child leaving.

c) REVIEW OF FOSTER CARERS APPROVAL

Your approval as Foster Carers will be formally reviewed at least annually and its recommendations will be presented to the Fostering Panel and Agency Decision Maker to consider your ongoing approval, as well as your training and development. This is a requirement of the Fostering Services (England) Regulations 2011 and is usually called a Foster Carer Review; such a Review meeting will be held at least annually, generally at your home. Your Fostering Social Worker will be responsible for organising this Review and it will be chaired by a Senior Practitioner, Social Worker or Manager from Cornerways. This will provide you with an opportunity to air your views, discuss any problems you might be having and to share your feelings and views regarding the support, supervision and service you are receiving from Cornerways. Similarly, we will discuss with you the service that you are providing as Foster Carers and your training and development over the past year and for the year ahead. We will already have sought the views of any Authority that has placed a child with you or worked with you since your last Foster Carer Review. Any recommended change in your terms of approval and expectations of your training and development will be discussed with you and will be considered by the Fostering Panel. Any Agency decisions or proposed decisions regarding your approval will be detailed to you in writing along with information regarding how to make representations (including representations to the Independent Review Mechanism (IRM)) regarding proposed decisions.

Any significant change in your household or life may trigger a Review, for example a change of address, change in any partnership relationship, a new member of the household, illness or bereavement, or a significant incident or event in your fostering role. You can also request a review of your approval at anytime.

As part of your assessment as Foster Carers you have already seen your GP for a full medical examination, the fee for which has been paid by Cornerways. We reserve the right to seek further professional medical advice regarding your health when appropriate. You will be asked to disclose any concerns about health at your Annual Review and further medical examinations will be arranged when necessary in keeping with current Cornerways policies.

d) PLACEMENT OF CHILDREN

Children will be placed with you only via Cornerways Fostering Services, who will endeavour to gain as much information as possible from referring Local Authorities and will try to match children's needs with your skills and lifestyle.

Any child or children placed with you will have his/her own Local Authority Social Worker with whom you can discuss any problems arising from the care of the child(ren).
At the outset of each placement, under the Care Planning Act 2011, there will be a placement plan made. This will be signed by you as the Foster Carers and by the others involved. The placement plan will detail the plans, purpose and arrangements for the placement, responsibilities of carers, parents, young people and social workers. This placement plan should be reviewed and revised as need be as the placement progresses.

The placement plan will include your responsibilities regarding the following:
Child’s Health and Medical needs (including therapy and medical emergencies)
Child’s Education and Leisure
Child’s Finances
Child’s social life and contact with family and friends
Safeguarding, including what to do if child is missing, and managing behaviour
Preparation for adult-life and life skills
Delegated Authority decision making
Record keeping and social worker visits.

During your supervision meetings with your Fostering Social Worker there will be discussion as to how the placement plan is being fulfilled and identifying any outstanding actions and how these will be met.

The child’s Local Authority Social Worker is required to make regular visits to the child; this includes seeing the child on their own, and at times these visits may be unplanned. As Foster Carers you are expected to co-operate with these arrangements and visits and enable the child and social worker to meet privately.

e) LEGAL LIABILITIES

i. Insurance
Foster Carers must ensure that their personal household and vehicle insurance is sufficient to cover loss, damage or liability. You should inform your own household and vehicle insurance company that you are becoming Foster Carers and provide copies of your policy certificates to Cornerways. A useful guide for carers is published by Fostering Network and information can be sought from FosterTalk which Cornerways subscribes its Foster Carers to. There are insurance companies that offer insurance specifically for foster carers, should you wish to take this out.

Cornerways Fostering Services maintains insurance for public liability and professional indemnity, for staff, volunteers and Foster Carers.

FosterTalk membership provides Foster Carers with legal insurance.

ii. Health and Safety
As Foster Carers you have a duty of care for other peoples’ health and safety in your home and car. During your assessment as Foster Carers, a health and safety checklist of your home will have been undertaken. You should refer to this for any requirements to maintain good health and safety in your home for your family, foster children, your pets and any visitors. Should you make any changes to your home such
as an extension, refurbishment, rebuilding, changing doors or windows, installing ponds or pools, then you should inform your Fostering Social Worker so that the checklist can be updated and any safety precautions implemented.

If you are a car owner/driver then you will need to provide evidence of your motor insurance and MOT (where applicable) at least once a year. Age appropriate car seats must be used by Foster Carers to transport children.

**f) COMPLAINTS AND REPRESENTATIONS**

Should you have issues to raise or representations to make about our services then we hope that these can be resolved at an informal stage through day-to-day discussions as part of our working partnership and the development of the organisation. However, Cornerways Fostering Services does have a procedure for you to follow should you have a serious complaint to make with regard to Cornerways or one of its employees, or you wish to take a formal route to raise your issues; details for this can be found in the Complaints Leaflet. Your Fostering Social Worker or Fostering Services Manager can advise you on how to put this procedure into effect.

Should a child or young person or any other person make a formal complaint or allegation against you or about the care you are providing, we are required to investigate and to pass any Child Protection/Safeguarding allegations to the local Social Services Department for them to investigate. This will follow the procedures set out in the Cornerways Procedures on Complaints, Representations, Child Protection and Safeguarding and managing allegations against Foster Carers. Your membership to FosterTalk can be used to provide you with independent support should you require this.

Cornerways Fostering Services has expectations of staff and Foster Carers in terms of maintaining professional boundaries. Working closely with people demands strong personal and professional boundaries. Foster Carers and staff of Cornerways must be clear that they cannot make personal relationships with each other or with the Looked After Children’s families or other professionals. This includes not receiving gifts or gratuities from others wherever possible. Sometimes it will be insensitive not to accept a small gift; if this is the case it should be recorded in the daily record and reported to the Fostering Services Manager. This is to ensure that there are no misunderstandings between service users, Foster Carers and staff that might lead to undermining of appropriate accountability, authority and responsibility or lead to dependencies that could lead to difficulties should child protection issues or care proceedings arise.

Foster Carers are self employed people and friendships between Foster Carers are not being discouraged by the above requirements. However, as with all those involved in child care, Foster Carers must be aware of their responsibilities to report child protection or welfare issues even if this relates to their Foster Carer friends (see the Cornerways whistle-blowing procedure).
2. **OBLIGATIONS OF THE FOSTER CARER**

a) **PROMOTING CHILD’S WELFARE AND PLANS**

Foster Carers are expected to care for any child placed with them as if the child was a child of the Foster Carer’s family and to promote that child’s welfare having regard to the long and short term plans for the Child’s expectation is not always easy to fulfil because the child often also “belongs” to another family who may have different expectations and wishes for the child; and some young people will not want to be a child of the foster family. Cornerways will endeavour to help Foster Carers manage the issues that may arise. The underlying requirement remains that Foster Carers should prioritise the child’s needs as they would their own child and make every effort for the child not to feel treated differently or unfairly compared with the other children in the family. Foster Carers need to be able to explain their care in terms of how it promotes the child’s welfare in terms of both short and long term plans.

Cornerways’ philosophy and principals should be reflected in the work of its Foster Carers and its staff that the cultural, racial and religious identities of all children, their parents and Foster Carers must be respected, and that children and young people will generally be placed with families of similar cultural, religious and racial identity. Where there are differences, staff and Foster Carers are expected to find strategies to bridge any gap between the different aspects of the child and carers’ identity and lifestyle so that the child’s welfare can be promoted as a whole.

b) **WRITTEN NOTICE OF CHANGES**

You are required to give written notice - without delay - to Cornerways Fostering of:

i) Any intended change of your address

ii) Any changes to your household membership, (e.g. people moving into the home, moving out of the home, returning home after living or studying elsewhere, births, deaths)

iii) Any other change to your personal circumstances or any other event affecting your capacity to care for any child placed or the suitability of the household (e.g. separation, bereavement, ill-health, employment situation, other dependents, repossession, a person in the home being cautioned or convicted of an offence)

iv) Any request or application to adopt children, or for registration as an early years provider or a later years provider under Part 3 of the Childcare Act 2006.

c) **UNDERTAKING NOT TO ADMINISTER CORPORAL PUNISHMENT**

By signing this Foster Care Agreement you undertake **not to use corporal punishment on any child you are providing foster care for**. This means no hitting or smacking and by implication no shaking, which is very dangerous to a child’s brain. It is important to be aware that the Fostering Services (England) Regulations 2011, state that the following sanctions must not be used in a foster home:

“No form of corporal punishment is used on any child placed with a foster parent;
No child placed with foster parents is subject to any measure of control, restraint or discipline which is excessive or unreasonable; and physical restraint is used on a child only where it is necessary to prevent injury to the child or other persons or serious damage to property."

It is Cornerways' policy not to use restriction of contact as a form of sanctioning.

d) **CONFIDENTIALITY**

Written records by your Fostering Social Worker will be kept on file. These are available for you to see at your request and are confidential. We have a duty under the Regulations to keep all Foster Carer records for at least ten years from the date on which your approval is terminated.

As a Foster Carer you are obliged to ensure that any information given to you in confidence relating to a child or their family or anyone else in connection with the child's placement, is kept confidential and not disclosed to any person without you first consulting Cornerways Fostering Services for consent. Written records should be kept locked away from the rest of the household.

e) **COMPLYING WITH PLACEMENT PLANS**

Foster Carers are obliged to comply with the terms of the placement plan for each child. This includes issues of education, healthcare, and delegation of decision making, contact, managing of allowances, leisure and social life, safeguarding and record keeping as well as specific short and long term plans. Where the placement is for parent(s) and baby(ies) there will be specific issues within the placement plan that must be complied with to maintain a safe environment for the children.

Where Foster Carers may have differences of opinion regarding plans they should seek advice from Cornerways, or from FosterTalk or similar organisations regarding how to make representations.

Foster Carers should be aware that a Local Authority has both duty and power to remove a child from a foster placement if it appears to the Authority that the placement is no longer the most suitable means of safeguarding or promoting the child’s welfare. You must allow the child’s removal under such circumstances. If you disagree with the action, you may wish to make a representation by following the appropriate Authority’s Representation Procedure.

Cornerways will always aim to end any placement in a planned way, with prior discussion and appropriate notice (usually 28 days after a disruption meeting has been held). Inevitably, there are circumstances where this is not possible, either because the parents of the child or young person themselves have a legal right to end the placement or because the placement has to end immediately in the best interest of the child or young person. Unless you consider that you, your family or the child placed is at risk and unmanageable, we ask that you give your Fostering Social Worker and the child’s Social Worker at least 28 days notice after a disruption meeting if you wish a placement to end. Cornerways will endeavour to support Foster Carers to maintain a child's placement during the 28 days notice period.
f) COMPLYING WITH CORNERWAYS POLICIES ISSUED UNDER REGULATION 12 (THE PROTECTION OF CHILDREN) AND REGULATION 13 (BEHAVIOUR MANAGEMENT AND CHILDREN MISSING)

Cornerways Foster Carers must familiarise themselves with and comply with Cornerways Fostering Services policies and procedures for Child Protection (Document 23), Managing Behaviour (Document 24), Whistleblowing (Document 22), Children Being Missing (Document 25), Reporting of Notifiable Events (Document 21).

These documents give clear instructions regarding what to do and who to contact if there are concerns about the safety or safeguarding of a child, of a child being or having been abused or neglected, or being missing or absent without permission. Any concerns of this nature should be acted upon immediately and follow the procedures. There are always a number of agencies that a concern can be passed to if one appears unobtainable at any time.

g) CO-OPERATION WITH OFSTED (Chief Inspector)

Ofsted is responsible for registering, inspecting and regulating all fostering services in England and Wales, including Cornerways Fostering Services. Ofsted can be contacted by Foster Carers by telephone, e-mail or letter.

Should the Chief Inspector of Ofsted make a reasonable request for an authorised person to interview you or visit your home, then you should comply with this.

h) MAINTAIN AND PROVIDE RECORDS / NOTIFICATION TO CORNERWAYS OF A CHILD’S PROGRESS AND SIGNIFICANT EVENTS
i. Record Keeping

As Foster Carers you must keep records of and for the children placed with you; this includes daily and weekly recordings and observations where required and records of pocket money, savings and clothing money. Savings must be made for every child and must not be spent or used without the written consent of the child’s Social Worker. Administration of medication records and accident/illness records must be maintained as well as records regarding health, education and achievements. Templates will be provided for you to use and your records must be passed regularly to your Fostering Social Worker. Wherever possible records should be word processed. If you are undertaking parent and baby placements then there are specific requirements for contracts and record keeping.

ii. Notifying Cornerways of Significant Events

You should inform Cornerways as soon as possible if a child absconds, is missing, attends or is admitted to hospital, makes an allegation, becomes seriously ill or has an accident, if they commit a serious offence or may be involved in prostitution, if the police are called to the foster home, if a foster child dies. Please contact the out of hours emergency Fostering Social Worker if it is outside office hours.
Cornerways looks forward to a long and rewarding partnership with you in providing the best care we can for vulnerable children and young people.

FIONA DARLINGTON-BLACK
FOSTERING SERVICES MANAGER

Please sign below to confirm your agreement to this Foster Carer Agreement issued in accordance with the Fostering Services (England) Regulations 2011, and return one copy of the whole document to Fiona Darlington-Black, Cornerways Fostering Services Manager.

I accept the terms, conditions, expectations and obligations set out in this Foster Care Agreement (Terms and Conditions) and undertake not to use corporal punishment on any child fostered by me.

Signed: ______________________________ Date: ______________

PRINT NAME: __________________________

Signed: ______________________________ Date: ______________

PRINT NAME: __________________________
What Services and Support Our Foster Carers Can Expect from Cornerways

- Qualified and experienced Fostering Social Workers who will provide skilled assessment of your skills and potential.
- Regular supervision visits (at least 4-6 weekly) from your Fostering Social Worker.
- Foster Carers will be respected as a professional colleague and treated without discrimination while they undertake a complex and demanding job.
- There will be an ongoing training programme with opportunity to achieve Level 3 Diploma or similar. Each Carer will have their own Development Plan.
- Regular groups for Foster Carers.
- Groups for Foster Carers’ own children/1:1 sessions if more appropriate.
- Out of Hours emergency telephone support and advice.
- Fostering payments to be made to Foster Carers on time.
- That all information about a child known to Cornerways will be shared with their Foster Carer.
- Website page for Foster Carers.
- A regular newsletter from Cornerways.
- Access to Cornerways Fostering Services complaints/representations procedure.
- Access to day fostering to support you. For example, if you have an emergency or meeting or within a planned response to a child out of school.
- Two weeks paid holiday respite per year of child’s placement (for full time Carers).
- Support in accessing home tutors for children not attending school where this is commissioned by the responsible Placing Authority.
- Regular consideration by the Cornerways Fostering Panel after Reviews or incidents.
- Automatic membership of FosterTalk.
- Access to professional information via Cornerways membership of CoramBAAF and the Fostering Network.
- An Annual Review of your Foster Carer approval to review the past and plan for the coming year of training, development and fostering and to consider ongoing approval.
- To be notified once the Local Authority has decided that a complaint has been made and/or the details of any complaint made against a Carer.
Foster Carer & Staff Conduct

(Including gifts and gratuities)

Cornerways Foster Carers and Fostering Staff are expected to conduct themselves as professionals within the caring services. While Social Workers are expected to satisfy the expectations of their registration with the professional body HCPC, so Foster Carers and other staff are expected to work to the expectations of the Foster Care Agreement or Staff Employment Contract.

Concerns about Carer or Staff conduct will be addressed through the process of complaints or representations, Carer registration and review, staff disciplinary procedures.

Cornerways expects Staff and Carers to conduct themselves professionally with children, children's parents, with school staff, medical staff and Local Authority workers. This includes their verbal and self presentation at meetings and on the telephone and expects that people will undertake their roles in keeping with a child focused and anti-discriminatory framework.

Working closely with people demands strong personal and professional boundaries; Carers and Staff must be clear that they cannot make personal relationships with each other or with the children's families or other professionals. This includes not receiving gifts or gratuities from others wherever possible. Sometimes it will be insensitive to reject a small gift; if this is the case it must be reported to the Fostering Manager and recorded to ensure that there are no misunderstandings between service users, Foster Carers and Staff that might lead to undermining of appropriate accountability, authority and responsibility or lead to dependencies that could lead to difficulties should child protection issues or care proceedings arise. If there are any potential issues arising for carers and staff, then they should discuss this with their manager.
SECTION 2

THE LAW

RELATING TO

CHILDREN,

FOSTER CARERS

& FOSTERING SERVICES

- The Children Act 1989
- The Placement of Children (General) Regulations 2007
- Special Guardianship, Adoption and Children Act 2002, Children Act 2004
- The Children (Leaving Care) Act 2000
- Children and Young Persons Act 2008
- Delegated Authority
The Law Relating to Children and Foster Care

This section of the Handbook has been produced with reference to various internet sources and recent publications from CorumBAAF. As the Law changes from time to time, the information in this section may have changed, so please double check it’s accuracy as need be. The Law referred to in this section relates to England; there are various regional differences for other parts of the UK.

The Children Act 1989
All Child Care Law relating to children being Looked After by a Local Authority comes under the Children Act 1989. At the heart of the Children Act is a belief that:

- The best place for children to be looked after is within their own family.
- The welfare of the child is the paramount consideration.
- Parents should continue to be involved with their children and that legal proceedings should be unnecessary in most instances.
- The welfare of children should be promoted by partnership between the family and the Local Authority.
- Children should not be removed from the family or contact terminated unless it is absolutely necessary to do so.
- The child’s needs arising from race, culture, religion and language must be taken into account.

Concepts to Understand:

Parental Responsibility (PR)
The Act introduces the notion of ‘parental responsibility’. This summarises the duties, rights, powers and responsibilities a parent has in respect of their child. Some important facts are:

- Married/Civil Partnership parents (opposite or same sex couples) and unmarried mothers automatically have parental responsibility, as do unmarried fathers, and the mother’s female partner if they are named on the birth certificate and present at the registration of the birth from December 2004. (There are other processes for these partners of the mother to acquire parental responsibility.)
- A father who was not married to the mother, and not named on the birth certificate, or unmarried fathers named on the certificate before December 2004 can apply to the Court for parental responsibility or draw up a formal agreement with the mother and register it at the High Court.
- It is important to note that parents only lose their parental responsibility when an adoption order is made. Parental responsibility continues even when parents divorce, when parental responsibility is also given to another person under an order and when a child is being looked after by a Local Authority. Under these arrangements PR may be shared, and a parent’s PR may be limited to certain aspects.
• Local Authorities can acquire shared parental responsibility if a Care Order or Emergency Protection Order is made. However, if a Care Order is made, the extent to which parental responsibility can be exercised by a parent may be limited by the Local Authority. If a Special Guardianship Order is made, for example to a grandparent or other person, parental responsibility can also be awarded to that person looking after that child. Parents can delegate responsibility to someone else without losing it themselves and this is something that happens so that foster carers can make day to day decisions for children.

• Placement Orders under the Adoption Act 2002 also give a local authority PR, shared with the birth parents or others with PR, and with the prospective adopters upon placement.

The basic principle of the Act is that families are important. Parents retain responsibility for their children even when they are not physically caring for them. Although the welfare of the child is the paramount consideration for courts and local authorities, decisions will be taken which acknowledge the importance of families and the need to work with the child’s parents.

This principle is very important for foster care. Parents are expected to be involved in planning for their children’s care. They will maintain contact with their child and the Local Authority will work towards the child going home whenever possible. Even when this is unlikely to be achieved on a long term basis, there is still an expectation of contact between children and their families, but contact can be in various forms, not just face-to-face.

Children in Need

The Local Authority has a duty to safeguard and promote the welfare of 'children in need' in its area. A child in need is defined as 'one of whose health or development is likely to be impaired if he or she is not provided with a service, or a child who is disabled'.

A child must be provided with accommodation if:

- There is no one with parental responsibility for them.
- They are lost or abandoned.
- The person who has been caring for them is prevented (whether or not permanently and for whatever reason) from providing suitable accommodation or care.

Any child may be provided with accommodation 'if the Local Authority considers that to do so would safeguard or promote their welfare'. The Authority may do this for a child between the ages of 16 and 21, in a community home or any other accommodation such as a foster home approved to take that age of young person. There is a duty to provide accommodation for 16 and 17 year olds in need if there is concern about their welfare.
Children Being 'Looked After' by the Local Authority

The Act introduces the concept of looking after a child. Children are being looked after by the Local Authority if they are in care on a Care Order or have been provided with accommodation for more than 24 hours or they are on remand away from home following Emergency Protection Orders or Child Assessment Orders.

The Act states that if reasonably practicable, a child should be placed with a person who is connected with them, accommodated near their home and remains placed with brothers and sisters. If the child has a disability then the accommodation should be suitably equipped.

Accommodation is provided on a voluntary basis. The person with parental responsibility may remove children at any time except when someone has a Residence Order or care of the child by order of the high court or the child is on a Care Order and that person agrees with the provision of accommodation. Young people over the age of sixteen can choose to remain in Local Authority accommodation against the wishes of someone with parental responsibility.

Family Court

All court cases brought under the Children Act together with adoption, matrimonial law and high court proceedings are now heard in the Family Court. Cases will be heard by judges and magistrates who have been specially trained and who will sit in the Family Courts. The Family Court is in regions with an administrative centre in each region.

Welfare of the Child

The most important principle of the Act is the welfare of the child. This will always be regarded as paramount in Court when considering any question of the child’s upbringing. When the court is making a decision it must use the following checklist when it decides what to do (The Welfare Checklist):

- The wishes and feelings of the child as far as the court can find these out.
- The physical, emotional and educational needs of the child.
- The likely effects on them of any changes in their circumstances.
- Their age, sex, background and any other characteristics which the court considers to be relevant.
- Any harm which the child has suffered or is at risk of suffering.
- How capable each parent or other relevant person is of meeting the child's needs.
- The range of power available to the court under the Children Act 1989.

If more than one person has parental responsibility or more than one has a Residence Order in their favour and if one of them objects to the child being looked after away from home, then the child cannot be accommodated even if the other objects.
Legal Proceedings and Court Orders

Court Orders
Decisions made by the court are called Court Orders and there are all sorts of orders that foster carers may come across in their role.

Care Orders and Supervision Orders:
The court can only make a supervision order if it is satisfied that: the child has suffered significant harm or is likely to suffer such harm; the harm or likelihood of harm is attributable to the care given to the child or likely to be given to him; the care is not what should be reasonably expected of a parent to give; or the child being beyond parental control.

- **Emergency Protection Order (EPO)**
  This is a short term Order for which anyone can apply. It is made if the Court thinks:
  
  a) The child or young person is likely to suffer harm if they continue to live where they are or they do not remain at the place where they are living.
  
  b) The Local Authority is concerned that a child is suffering or likely to suffer harm and access to the child is being refused and is required urgently. The initial Order can be made for up to eight days, with a possible extension for a further seven days. The Order can be challenged in court after 72 hours by the child, parent or the person with parental responsibility or the person the child was living with, unless they have notice of the application and they were present in court, The person who obtains the Order acquires parental responsibility for its duration, shared with whoever already has parental responsibility. Contact must, however, be allowed with the family unless the court says otherwise. The court may also give instructions on medical or psychological assessment of the child. These may be refused by a child who has sufficient understanding to do so.

The police also have powers under the Children Act to take a child into police protection for up to 72 hours where a police constable believes that a child would otherwise be likely to suffer significant harm.

- **Child Assessment Orders**
  An application is made by the Local Authority when:
  
  a) There is fear that the child is suffering from, or likely to suffer significant harm, and
  
  b) A proper assessment of the child’s health, development and treatment is refused unless the Court makes an Order.
**Care Orders:**
If the criteria for a Care Order is established the Court may not necessarily make a Care or Supervision Order, as the court must go through the checklists and should only make an Order if it considers that doing so would be better for the child than making no Order at all.

A Care Order gives the Local Authority a share in parental responsibility for a child. The Local Authority must look after the child and provide them with somewhere to live.

A Care Order can last until a young person is 18 years old or until an Adoption, Supervision or Residence Order is made, or until the court decides that the Order is no longer necessary. The Social Services department or persons with Parental Responsibility for the child can apply for the discharge of the order.

- **Supervision Order**
  This places a child or young person under the supervision of the Local Authority or a Probation Officer, and this person is required to advise, help and befriend the child.

  1. The Order can only be for one year in the first instance, but the Supervisor can apply for this to be extended. It must not be for more than three years in all and not after the person is 18 years old.

  2. A Supervision Order may carry certain condition, for example, the child may have medical or psychiatric examination or treatment. It may also say the child should take part in particular activities at specified times.

  3. The Order can be stopped if any interested party applies to the court and the court agrees, or if a Care Order is made.

- **Interim Order**
  An Interim Care or Supervision Order can be made for up to eight weeks initially and subsequently renewed for a four week period so that more information can be collected. At this stage, the court can make any Section 8 Orders subject to the restrictions that apply to these Orders.

- **Section 8 Orders**
  These are 3 orders that can be made under section 8 of the Children Act. They cannot be made if a child is subject to a care order or interim care order.

**A Child Arrangements Order:**
This order will settle who a child lives with and what contact they have with other people. It gives the person PR, but not the right to consent/withhold consent to adoption. Parents can apply for a child arrangements order as can other people who meet certain criteria or with the courts permission.

The order can last until the child/young person reaches the age of 16, however a court may specify that it is to the child’s 18th birthday if there are exceptional circumstances.
Prohibitive Steps Order:
This bans a person with parental responsibility from taking certain steps without the consent of the court (for example preventing a person allowing a child to have contact with a particular person, or emigration). The Order lasts until the child is 16 unless there are exceptional reasons for extending it.

Specific Issues Order:
This is an Order to help determine any specific question, which may have arisen or may arise about the way a child is brought up. It might be about their schooling, health or religion. The court will decide after consultation with appropriate persons how it should be achieved in the best interests of the child.

Special Guardianship under the Adoption of Children Act 2002
Special Guardianship is a legal option intended to provide permanence for children for whom adoption is not appropriate.

A Special Guardianship Order (SGO) allows the Special Guardian to exercise parental responsibility for the child to the exclusion of birth parents on most issues (except adoption). However, the child’s parents remain parents and retain parental responsibility, if this was needed (eg. in the absence of the Special Guardian). Order last until the child is 18. A Special Guardianship Order discharges a care order, but a care order does not discharge a SGO.

Various people can apply for an SGO, including foster carers who have cared for a foster child for specific lengths of time.

The Special Guardianship Order will:

- Give the Carer clear responsibility for all aspects of caring for the child or young person and for taking decisions to do with their upbringing.
- Provide a firm foundation on which to build a lifelong permanent relationship between Carer and child/young person.
- Preserve the basic legal link between child and birth family.
- Be accompanied by proper access to a full range of support services including, where appropriate, financial support.

A Special Guardianship Order may be suitable for:

- Older children who don’t want to be legally separated from their birth family, but could benefit from permanence.
- For children in long term foster care, or cared for in their extended family.
- For children and Carers with cultural and religious difficulties in adoption as set out in law.
Private Fostering
Applies when:

a) Children under the age of sixteen (or eighteen if disabled) are placed by their family for more than 28 days with a family which is not related to them and by a private arrangement.

b) The carer, the parent or any other person involved in the arrangement has a duty to notify the Local Authority of the proposed placement.

c) Local Authorities have to be satisfied that the welfare of the children privately fostered in their area is being safeguarded and promoted.

d) There may be a requirement placed on the care such as restricting the number of children who are fostered and the usual fostering limit will apply. A prohibition may be imposed if a person or the premises are found to be unsuitable, and individuals may be disqualified from acting as private Foster Carers. There is, however, a right of appeal.

Court Guardian
A Guardian is an independent person appointed by the Court to represent and safeguard the interests of children and young people subject to Court proceedings. If the child or young person is in the care of Foster Carers, the Guardian is likely to make contact to seek the views of the carers.

Youth Justice
Local Authorities provide multi-Agency Youth Offending Teams/Service to respond to the needs of young people within the Criminal Justice System.

Police interviews of children and young people in respect of offending behaviour - If the police ask to interview a child looked after they should ensure this is done in the presence of a Social Worker and ideally a Solicitor. During office hours Foster Carers should immediately advise the child’s Social Worker. Outside office hours you should contact the Cornerways Fostering out of hours Service.

It may be that some Foster Carers are able to act as an appropriate adult in these situations. However, if a Foster Carer is unsure of the role and responsibilities of an appropriate adult, then this should undertaken by someone who is sure about the role.

DELEGATED AUTHORITY FOR FOSTER CARERS
To enable Looked After children and young people in foster care to experience a day to day life as similar to their peers (who are not looked after) as is possible, there are clear procedures in place for the delegation of authority by a parent or a local authority of certain parental responsibilities, so that a foster carer can make decisions without having to check first with the child’s parents or social worker before a children can for example:
- Get a hair cut
- Have a routine dental check up
• Go on a school day trip
• Go for tea at a friends
• Have a sleep over at a friends

It is important that the delegated authority form is completed and signed at the beginning of the placement clearly showing what decisions have and have not been delegated to the foster carer.

**The Law Relating to Foster Carers and Fostering Services**

This is covered by the Children Act 1989, The Care Standards Act 2000 and the Fostering Services (England) Regulations 2011 and The Care Planning, Placement and Case Review and Fostering Services (Miscellaneous) Regulations 2013. The National Minimum Standards for Fostering are an essential aspect of the legal expectations of foster carers and fostering services.

**Approval as a Foster Carer**

Foster Carers can only be approved by one fostering agency at any one time. This may be their Local Authority or it may be an independent fostering agency (IFA) like Cornerways. During assessment the local authority in which the carer lives (or has lived in previously) will have to be consulted and its views considered. It must be notified of the decision to approve the applicant as a Foster Carer or not. This does not mean that the carer can only take foster children from one Local Authority or agency. They may take children from any other Local Authority or agency, providing their approving authority/agency has given their permission in writing. (If relevant, any other authority/organisation which has a child placed in the same foster home must also be asked for their opinion and comments). In practice this means Authorities will approach Cornerways who will then approach Cornerways Foster Carers.

These provisions are aimed at protecting the welfare of all the children in the foster home.

**Assessment for Approval**

Before being fully assessed as a Foster Carer for Cornerways you are asked to undertake a Skills to Foster Preparation Course. When we then decide to make an assessment of prospective Foster Carers and their household, all other children, adults and lodgers must be considered, as they will have an influence on a child placed with the family. DBS (Disclosure Barring Service) checks are required on all adults in the household and at least two personal referees will have to be interviewed by a Social Worker. A medical will be required for applicants as part of the process. Social Workers will undertake assessments of prospective Cornerways Foster Carers, over a number of months and involving many visits, including to meet any children of the applicants and previous partners.
Fostering Social Workers will also consider the list of matters in the Fostering Services (England) Regulations 2011 and make a written report, which they submit to the Cornerways Fostering Panel, who will make a recommendation whether to approve the carer or not. Cornerways will make the final decision about approval. The CorumBAAF Form F is used as the template for this assessment report.

The Decision about Approval
Carers must be notified in writing about the decision to approve them or not. If approved, carers must be told what number and age range of children they have been approved to foster and whether the approval is for any particular kind of foster care, e.g. for a named child or for short term placements. There are processes for making representations (see section regarding IRM - the Independent Review Mechanism) if an applicant or carer is unhappy with a proposed qualifying decision.

Numbers of Foster Children
Foster Carers may only care for a maximum of three foster children (the “usual fostering limit”) unless the children are all from the same family, although in special circumstances an exemption may be given to them by the Local Authority in whose area they live to enable them to care for more than three children who are not from the same family. Exemptions will be for the household and will expire when any specific child moves on. You will be given a Notice of Exemption to cover the placement of more than three named children where necessary. It is unlikely that Cornerways will wish to place more than three foster children with one foster family, unless they are from the same family.

The Foster Care Agreement / Terms and Conditions
Approving Authorities/Agency are required to enter into a written agreement with a carer at the time of his/her approval. This sets out the terms and conditions of the partnership between the approving Authority/Agency and the Carer. A copy of Cornerways Foster Care Agreement or Terms and Conditions letter follows in this section of the Handbook.

The matters written out in the Terms and Conditions letter are matters which must be covered by law. No child may be placed with an approved Foster Carer until he/she has first signed the Foster Care Agreement, except in an emergency or immediate placement.

Emergency / Immediate Placements
The Fostering Services (England) Regulations 2011 allow for a child to be placed in an emergency with an approved Foster Carer who has not yet signed the Foster Care Agreement. The Foster Care Agreement must be signed within twenty four hours if the child is to remain in the placement.

Where the Local Authority is satisfied that the immediate placement of a child is necessary with a relative, or friend of the child who has not been approved as a Foster Carer, it may place the child there for up to six weeks providing details of the household are obtained, the premises inspected and preliminary agreement is made.
The Foster Placement Agreement
In addition, Foster Carers must sign a Foster Placement Agreement when they receive a new foster child. This covers specific agreements concerning that child including medical consents.

Foster Carer Reviews
At least once a year approving Authorities/Agencies have to review the approval of each of their Foster Carers. This is to assess whether the carer and the household continues to be suitable for the children for whom they are approved but should include wider discussion, to include the Carer’s views of Cornerways services. The Foster Carer’s views must be taken into account, as well as any views expressed by any other Authority/Agency which has had a child placed with them since the last Review.

Reviews of approval should also take place whenever there are significant changes in the household, health problems, births, marriages or deaths, a new person joining the household or if serious allegations or complaints are made against a member of the carer’s household. If a current single Foster Carer is joined in the household by a new partner, then the partner will be assessed with the existing Carer in a new partnership, following the CorumBAAF Form F, to include references and health check, checks to local authorities, DBS and meeting with any previous partners or children.

All Cornerways Foster Carer Reviews will be presented to the Fostering Panel to consider whether the terms of the carer’s approval remain appropriate, to consider the carer’s training and development and plans for the coming year of working as a Foster Carer. Foster Carers are invited to attend the Cornerways Fostering Panel and are expected to attend for their first and every alternative review.

Termination of Approval
If a Foster Carer approved by Cornerways wishes to cease fostering, they are asked to notify us in writing giving 28 days’ notice. Their approval will then be terminated 28 days from receipt of the written notice. Such notice cannot be withdrawn, shortened or lengthened.

In the event of Cornerways wishing to terminate a Foster Carer’s approval, a report will be presented to the Fostering Panel and a written notice of the intention to terminate approval sent to him/her. If the carer disagrees with the planned deregistration, they can make a representation to Cornerways or to the IRM (Independent Review Mechanism).

A copy of any notice of termination of approval must be sent to any other Authority/Agency who has a child placed with the Foster Carer.

Making a Representation about a Proposed Termination of Approval
On receipt of a notification of the intention to terminate approval, the Foster Carer has 28 days to make any written representation to Cornerways, this should be sent to the Cornerways Fostering Manager. Any representation will be presented to the Cornerways Fostering Panel and the Foster Carers will be given the opportunity to attend the Panel in person.

Alternatively, the IRM (Independent Review Mechanism) is available to address a representation.

The decision made by Cornerways subsequent to any of the above representation is final.

**Registers and Records**
Every Local Authority and Fostering Agency must keep a register of their approved Foster Carers. The details to be kept on the register are each carer’s name, address, date of birth and sex and details of the terms of their approval.

The approving Authority/Agency has to keep a record for each Foster Carer who has applied to them for approval.

Registers and records of Approved Foster Carers have to be kept for at least 10 years from the date that approval is refused/terminated or the carer’s death. The Authority or Organisation responsible for the register/record must ensure it’s safe-keeping and take all necessary steps to ensure that the information in it is treated as confidential unless it is subject to a court or legal order or needed by a Court Guardian appointed to act for a child.

**Complaints**
If a Foster Carer approved by Cornerways wishes to complain about the Organisation’s services, availability or delivery, they have the right to do so. The way in which this is done is explained in the section entitled: Concerns, Complaints and Allegations.
The Placement of Children (General) Regulations

Before placing a child in a foster home, the placing Authority has to be satisfied that foster care is the most suitable way of safeguarding the child and promoting his/her welfare, based on a full assessment of his/her needs. It must also consider the child’s racial, cultural and linguistic needs and ensure that the child will be brought up in his/her religion.

The Placement Agreement
Once the decision has been made to place a child, the Foster Carer must make a Placement Agreement Part 1 with the responsible Authority, which will be based on the plan for the child. They will also receive an Placement Agreement Document containing all the information necessary to enable the Foster Carer to care for the child. If this is not available at the time of the placement it should be provided at the first available opportunity. Detailed information is important for a proper understanding of the tasks to be undertaken as well as the child’s background and needs.

A Foster Placement Agreement Meeting will be convened with, where possible, the Foster Carer, the Social Worker, the child and their parent. The care plan for looking after the child on which the Placement Agreement is based will have been drawn up, where possible, with the child’s parents and incorporated into it will be delegated authority discussions and agreements. This includes the degree of responsibility which has been delegated by the parents and Local Authority to the foster carers. The Social Services department should also have obtained a full assessment of the child’s health and educational needs by then, although this will not always be possible. The placement agreement and delegated authority forms should be signed by all parties.

Supervision of a child in Foster Placement
The Regulations require children’s Social Workers to visit within the first week of any placement, at six-weekly intervals at least for the first year and not less than every three months after that. The Social Worker must arrange to see the child alone if they or the child consider it necessary, or wish to. Cornerways Foster Carers must help to make this possible and facilitate the social worker seeing the child’s bedroom, clothes and any records.

Where an immediate placement has been made with a friend or relative of the child, the visits must be at least once a week for the six weeks the placement may continue on those terms.

A visit must also be made following a reasonable request from the Foster Carer or child.

Reviews of Children’s Cases
Reviews must be carried out within four weeks of the child first being looked after by the Local Authority, within three months of the first review, and at least six monthly after that. They will be chaired by an Independent Reviewing Officer (IRO). The
The purpose of each review is to examine decisions already made, consider the progress made towards implementing the plan for the child and to plan future work. Foster carers should prepare for the meeting with dates of any appointments that have occurred or are due for the child, details of school progress and activities, and if possible a short written report about the child since the last review.

Generally, a Review of a child's care will take the form of a meeting with the child, the parents, social worker and the Foster Carers and their fostering social worker. Others, such as the child's GP, teacher or health visitor will be asked for their views and may attend the meeting. The meeting may take place in a Social Services office, a central venue, school or quite often the Foster Carer's home (if convenient to them).

After Care

The Children Act 1989, Children (Leaving Care) Act 2000 and Children Leaving Care Regulations 2001 require Local Authorities to advise, assist and befriend young people who are looked after/leaving care, assess their needs with a view to determining what advice, assistance and support would be appropriate and making a pathway plan to be reviewed regularly.

Foster Carers will be involved in formulating plans for the preparation of a young person to leave their care. It will be part of their role to help a young person gain experiences and learn skills for their future, from cooking, washing, understanding money to thinking about further education, careers and work. Many young people wish to keep in contact with their foster carers after age 18, and Cornerways are interested to hear when this is an ongoing contact and about how young people are getting on as adults.

For some young people the option of "staying put" and remaining after their 18th birthday living in the home of their previous foster carers will be for consideration, depending on the length of the carer-young person's relationship, and either of their wishes.

Representations

The Children Act 1989 requires Local Authorities to set up a 'representations procedure' for hearing complaints by, or on behalf of, every child it is looking after; therefore each child looked after by a Cornerways Foster Carer should have access to a representations procedure for the local Authority responsible for them.

The Cornerways complaints and representations procedure provides a process for addressing issues raised by children, their parents or carers. Information will be provided to the child at the outset of the placement (in the form of a Children or Young Person's guide to Foster care), and to Foster Carers at the time of approval as a Cornerways Foster Carer, and whenever requested (leaflet and policy document).
The Children (Leaving Care) Act 2000

Supporting Young People Leaving Care

INTRODUCTION: At some point in your fostering career it is likely that you will be expected to prepare a young person for adulthood and support him/her in moving from the care of the local authority into independence.

Up until a few years ago young people with very difficult histories had faced leaving care, whether that be leaving their foster home or residential unit, often on their 16th birthday, with very little help and stability; this is in contrast to young people living at home who tend to remain in their family home until well into their twenties. In order to bridge this gap and create equality of opportunity for young people leaving care, the Leaving Care Act 2000 was introduced.

This section of the Fostering Handbook will give you an understanding of the legislation and advice on how you can prepare and support a young person into independence and successfully take his/her place in the adult world. Please see the section in the Handbook "Promoting Education, Achievement, Enjoyment and Participation" for the Foster Carers role in preparation for adulthood and providing "Staying Put".

A SUMMARY OF THE LEAVING CARE ACT

The Act has 2 main themes:

- To ensure that young people do not leave care until they are ready.
- To ensure that young people receive more effective support once they have left.

The Act has classified young people leaving care into 3 categories:

- **ELIGIBLE**: A young person aged 16/17 years who has been in care for a period of up to 13 weeks since the age of 14 years.

- **RELEVANT**: A young person aged 16/17 years who has already left care, but was looked after for at least 13 weeks from the age of 14 years and had been looked after while s/he was 16/17 years old.

- **FORMER RELEVANT**: A young person aged 18-21 years (24 years of age if in full time education) who either has been eligible and/or relevant as described above and have now reached adulthood.

**Local Authorities Duties under the Act:**

- To complete an assessment of need of all young people in consultation with those caring for them.
To ensure that a **pathway plan** is in place by the time a young person reaches the age of 16 years. The plan should look at the young person's need for support and assistance as identified in the **assessment of need** and how these needs will be met. The areas to be addressed are: accommodation; practical life skills; education & training; employment; financial support; specific support needs and contingency plans for support if independent living breaks down. The pathway plan will be considered at regular intervals through the looked after child's review until the child is 18 years old. Continued reviewing of the pathway plan will be considered thereafter according to the needs and wishes of the young person.

To provide a **personal advisor**. The advisor will be responsible for providing advice and support, drawing up the pathway plan, co-ordinating any services and keeping in touch with the young person. The personal advisor may or may not be a qualified social worker. Each local authority will have their own procedure and it is important that the foster carer is aware of the named person.

To provide help and good advice in finding suitable accommodation. The options available to young people leaving care are: a return to the family home; "staying put" in the home of their previous foster carers, supported housing either through a foyer/hostel or house of multiple occupancy (HMSO); council or housing association tenancy; private flat or supported lodgings. Bed and breakfast could also be considered but only as an emergency measure.

**Helping Young People Prepare for Adult Life**

Preparation for adult life should be a normal part of any childhood so that when a young person leaves home, they have a range of skills to ensure they can both survive and be successful.

They are only going to learn these skills if their Foster Carer helps them. This learning cannot be left to start when a young person is 18; it needs to be part of their whole growing up experience. Carers therefore need to experience the trial and errors of burnt saucepans and accidentally shrunk in the wash clothes together.

**What are the skills that young people need?**

- How to manage money, earnings and benefits, bills and bank accounts
- How to feed oneself and shop/cook, how to tell if food is bad
- How to buy and look after clothes/shoes (mending, cleaning, ironing, washing)
- How to use household appliances and look after a home
- How to use household chemicals safely
- How to run an account for a phone/utility
- How to use public transport
- How to make friends, socialise and keep safe
- How to do basic DIY
- How to get a driving licence, MOT, car tax and insurance
- How to get a television licence
- How to develop adult relationships/partnerships and keep safe sexually
- How to keep healthy and get medical treatment
- How to get work/career
- How to apply to college and contemplate a course.

The challenge for Foster Carers is to encourage young people to learn these skills without the young person feeling that the Carers don’t care for them anymore. This can be achieved by undertaking tasks jointly, gradually introducing responsibilities, having the whole household involved in activities such as mealtimes, outings on public transport, shopping together - not just for clothes - but also household shopping.

Some Foster Carers feel that they should do everything for the children in their household and while young people definitely need to feel nurtured and valued, if they don’t learn any independence skills they will be very disadvantaged and vulnerable later on. Birth children may return home to parents for help, a meal or advice. Grown up foster children may not have anyone to seek such support from.

Remember that learning independence starts with the simple things - making the bed, tidying the bedroom, making toast, heating up baked beans, spending pocket money in a shop, saving money up, laying the meal table, etc. This develops into helping to cook a meal once a week, helping with the washing up, using the washing machine/tumble drier, hoovering their bedroom. When they are able to, you can help them to use public transport, learn about clothes, shopping, etc.

Each young person is an individual and you will need to help them to learn in a way that suits them. As young people get older their preparation for independence and adulthood will increasingly be a subject for Placement Meetings, Looked After Children Reviews and your own Foster Carer supervision.

Young people reaching the age of 16 will usually be transferred within Social Services from their Children's Services Social Worker to a 16+ Team Social Worker (they may also be called a Leaving Care Team). The focus of their Care Plan will be independence and adulthood and you will find that their 16+ Social Worker will work differently, often placing greater responsibility and expectations onto the young person than their previous Social Worker. 16+ Teams usually include Social Workers with different specialism's so that they can all offer input to the young person, including support to access further education, links to the Connexions Service, to semi-independent accommodation. For some Young People their Foster Carer will still be a significant advocate for them, particularly if they have special needs.
At 16+ Social Workers expect Foster Carers to particularly introduce negotiation, compromise and a greater level of adult self-responsibility into the life of the fostered young person. This can be a somewhat anxious time for Foster Carers as they see young people increasingly going out, using public transport, spending their money on themselves. Always remember you can talk to your Fostering Social Worker for support and, similarly, talk with fellow Foster Carers who are facing or have faced similar fostering tasks.

NB: Please cross-reference Section 19, where you will find useful information on supporting young people as they prepare to move from their fostering placement.

If you are currently working with a young person who is preparing for independence please ensure that you undertake training in Leaving Care and Preparation for Independence.

**Useful Websites for information and advice on legal expectations**
- Fostertalk
- Corumbaaf
- Fostering Network
- A National Voice
- The Care Leavers Association
- Leaving care.org
- National Leaving Care Advisory Service
SECTION 3

THE NATIONAL MINIMUM STANDARDS FOR FOSTERING SERVICES
The National Minimum Standards (NMS) for Fostering Services

The National Minimum Standards (NMS) for Fostering Services establish the expectations for all Fostering Services, both in the Public (Local Authority Social Services) Sector and in the Independent/Private Sector such as Cornerways. The Standards cover the way agencies are organised, the way records are kept, how Foster Carers are recruited, assessed and monitored and how children are cared for and protected.

A copy of the NMS follows for carers to familiarise themselves with, especially those standards that directly affect the care they provide to children, Standards 1-12.

The 31 Standards are divided into a general introduction, child focussed standards and standardising fostering services. These are the Standards that Ofsted inspect us against.

Cornerways Fostering Services Policies and Procedures and its expectations of Foster Carers are based upon the National Minimum Standards and often aim to exceed these Standards to provide the best care we can for children and for our Carers.
SECTION 4

(OFSTED)

THE OFFICE FOR

STANDARDS IN

EDUCATION
The Office for Standards in Education

Ofsted is responsible for the inspection, registration and regulation of a number of services for children including schools, residential child care, under 8’s services and Fostering and Adoption services. Ofsted regulates fostering services provided by Local Authorities, voluntary and independent agencies; all must meet the same regulations and the same minimum standards for fostering.

Ofsted inspections occur with very little notice and may be unannounced if the need arises. Cornerways staff and Foster Carers are expected to comply with any Ofsted request for information or to consult with a young person. In its inspections Ofsted will advise Cornerways of any shortcomings in meeting standards and will judge the service at four levels:

- Outstanding
- Good
- Requires Improvement
- Inadequate.

There are specific events that Cornerways must notify Ofsted about, for example safeguarding referrals.

Ofsted Inspection Reports on independent Fostering Services are public documents and can be found on the Ofsted website. The Ofsted Unique Reference Number (URN) for Cornerways is SC059535.

Ofsted can be contacted by any child, member of the public, Foster Carer or member of Cornerways staff if there is a complaint or concern in relation to Cornerways or its Foster Carers.

Ofsted postal address: Chief Inspector Ofsted Piccadilly Gate Store Street Manchester M1 2WD

Ofsted national telephone number: 0300 123 1231

Ofsted e-mail: enquiries@ofsted.gov.uk

Ofsted website: www.ofsted.gov.uk
SECTION 5

SUPERVISION
& SUPPORT
FOR
FOSTER CARERS
Supervision for Foster Carers

Supervision is a professional Social Work term to describe the regular, planned time that a Social Worker/Foster Carer or other Care Worker spends regularly with their Line Manager/Supervisor to discuss:

1. The work the foster carers are currently undertaking, progress, problems, plans, etc
2. The feelings and issues the work raises for the Carer
3. Ways of progressing plans and dealing/coping with feelings
4. Any difficulties the carer may be having in fulfilling their role and the planned work
5. The Carers' own development/training.

Cornerways Fostering staff receive supervision and so do all Cornerways Foster Carers. For Foster Carers this will be at least once every 4-6 weeks and more frequently if need be (for example at the beginning of a Carer's fostering career, at the beginning of a new placement or when there are particular challenges facing a Foster Carer). Foster carers with parent and child placements receive supervision visits at least three weekly.

When you have a child in placement your monthly supervision will be undertaken by a Cornerways Social Worker. On some occasions supervision may be a three way meeting including a Fostering Manager, where the strategies and plans for the Placement/Foster Carer can be made for the coming month. Supervision is recorded on a specific form and both carers and Fostering Social Worker sign and have a copy.

It is the Fostering Social Worker's job to help you through situations, to look for solutions, to challenge your thinking and ensure that you are meeting the expectations of the law and Cornerways. They will offer you advice and ideas for managing children's lives, their behaviour, and their contact and will liaise with other Agencies or Social Services as need be. The Fostering Social Worker will be involved with all of your family and offer them support as well as you.

Where you need particular guidance and support to undertake a new task, for example writing a report, record keeping or attending a meeting, then your Fostering Social Worker will help you with this. Your Fostering Social Worker is also responsible for raising any matters brought to their attention by a child's Social Worker.

We will work with you to identify your strengths and areas for development and to identify training that will help your development. This will become part of your Personal Development Plan within the Review of your Foster Carer Approval.
Support for Foster Carers from Fostering Social Workers

Fostering Social Workers will provide support in the form of advice and guidance, being available outside of regular supervision for a chat when a Carer feels worried or angry or unsure how to proceed. This will include an emergency out of hours telephone service which is provided on a rota by the Cornerways Fostering Managers, Director and Fostering Social Workers. During office hours they will support you, if need be, by attending meetings or hearings, or helping you with new tasks. They will liaise with children’s Social Workers on your behalf and at Placement Agreement meetings they will ensure the arrangements are appropriate and practical. Out of hours they will offer telephone advice, guidance and a listening ear for emergencies and crises.

Fostering Social Workers run Support Groups for Foster Carers as an opportunity for mutual support, learning and information sharing. Foster Carers will be expected to take part in these groups as part of their learning, development and network building. Many Foster Carers find telephone contact with other Carers to be a useful and valued source of support and advice. Cornerways provides a list of carer contact details to enable carers to contact each other.

Groups can also be run for the children of Foster Carers to provide them with support and recognition. If any of these children need individual sessions with a Fostering Social Worker, this will be provided.

See also sections about:

Day Fostering
Respite Fostering
Support for Children who are out of school
FosterTalk
Emergency Telephone Support
Training
HELPLINES AND INFORMATION LINES / SITES

FOR FOSTER CARERS

**DRUGS**
0300 123 6600
'FRANK'
www.talktofrank.com

**ALCOHOL**
0300 123 1110
'DRINKLINE'
www.drinkaware.co.uk

**SMOKING**
0300 123 1044
NHS Go Smokefree
www.nhs.uk/smokefree

**FOSTER TALK**
01527 836 910
www.fostertalk.org
- Professional Advice and Personal Helplines
- Discounts
- Legal insurance
- Financial and Tax advice

**FOSTERING NETWORK**
020 7401 9582
www.thefosteringnetwork.org.uk
www.fosterline.info
- Legal advice
- General advice & information

**CoramBAAF**
020 7520 0300
www.corambaaf.org.uk

**RNIB** (Royal National Institute for the Blind)
0303 123 9999
www.rnib.org.uk

**KEEPING SAFE FOR YOUNG PEOPLE**

**NSPCC:**
www.nspcc.org.uk

**CHILDLINE:**
www.childline.org.uk

**ANTI-BULLYING**

**KIDSCAPE:**
www.kidscape.org.uk

**INTERNET SAFETY**

**CHILDNET:**
www.childnet.com

**CEOPS:**
https://ceop.police.uk/
THE NATIONAL ATTENTION DEFICIT DISORDER INFORMATION AND SUPPORT SERVICE FOR SUFFERERS, PARENTS AND PROFESSIONALS
www.addiss.co.uk

EPILEPSY
www.epilepsy.org.uk
www.epilepsysociety.org.uk
www.youngepilepsy.org.uk

MENTAL HEALTH & WELLBEING
www.youngminds.org.uk
www.childmentalhealthcentre.org

PARENTING
www.familylives.org.uk
www.parenting.co.uk

SEXUALITY - The Lesbian & Gay Switchboard
http://switchboard.lgbt/ 0300 330 0630

SEXUAL HEALTH - For advice about sexual health and relationships
www.brook.org.uk 0800 00185023
www.b-clear.org.uk
www.besavvy.org.uk

Please let us know of any helpful telephone or websites you come across so that we can include them in further editions of this Foster Carers Handbook.
Cornerways Out of Hours Emergency Advice and Support

Cornerways Fostering Services Staff and Director will provide you with emergency telephone advice and support outside normal office hours. This is arranged on a rota basis and our Foster Carers will have details of who is on call and which phone number to use. This can also be found on the Foster Carers’ page of the Cornerways website.

As the Out of Hours Worker will have also worked during the day, we do ask that you only phone if it is an emergency that cannot wait until the next working day.

We do want you to feel supported, so if you do need help please telephone.

You must report some situations immediately to the child’s Social Worker and/or to Cornerways. See below:

- Death of a foster child
- Serious illness of a foster child
- Outbreak of a serious infectious disease in the foster home
- If there is an allegation that a foster child has committed a serious offence
- Involvement or suspected involvement of a foster child in child sexual exploitation (CSE)
- If you have to call the police to the foster home
- If a foster child absconds/runs away/is missing or absent without permission
- If a child makes a serious complaint about their Foster Carer

You should also be able to contact the emergency service of the local authority that your foster child comes from. If you have problems contacting the child’s Social Worker/placing authority emergency service, for example because you are at a hospital or police station with a child, then the Cornerways Out of Hours Worker may be able to undertake this for you.

Cornerways are required by law to notify Ofsted of certain events, so it is very important that you notify us of any of the above events immediately.

**IT IS IMPORTANT THAT YOU KNOW THE EMERGENCY NUMBER OF THE PLACING AUTHORITY FOR THE CHILD YOU CARE FOR.**
FosterTalk

FosterTalk are a national organisation for Foster Carers. Cornerways subscribe each Foster Carer to FosterTalk and this membership entitles those carers to a wide variety of services and advice lines and forums about fostering, finance, legal issues, discounts for all sorts of shopping and services, high street and national suppliers. It also provides insurance to fund legal costs in the event that child protection allegations are legally pursued against the Foster Carer.

01527 836 910
www.fostertalk.org

The Fostering Network

The Fostering Network is a longstanding charity with a membership of Foster Carers, fostering services and professionals involved in foster care.

Cornerways Fostering are corporate members of the Fostering Network and enjoy access to its advice lines, publications and training opportunities. The Fostering Network has an informative website for both the general public and members and provides free access for all Foster Carers to Foster Line for advice or information regarding fostering on 0800 040 7675.

020 7401 9582
www.thefosteringnetwork.org.uk

Coram BAAF

Coram BAAF is a leading authority for Adoption and Fostering in the UK. Cornerways are corporate members of Coram BAAF and as such receive regular information about legal developments, good practice developments, excellent reading and research materials, training and conferences. In this way Cornerways can remain aware of the best ways to care for children who are looked after and pass information on to our carers.

A wide selection of Coram BAAF publications about childcare and fostering are held by Cornerways and can be borrowed by foster carers. Please speak to your Fostering Social Worker or visit the Cornerways office to see what we have available,

www.corambaaf.co.uk
SECTION 6

TRAINING FOR
CORNERWAYS
FOSTER CARERS
Training for Cornerways Foster Carers

Training is a very important part of being a Foster Carer with Cornerways. We want to help you to develop knowledge and skills to care for children and young people with complex needs, who will challenge you and bring new experiences into your life. The role of a Foster Carer is increasingly demanding, requiring skills in working with children, adults, other professionals and the Courts. New expectations of the Foster Carer role, for example providing parent and baby/child placements and caring for children who have arrived from other countries, demands various new and different skills. It isn’t just about Foster Carers having been a good parent themselves; it is now about professional skills and behaviours. Learning is never completed and we expect our Foster Carers, like our staff, to attend training with an open and enquiring mind and to be constantly developing and taking themselves and the service forward. Foster Carers who keep up-to-date with training and developments are most likely to be selected by local authorities to care for their children.

We expect Foster Carers to undertake at least four training sessions per year and will provide travel expenses for them to attend this number.

We offer a training programme built upon the foundation of Preparation Training (Skills to Foster). Training is available on a monthly basis; some training will be new to you, some will be a refresher on previous training, mixing new carers with those who have experiences to talk about. Some compulsory training must be undertaken regularly by Foster Carers, for example Safeguarding and First Aid.

Cornerways Fostering Services access a variety of resources to provide training - some from Cornerways Children’s Services, from Independent Consultants, St John's Ambulance, FosterTalk, local training consortiums and some delivered in-house by Cornerways fostering staff.

If you book a place on a training course, it is essential that you do attend - otherwise there is usually a non-attendance fee liability.

There are a number of online training courses now available for Foster Carers. Please do take advantage of these, especially if attending a training course in person is difficult to achieve.

All our Foster Carers are expected to regularly attend training and to build a portfolio of their learning which will initially support them in the completion of the TSDF induction workbook for Foster Carers and can lead on to the Level 3 Diploma or similar award. Each Carer will have an annual plan for their development and this will be reviewed at their Foster Carer Review. It will be a significant concern if a Cornerways Foster Carer has not undertaken regular training, as this will impact on the quality of care that can be offered to children and young people.

Cornerways welcomes feedback from its Carers about the training provided, their training needs and any ideas for the future.
Information about forthcoming training can be seen on the Cornerways website and by contacting the Cornerways office or talking to your Fostering Social Worker.

**TSDS (Training, Support & Development Standards) Induction Workbook for Foster Carers**

The TSDS Induction Workbook must be completed by all newly approved Foster Carers during their first year as Foster Carers. This is a national legal requirement and is part of the process of establishing a standard across all providers of care for children (there are similar induction standards for other child care workers).

All Foster Carer households must produce evidence that they have worked through the induction workbook; this can be completed electronically or by a method that suits the Foster Carer. Cornerways will endeavour to support carers in the completion of their workbook through supervision, 1:1 sessions, workshops, worksheets and training sessions, but only the Foster Carer can be responsible for actually completing the workbook to show they have met the required standards.


**Level 3 Diploma in Health & Social Care**

Some Foster Carers wish to achieve nationally recognised qualifications to support their fostering careers. Currently Cornerways Fostering supports Foster Carers to pursue the new Level 3 Diploma in Health & Social Care.
SECTION 7

DIFFERENT TYPES OF FOSTERING TO MEET DIFFERENT NEEDS
Different Types of Fostering to Meet Different Needs

Short Term – Medium Term Fostering

Short-medium term fostering will involve you in caring for a child or young person for a few weeks or months and for up to about 18 months, although you may not know how long at the outset. A short term placement may develop from an emergency placement. These placements are for children where the plan is to assess whether they can return to their own family, or a member of their extended family, or while Social Services are taking the child’s case to court within court proceedings. These placements may also be for teenagers who need foster care until they move into semi-independent or independent living when they reach 18. These children, like any other child placed with our Foster Carers, may have experienced abuse or neglect; they will need help to cope with their pasts and their lives in the present and for the future. Short-medium term placements almost always involve contact arrangements and these may be quite complex when children and their families are being assessed. Foster Carers may be asked to provide evidence in court for Social Services. Children and young people will always move on from short-medium term fostering, either home, to adoption, long term fostering or semi-independence/independence.

Emergency Fostering

Emergency fostering tends to be needed in a crisis and at short notice; often there will be little information immediately available about the child who may have been, for example, found alone wandering the streets, have presented at a police station or hospital with an injury, be an unaccompanied minor or have had their parent suddenly taken into hospital or arrested. At such a time, particularly if it is the evening/night time, the most important issue is to have the child in a safe place such as emergency Foster Carers. By the next day it may be clearer what may happen for the child, or that a more appropriate match can be made for the child in terms of location, cultural needs or language. In such cases the child will move on. In others, if the Foster Carer is agreeable, the child may stay as a short term placement.

Fostering Unaccompanied Asylum Seeking Children (UASC)

Children and young people of all ages, both boys and girls, are arriving in the UK seeking asylum. They are travelling without family adults and may arrive by ship, plane, boat or lorry. The majority are boys aged around 15 years and over, but some are girls and some are younger children. They are arriving from countries where there is war and violence (like Sudan, Syria and nearby areas) and from countries where family poverty may have made them vulnerable to human trafficking and exploitation (eg. Vietnam).

Foster Carers offering homes to these children may be dealing with issues of different languages, religious practice, cooking and food, children with very different domestic experiences about gender roles, cooking, cleaning, personal hygiene, etc. Some children may seem very robust and confident while others may be very traumatised and disturbed.
Carers are advised to use available resources on the internet and through Cornerways, Foster Talk, the Fostering Network and CoramBAAF to get up to date information about issues and how to assist these children.

Within this group of children there are those who have been trafficked into the UK by people who wish to exploit them sexually or in some form of modern slavery. These children need to be kept safe from being found by their traffickers or contacted via the internet, mobile phone, etc.

Children seeking asylum will need their carers to support them to immigration and solicitors meetings and interviews, as well as ensuring their health, education and social needs are being met. These placements may be for months or years.

**Respite Fostering**

Respite fostering with Cornerways is about providing a child or young person with a one-off or regular overnight stays to support their main Foster Carer, or for 1-2 week stays while their main long term/short term carer takes an annual holiday. Respite is normally a planned arrangement giving time for the child to meet the respite carer and for a sharing of information between carers.

Respite fostering may be part of a package designed to support a child within their main placement, giving them and their carer some time apart. This can be a great support for children and carers where there are many behavioural problems. Regular respite can maintain a placement that might otherwise break down for a child, providing time and space for a foster child, carer and carer’s family.

Respite fostering may also be part of a package to support a child living with their own family - for example where a parent may have ill health or other issues. Having regular respite may be the key to maintaining the child with their family.

Providing a package of foster care that includes regular respite may make it possible to care for a child within a foster family, rather than a residential children’s home.

Respite fostering can also support a child if there is a crisis in their main placement, for example a bereavement or serious illness in the foster family.

**Day Care and Peripatetic Fostering**

Day Fostering tends to be an additional activity that Foster Carers often respite Foster Carers, also become involved in. Day fostering involves caring for other Foster Carers’ foster children, either in one’s own home or where the children are placed, for an amount of time that does not include overnight. This can be very helpful if Foster Carers have meetings or appointments to attend without their fostered child being with them. Some carers feel able to undertake a peripatetic fostering role, staying
overnight in other foster homes to assist another foster carer or to care for children while their main carer is away.

Parent(s) and Baby(ies)/Child(ren) Placement

These placements may be needed to support and protect a young parent and their baby or young child, or may be needed to ensure the safety of the baby while their parent’s ability to care for them is being monitored and assessed. Some foster carers find these placements very rewarding to undertake. High standards of observation and recording skills are needed of Foster Carers providing these placements, along with a good knowledge of infant care and development, ability to work with parents (who may have difficulties themselves) and of the possibility of being asked to give evidence in court. Having another adult living in your home is not easy and these types of placement will only suit some foster families.

There needs to be adequate physical space in the fostering bedroom as well as in the rest of the home and the parent needs to be able to use the facilities in the home such as the kitchen, fridge, cooker, washing machine, etc to undertake domestic tasks and demonstrate the ability to feed and care for their child. Sometimes these placements may involve two parents which really does impact on a dynamics in a foster home and clear boundaries and expectations need to be established at the outset to preserve privacy and mutual respect in the home.

Parent and child placements can give a valuable opportunity for a parent to evidence and learn about parenting their baby and to have a chance to keep their baby.

The placements sometimes do conclude with a parent and child being separated, which can be a difficult experience for everyone involved, including the foster family. Cornerways expects to be providing high levels of support to carers undertaking these placements.

For carers considering this type of fostering, it is essential to consider the amount of time that will be needed on a daily basis to support a new parent, take them to groups and appointments, get up to help them at night and use skilful communication and record keeping that maintains working relationships even where there are difficult messages to communicate.

Long Term Fostering

Long term fostering involves the careful match of a child’s needs with Foster Carers who are willing and able to care for a child until they are at least aged 18. This type of placement is needed for children who, having experienced short term fostering, cannot return home to their birth family, and who for various reasons are not going to be adopted, for example because of their age, special needs, medical needs or the level of their ongoing relationships with members of their birth family. Long term Foster
Carers will be fully involved in supporting the child’s education and health development, the development of identity and resilience, any therapeutic involvement, contact with birth families and preparation for adulthood. They need to be able to cope with a child becoming a teenager, with the possibility of earlier childhood problems resurfacing and being able to help a teenager as they develop as a person in their own merit, testing out their awareness of relationships, sexuality, drugs and alcohol and their future as an adult. Long term foster carers must be able to support a child develop their resilience and positive mental health, all of which are essential to cope with adult life and to be happy.

Long term Foster Carers may well be part of a package of care for a child that also involves day or respite carers and therapeutic services. Some Local Authorities may refer to Long Term foster care as ‘Permanence’ because the aim is for the Foster Carers to take the child into their family permanently, although without the legal status of adoption or Special Guardianship.

Children with Disabilities

Children and young people with disabilities may need any of the different types of fostering already detailed. For some young people their physical disability may necessitate a particular type of foster home, for example with a downstairs bedroom/bathroom, or Foster Carers who can use sign language or administer special medication. However, many young people’s disability, whether it is a physical disability or a learning disability, need the same carers as any other young person, so long as their individual needs can be accommodated and met.

Staying Put arrangements

Staying Put arrangements involve foster carers and a young person whom they have fostered for quite some while and have a positive relationship with. Staying Put means that the carer and the young person agree that the young person will remain living in the carers’ home after they have reached the age of 18. Different local authorities may have slightly different expectations, but generally it is about a young person living as an independent adult in the foster home, but with the ongoing support of their (ex) foster carer, just as a parent might continue to have their birth or adoptive child still living at home after the age of 18. Some foster carers or young people may not wish for this arrangement to be made, and that is their choice. Cornerways would not expect that a young person who had only lived in the foster home for 18 months or less to then remain in a Staying Put arrangement. As an adult aged 18 living in a foster home the young person would have to have a DBS check undertaken by Cornerways.

Foster carers need to be aware that Staying Put arrangements are not funded by foster payments, and instead funding would come in part from housing benefit, in part from the local authority and in part from the young person’s income support or earnings. It is not particularly straightforward and there may be delays in payments where the benefits agency is involved. All local authorities have their own expectations about Staying Put financial arrangements.
SECTION 8

FOSTER CARERS

&

FINANCE

- Cornerways Foster Carer Payments and Allowances for Young People’s Maintenance
- Mileage Expenses, General Expenses, Birthday and Holiday Allowances
- Managing fostering personal allowances for young people (pocket money, clothing allowance, savings)
- Bank accounts for young people
- (See also section 11 of handbook regarding Foster Carers and Social Security Benefits)
**Introduction**

Individual Foster Carers should make themselves aware of their individual circumstances and how their fostering relates to benefits, tax and pensions.

Cornerways Foster Carers are considered as self-employed as they receive a fee for the work they undertake in caring for children.

The relationship between fostering and social security benefits can be complicated and sometimes contradictory and different Benefit Agency offices/the HMRC can make different interpretations.

The information in this Handbook will provide a summary of our understanding of the main social security benefits available to Foster Carers and young people who are fostered. However, Foster Carers are advised to seek the advice of the Benefits Agency, HMRC, Fostering Network or FosterTalk who publish useful leaflets and provide a helpline to members (all Cornerways Foster Carers will be provided with membership to Foster Talk).

Many Foster Carers find the services of an accountant helpful in managing their fostering income.

FosterTalk provide a tax and accuracy service and helpline
Website: [www.fostertalk.org](http://www.fostertalk.org)

For full details please see Policy & Procedure Document No. 48 - Foster Carer Payments Policy. This details the exact fees paid to foster carers, as well as the age appropriate allowances and other payments made as part of a placement. As with all of our policies, this is updated at regular intervals and figures may change from time to time.
Cornerways Foster Payments System

Cornerways Foster Carers will receive payments through the BACS system, generally on a weekly basis in arrears while a child is in placement.

Where an overpayment is made, for example because a child has left the placement, this will be reclaimed by Cornerways in accordance with the Foster Carer Agreement. Any overpayment will be reclaimed in full by Cornerways and Cornerways will take action to recover the overpayment unless any of the following apply:

a) Another child has been placed since the original child left and the overpayment will then be offset by fees due for the new child.

b) The overpayment is less than one week’s fees and will be offset against fees for the next child to be placed with the carers within a month of the previous child leaving.

Foster Carers will receive notification of all payments made to them, including an end of year notification that can be used for tax purposes.

Foster Carers must ensure that Cornerways are informed of any change in their nominated Bank details.

Foster Carers should read the Foster Payments Policy (no. 48) and familiarise themselves with the age-related payments structure and to see what the maintenance allowance is provided to cover the cost of. Foster Carers are expected to provide a full and active home and community life for each child from the allowances provided.

At the outset of each placement, the carer will receive a form detailing the financial arrangements for the placement, which will be updated if and when changes occur,
**Mileage Expenses**

Foster Carers must use the Cornerways forms for claiming their mileage expenses. These will be checked by their Fostering Social Worker or Fostering Services Manager before being passed to Finance. It is requested that carers try to claim mileage on a monthly basis, rather than letting it accumulate over a number of months.

Mileage is payable after the first 15 miles of a journey for trips to CAMHS, hospital and health appointments, school or college, specialist out-of-area hobbies, contact.

Where a carer receives the additional weekly travel allowance for children aged 11 + within their weekly fostering fee, this will be deducted from any mileage claims unless it has been already used towards purchase travel tickets for the child.

**FOSTER CARER MONTHLY MILEAGE CLAIM**

<table>
<thead>
<tr>
<th>Date of journey</th>
<th>Child’s name</th>
<th>Placing Authority</th>
<th>Journey from</th>
<th>Journey to</th>
<th>Reason for journey</th>
<th>Total miles travelled</th>
<th>Minus first 15 miles from foster home</th>
<th>Total miles claimed this journey</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**General Expenses**

For unusual or general expenses claims, these must be agreed with the Fostering Manager before being spent. The claim should be made on the Cornerways General Expenses for Foster Carers form (shown below):

**FOSTER CARER CLAIM FORM FOR GENERAL EXPENSES**

<table>
<thead>
<tr>
<th>Purpose of Expense</th>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

TOTAL CLAIMED £

Signed Foster Carer: ........................................ Date: ........................................

Signed Fostering Manager: .................................. Date: ........................................
Birthday Allowance

The child’s birthday allowance will be paid automatically and will be received by the Foster Carers 1-2 weeks prior to the birthday. The birthday allowance is to contribute to the child’s gift/party/outing. Foster Carers must record in their daily records how they have spent the allowance.

Holiday Allowances

Holiday Allowances are available for young people who have been in placement for long enough to meet the criteria (see Foster Payments Policy). Holiday allowances are to be used towards the child’s holiday. (All young people must have a holiday each year provided by their Foster Carers).

Holiday allowances can be requested by the Foster Carers on the Cornerways Fostering form and submitted to their Fostering Social Worker or Fostering Services Manager who will pass it to Finance. The holiday can be a young people’s holiday (eg adventure/scouts/school skiing trip) or a holiday with the Foster Carers.

For children who for individual needs/issues cannot go on holiday, one week of allowance can be requested by the Carer to be used for specific outings and trips to create a “holiday at home”.

Personal Allowances for Young People

The personal allowances for children are age-related and are detailed in the Foster Payments Policy. These matters should be discussed at placement meetings as all children vary in their ability to manage money. All allowances must be accounted for and recorded and any unused monies must go into the child’s savings. Some local authorities may have specific requirements or arrangements for their children, which must be complied with.
Part of the Foster Carer’s role is to support children and young people to develop a good understanding of money, how to use it, save it, plan and manage it. Carers must ensure that children's clothing allowances provide for adequate clothing. They should shop with the children and young people, encouraging choice and seeking value for money. Clothing allowances should also be used to maintain school uniform.

**Savings for Children and Young People**

Please see the Foster Payments Policy regarding arrangements for savings for children in placement.

**Bank Accounts for Young People**

All young people should be supported by their carers to have a bank account where and when this is possible (depending on their age and identity documents available). As children reach their teens, they should have a current account that they can use to learn about money management and banking. Some carers may find it helpful to give pocket money and clothing directly into a young person's bank account, once they have the skills to manage their money and buy their own clothing sensibly.
SECTION 9

FOSTER CARERS’ TAX ISSUES
NATIONAL INSURANCE (NI) & PENSIONS

Remember!
FosterTalk provide you with a helpline for Tax and benefit matters
0844 800 3880 / Website: www.fostertalk.org
Tax Issues

HMRC FACT SHEET

The factsheet that follows has been reproduced from the HMRC website. It explains the tax relief position for Foster Carers from April 2016. This and other information is available on the government websites:

https://www.gov.uk/foster-carers/becoming-a-foster-carer

Qualifying care relief allows carers who look after children or young people to receive certain payments (qualifying amounts) tax-free.

With qualifying care relief, you only need to keep simple records for your business.

1. Who can use qualifying care relief

You can use qualifying care relief if you have children or young people placed with you by:

- a local authority
- Health and Social Services Trusts in Northern Ireland
- a Fostering Service Provider

Qualifying care relief covers:

- foster care
- shared lives care
- kinship care
- staying put care (where a young person who was fostered continues to receive care after their 18th birthday)
- parent and child arrangements (where the parent is aged 18 or over and the child is not a 'looked after child')
- supported lodging schemes

Private arrangements with friends or relatives do not qualify for the relief.

Your local authority can tell you if you are eligible for qualifying care relief or if the child in your care is a 'looked after child'.

2. The qualifying amount

The qualifying amount is made up of 2 parts:

- a fixed amount of £10,000 for each household for a full year
• a weekly amount for each child or young person:
  o £200 for children under 11
  o £250 for children aged 11 or over

2.1 The fixed amount
If there is more than 1 carer in the same household, you share the fixed amount.
If you’re a carer for less than a year, you can only use a proportion of the £10,000 fixed amount.
To work this out, you will need to:
  • count the number of days you’ve been an approved carer
  • multiply the number of days by £10,000
  • divide the total by 365 - the number of days in a year (or 366 if February has 29 days)

2.2 The weekly amount
If you care for a child or children for less than a year, you need to work out the total number of the weekly payments you received.
When you are counting the number of weeks, each week starts on a Monday and ends on a Sunday. A part-week is counted in full. So, if a child is placed with you from Wednesday to the next Tuesday, it will count as 2 weeks.

3. How qualifying care relief works
To work out your qualifying amount each year, you need to keep records of all the payments you receive from:
  • your local authority
  • Health and Social Services Trusts in Northern Ireland
  • your Fostering Service Provider

3.1 If your total payments are less than the qualifying amount
HM Revenue and Customs (HMRC) will treat you as not making a profit or loss for the year, so you do not pay tax or Class 4 National Insurance on your caring income.
You should fill in a tax return and claim qualifying care relief on the ‘Self-employment (short)’ pages.
If you have other income, for example from employment or savings, you will have to pay tax in the normal way.
You cannot claim expenses or capital allowances if you use qualifying care relief. For more information on capital allowances, see Helpsheet 252 Capital allowances and balancing charges.

3.2 If your total payments are more than your qualifying amount
If your fees, salaries, reward payments and allowances are more than your qualifying amount, you have 2 ways to work out your tax:
  • the profit method - you pay tax on your total care receipts less any expenses and capital allowances
  • the simplified method - you pay tax on the difference between your qualifying care receipts and qualifying amount
If you have a loss from an earlier year, for example because you changed your accounting date or stopped providing qualifying care, you can use them against your profits for the year.

3.3 The profit method
If your expenses and capital allowances are more than your qualifying amount, you might want to use the profit method. If you do, you will have to keep detailed records of your business income and outgoings. You should fill in a tax return and include your receipts and expenses on the 'Self-employment (full)' pages. You cannot claim qualifying care relief.

3.4 The simplified method
If your total care receipts are more than your qualifying amount, you can use the simplified method. This means that you pay tax on your total receipts from caring, minus your qualifying amount. You should fill in a tax return. You should claim qualifying care relief, and include your total receipts and your qualifying amount, on the 'Self-employment (short)' pages.

4. Your accounting date
Qualifying care relief applies on a tax year basis – that is, from 6 April in one year to 5 April the next. If your annual accounting date is not 5 April, HMRC will treat your total receipts from qualifying care and the qualifying amount as though they are for the tax year in which your accounting year ends. For example, if your accounting year is 30 September 2015 use the figures from your accounting year on your tax return for the tax year 2015 to 2016.

5. How to complete your tax return
For more information on how to complete your self-assessment tax return look at the HMRC website:
https://www.gov.uk/self-assessment-tax-returns/overview

6. Contact
Online forms, phone numbers and addresses for advice on Self Assessment can be found on the HMRC website.
SECTION 10

FOSTER CARERS & INSURANCE

- Foster Carers’ Own Household Contents and Building Insurance
- Foster Carers’ Own Car Insurance
- Professional Indemnity Insurance
- Legal Advice Insurance for Foster Carers through FosterTalk
- Travel Insurance for Young People Going on Holiday
- Insurance for Significant Damage to a Carer’s Home by a Foster Child
**Foster Carers Own Household Contents and Building Insurance**

Foster Carers must ensure they have adequate Household Contents and Building Insurance for their home. It is essential for Foster Carers to inform their insurers that they are fostering and to have in writing from their insurers that any young person placed will be considered by the insurers to be a member of the household. Foster Carers should ensure they discuss the issue of "wilful damage" with their insurer, as this often this is not covered for members of the family/household. Foster Carers providing parent and baby placements should make this clear to the insurance company, as this involves inviting other adults to live in your house. Cornerways Foster Carers should provide Cornerways with a copy of their household insurance certificate. You should ensure that you are confident that your insurance provides sufficient cover for possible household damage and catastrophes.

There are some insurance companies in the UK that are familiar with insurance for fostering services and Foster Carers. For this reason, Foster Carers may wish to approach them for insurance services, as they may include in their policies aspects of cover not available from other insurers. The ones listed below are the ones we are aware of at the time of writing this handbook - there may be other insurers also offering policies specifically for foster carers.

* Bollington Care
  0845 603 8523
  [www.bollington.com/fostercarers](http://www.bollington.com/fostercarers)

* Towergate Insurance
  0844 892 1556
  [www.towergateinsurance.co.uk/fostercare](http://www.towergateinsurance.co.uk/fostercare)

**Foster Carers Own Car Insurance**

Foster Carers must ensure that their motor insurers are aware that they foster and will be transporting foster children and/or parents and babies in their car(s). Some insurers may require business insurance be purchased by the carers to cover this.

Foster Carers must provide Cornerways with evidence that their motor insurance & MOT is current and adequate. The easiest way of doing this is to email us a copy of your insurance certificate.

**Professional Indemnity Insurance**

Cornerways Fostering Services provide Professional Indemnity Insurance for all of its Foster Carers (and staff). This insurance provides cover in the event of a claim being made against Cornerways for a professional misdemeanour.
Legal Advice and Insurance for Foster Carers through Foster Talk

Cornerways provides each of its Foster Carers with membership to Foster-Talk. Through this, each member can access legal advice and, in the event of facing any legal action regarding an allegation against them, their membership provides for insurance to meet the costs of this.

Travel Insurance for Young People Going on Holiday

Cornerways Foster Carers must ensure that any child or young person in placement with them is covered by travel insurance if they are going away on a holiday in the UK or abroad for one or more nights. Foster Carers should check that for organised trips, such as with the school or scouts/guides, there is insurance in place for the child. For holidays arranged by the Carers for the child, they can either include the child on their own insurance or purchase annual or one-off trip insurance for the child. Travel insurance can be sourced through a variety of insurance companies.

Cornerways require that Foster Carers provide evidence of travel insurance when they are taking a child or young person on holiday.

Activities for which insurance may not be available

Foster Carers should consider risks when children are involved in certain activities, specifically liability issues should a child be injured. This may be an aspect to discuss with the insurer. Where children take part in organised events (eg. public fireworks displays, adventure activities and holidays, etc), these should be covered by public liability insurance and evidence provided to the carer if they ask for it.

Carers should not assume that Cornerways has insurance to cover all eventualities as this is not a reality.
SECTION 11

FOSTER CARERS & SOCIAL SECURITY BENEFITS
FOSTER CARERS AND BENEFITS

Your FosterTalk membership entitles you to access their advice lines for information about benefits for you or the children you foster. Because the benefits systems is subject to changes at anytime, Cornerways cannot guarantee that the benefit details below are current.

Points to Remember

The foster payment you receive from Cornerways incorporates a fee for your skills and allowances for you to meet the costs of providing for a child's clothes, food, home, pocket money, travel, presents and holidays, etc. These elements may be treated differently by the Tax Office, HMRC and the Benefits Agency.

The fee element of the payment may be treated as income, whereas the costs of caring for a child may not be.

Some Foster Carers may have a choice in which means tested benefit they choose. For example, people who work solely as Foster Carers for 16 hours a week or more may be able to claim either 'Working Families Tax Credit' or 'Income Support'. Individual Foster Carers should seek further advice about what is their best option.

Many foster children (particularly those with disabilities) may be able to claim benefits in their own right when they reach the age of 16, even though they are 'Looked After'. Expert advice should be sought for them.

If a young person aged over 18 years who was previously fostered with you, decides to stay with you and needs to claim benefit, this will probably affect your benefits and you should seek expert advice.

CHILD BENEFIT

As a Cornerways Foster Carer you will be receiving a foster payment for the care of foster children. You will not be eligible to claim Child Benefit for a foster child. You will continue to be eligible to claim Child Benefit for any of your own dependent children according to any specific criteria relating to Child Benefit.
BENEFITS WHICH SOME FOSTER CARERS MAY BE ENTITLED TO CLAIM

Income Support
Job Seekers Allowance
Housing Benefit
Council Tax Benefit
Working Families Tax Credit
Disabled Persons Tax Credit
Invalid Care Allowance

INVALID CARE ALLOWANCE

Invalid Care Allowance (ICA) is a non-contributory, non-means tested, taxable benefit paid to people who look after a disabled person getting either the Disability Living Allowance (middle or higher care component) or Attendance Allowance. You must be caring at least 35 hours a week for that person and not earning more than £50 per week (£72 per week from April 2001) or be in full time education. ICA can be backdated up to 3 months if you satisfy the conditions.

You can claim ICA for looking after a disabled foster child (as well as any other disabled person). Your fostering payment will not be treated as earnings, but the reward element can be earnings.

If you also get Income Support or Housing/Council Tax Benefit, it may still be worth claiming ICA because although it is treated in full as income it will entitle you to an extra amount of means tested benefit known as a carer's premium.

If you are thinking of claiming ICA in respect of a disabled person who lives on their own and gets a means-tested benefit, get advice, otherwise the disabled person's benefit may get reduced.
BENEFITS FOR FOSTER CHILDREN

Disability Living Allowance (DLA)
This is a non-contributory, non taxable and non-means tested benefit, paid to people who need help with personal care and/or who have mobility problems. The DLA care component has three rates of payment for care needs depending on how disabled you are and can be paid from the age of 3 months; the DLA mobility component has two rates of payment and can be paid from the age of 3 years. Foster children who have severe emotional or behavioural problems as a result of sexual or physical abuse may be eligible for DLA. If the disabled foster child is under 16, DLA should be paid to you but your reward element may be reduced accordingly.

Income Support (IS)
Most 16/17 year olds cannot claim Income Support in their own right. However, some young people can (including those ‘in care’), eg disabled young people and lone parents. Lone parents aged under 16 cannot get Income Support, but they should be eligible to claim Child Benefit for the baby and you may get an extra allowance on any means-tested benefit you receive, if the fostering allowance only covers the mother and not the child. There is also a possibility that 16/17 year olds who claim Income Support will have their benefit reduced because of the fostering allowance.

Tax Credits
A young person who is a lone parent and/or disabled may be eligible for Working Families or Disabled Persons Tax Credit.

BENEFITS FOR PREVIOUSLY ‘LOOKED AFTER’ YOUNG PEOPLE AGE 18+

Sometimes Foster Carers agree that a fostered young person remain living with them after they are 18 years old. Such a decision must be carefully considered as it will have implications for the Foster Carers’ income, but may also be clearly in the young person’s interests.

Cornerways will not financially support a Foster Carer to continue to look after a young person aged 18+ unless their Placing Authority has requested this and made financial arrangements with Cornerways.

A Staying Put or Supported Lodgings placement may be possible. Cornerways will aim to advise Foster Carers on how these arrangements can be made.

Income Support
The young person may be entitled to Income Support in their own right if he/she was not entitled earlier.
Housing Benefit

The young person may also be able to claim this in their own right providing that there is a rental liability and a proper tenancy agreement.

Note: If you get Income Support or Housing Benefit yourself, then some of the rent you get from the young person will be treated as income and you could lose benefit. You should get advice.

Disability Living Allowance

Young people can still continue to receive and be eligible for Disability Living Allowance. However, it must be remembered that DLA cannot be paid after the age of 18 if you receive funding towards their accommodation from Cornerways/Social Services department.

Tax Credits

A young person in full time work may also be eligible for Working Families or Disabled Persons Tax Credits.

Council Tax Discount

If you get a Council Tax Discount, this should not be affected by any young person aged under 18 who lives with you. However, once a young person reaches 18 it could be affected and you should seek advice.

If the young person is disabled and getting the highest rate care component of DLA, then the young person will be ignored for discount purposes.
SECTION 12

RECORDS & RECORD KEEPING

- Records about children kept by Social Services
- Records kept by Cornerways about children
- Records kept by Cornerways about our Foster Carers
- Recording by Cornerways Foster Carers for foster children
- The Data Protection Act
- The Access to Personal Files Act 1987
Records Kept by Social Services / Placing Authorities

Placing Authorities / Social Services maintain records for each of their Looked After Children. They will keep these records for 70 years. Young people can request access to their records now or in the future. The child’s file will contain the following:

- Details of all Social Work visits, actions and case records
- Correspondence
- Health, Education and other Agency reports and correspondence
- All Looked After Child reports, Assessments, Care Plans, Action and Assessment Records, Reviews, Placement Agreements
- Confidential information eg legal advice, Child Protection information
- Other information on the child eg Foster Carer records.

Records Kept by Cornerways About Each Child

Cornerways will maintain a record for each child placed with our Foster Carers. These records will reflect the expectations of the Fostering Regulations and the National Minimum Standards. The records will contain any information gained from the Placing Authority, from other Agencies, any records of contact or communication with Foster Carers or others about the child. We will maintain copies of the LAC records for the child, a record of their placements, their health and their education. We will maintain a record of any complaints, representations or child protection issues that arise for the child and records will be kept confidentially if they are about a third party or from a third party that hasn’t shared the information with the child. All records about children are kept securely locked.

Records Kept by Cornerways About Each Foster Carer

Cornerways maintains records about Foster Carers in accordance with the Fostering Services England Regulations 2011. These include what is recorded and where and for how long we store records. Cornerways keeps records of its approved Foster Carers for at least 10 years after a Foster Carer has ceased fostering. Records are kept securely locked either in the Cornerways office or archive.

Each Foster Carer file contains:

- Essential Information
- Terms and Conditions
- Assessments & Reviews/Reports
- Correspondence & Contact reports
Foster Carers can request to see the records Cornerways maintains about them and, apart from any third party confidential records, this will be arranged by your Fostering Social Worker.

**Record Keeping by Cornerways Foster Carers**

Cornerways Foster Carers are expected to work in partnership with Cornerways to maintain records for children in accordance with the National Minimum Standards for Fostering Services and the Fostering Services (England) Regulations 2011. Record keeping is a very important part of being a Foster Carer and will be discussed/checked at each supervision visit and as part of the Foster Carer Review process.

Records are kept for several significant reasons:

1. To provide information on which decisions can be made by Judges and Social Services.

2. To share information between adults so that a child’s needs can be understood and met.

3. To monitor and review action plans and placements and see a child’s progress and development and safe keeping.

4. To provide information for the child when they are older and need to know about themselves.

There are specific record keeping requirements for Foster Carers providing parent(s) and baby(ies) placements.

As a Cornerways Foster Carer you will need to keep the following records, detailed below. Your records will be monitored by your Fostering Social Worker who can advise you if need be.
**Appointments Diary**

Foster Carers for Cornerways must keep a diary for all appointments relating to fostering including appointments and meetings for foster children, training and support groups, contact arrangements and Fostering Social Worker Supervision visits.

Cornerways will provide Foster Carers with an appointment diary and you should carry this to all meetings, etc.

If you also use a calendar in your home you should be discreet as to who sees the information on it to protect your foster child’s privacy. It should not be hung on the kitchen wall if it contains such appointments!

**Daily Recording Sheets**

Cornerways Foster Carers will be supplied with daily recording sheets (on looseleaf A4 or electronically) to complete as a running record of the child's daily life in foster care. Entries can be handwritten or preferably typed, signed and dated and must not be saved on a Foster Carers computer (to comply with the Data Protection Act). Foster Carers should make a daily entry and not allow it to become behind, as memory fades.

As with all records within the foster home, these should be kept safely and be inaccessible to others. Cornerways suggest a locked drawer or cabinet, or within the Carer's bedroom if the Carer has a lock on the door.

The record should be of your observations and what you hear. It must be factual and not include your views or ideas about the child or their family. You should include information about the child's progress and successes, as well as about any problems or issues. You should record any contact that has occurred, how the child reacted to the contact, details of any visitors to the home, any phone calls the child has received. Record any health appointments and any other activities the child has had during the day. Include spending on birthdays and holidays.

If you need to record anything the child has said to you that might be a Child Protection concern, see the section of the Handbook 'Child Protection'.

Your daily record sheets will be shared with the child’s Social Worker, ultimately the record is for them. It may be used in court and is a record of the child's life that they could read in the future. The Social Worker will receive copies of your records regularly via your Fostering Social Worker, who will collect them from you at least monthly and keep copies to give back to you. You may be asked to email your records to you Fostering Social Worker.

**Accident / Injury / Illness Record**

Cornerways will supply you with blank or electronic copies of accident/injury/illness recording sheets. If your foster child has an accident, injury or illness then you should record this on the form and give it to your Fostering Social Worker or email it to Cornerways.
It is important to remember that if a child is taken to hospital you must notify their Social Worker and Cornerways immediately (using the out of hours number if need be).

There is also a form to record any accident to a Foster Carer involving a foster child or fostering.

**Physical Intervention Record**
If a carer has to physically intervene/restrain a child, then they must inform the child’s Social Worker and Cornerways and record the incident on the form provided. These records are regularly reviewed to ensure carers are supported and children are protected.

**Education Information Sheet - (when a child leaves)**
When a child leaves your home you should complete this information sheet and pass it either to their Social Worker or their next Carer. This will help with ensuring continuity for a child’s education.

**Medical Record**
To be completed by the Carer during placement as a record of the child’s health.

**Medication Sheets**
For Carers to record when medication has been given to a child, both prescribed and also purchased over-the-counter (homely medication).

**Pocket Money Record**
For Carers to record pocket money given to, or saved for, each child. The child or young person must sign for their pocket money.

**Clothing Money Record**
For Carers to record how clothing money is used. If it is given to a young person, they should sign for it and receipts should be kept for clothing purchased by the Carer or young person.

**Savings Record**
Foster Carers must complete the Savings Record on a weekly basis if they are responsible for the child’s savings.

**Supervision Record**
The Fostering Social Worker will make a record of each Supervision Visit; this is to be signed by them and the Foster Carer and both to keep a copy.

**The Data Protection Act**
This Act requires that no records of children are stored by Foster Carers on a computer or on a storage device. However, a computer can be used to produce records or reports, but not saved onto the memory. All entries must be signed and dated.
Reports produced by Carers can be typed, but again they cannot be saved on computer
or storage device and must be signed and dated.

**The Access to Personal Files Act (1987)**

This Act says that we all have the right to see the information kept about us. Foster
Carers, therefore, also have access to their personal files and records which are kept
about them, with the exception of information given in confidence by third parties, i.e.
personal references, etc.

One person is not entitled to see information about another person and this includes
other family members. Children must also therefore have their own records. Parents
are not entitled to see the file or record on their child unless this is in the child's best
interest. The third party rule stated previously would also apply with children's files.

It is therefore essential that Carers' diaries are only used for appointments, etc, not
as a place to keep records on a child.

**Keeping Records for Children's Life Story Books**

Foster Carers have an important part to play in helping to record a period of a child's
life. It is important to take photographs and make this available for the child in a
suitable format (electronically, printed, in a book, etc) preferably with detail as to who
is in the photo and the event it records.
SECTION 13

PROMOTING PHYSICAL, MENTAL HEALTH & WELLBEING FOR FOSTER CHILDREN

- Introduction
- Consent
- Medication
- Illnesses and emergencies
- First Aid
- Eyes, teeth, hearing and nails
- Healthy eating
- Being active
- Sexual health
- Smoking, Alcohol & Drugs
- Bedwetting and soiling
- Helping young people develop and maintain good mental health
- Caring for children who harm themselves
The National Minimum Standards for Fostering Services require that:

“Children live in a healthy environment where their physical, emotional and psychological health is promoted and where they are able to access the services to meet their health needs”.  
(Standard 6)

- Each child should have a health plan, which is reviewed in the light of regular health assessments and helps the child to learn to manage their own health and lifestyle at an appropriate age.
- Carers must ensure that children's routine health care needs such as dental checks and eye tests are met.
- Carers must complete the Cornerways Child Health Record while each child is in placement.

What is wellbeing and how can we promote it for children and young people?
Wellbeing is about how a child experiences themselves and their day to day life. It extends beyond physical and mental health and involves the relationships and experiences the child has with other people and their surroundings, how they perceive themselves and how they feel about themselves.

What inhibits wellbeing?
Some examples include poor physical and/or mental health, poor diet, low self esteem, anxiety, being bullied, being neglected or abused, lacking social skills, being unable to engage in learning, lack of positive family relationships, lack of friends, lack of opportunity to achieve or participate, lack of opportunity to enjoy, laugh, play, relax and feel safe.

What can foster carers do to promote wellbeing?
Wellbeing is promoted by foster carers who see each child holistically; who are aware that their role is to link up providing a positive home environment, healthy diet, accessing medical help when needed (both routine and treatment) with having good relationships in the foster home which promote the child's individuality and personal interests. Carers can support young people in accessing services for mental health issues and be proactive in advocating at school/involving the police if young people are being bullied. Encouraging and facilitating children and young people's involvement in clubs and hobbies, activities and outings essential for building self esteem and having opportunities to play, enjoy, make friends and achieve. For children who have developed a faith and want to follow it, it is important to support their ongoing involvement in faith led activities.

So, wellbeing is wrapped up with health, with relationships and with how a child sees themselves. Being aware will help carers to have a holistic approach to their young people.

An important part of your role as a Foster Carer is to look after and actively promote the health of foster children; remember - health is a holistic issue! And you are a role
model for the Child/ Young person. You will be asked at each child’s Review or Planning meeting to give an update on the child’s health, medical or dental appointments, treatment and progress. You will need to be proactive to promote a child’s health, but you must work closely with their Social Worker and/or parents, as well as the child.

Remember that Health includes:

- A healthy lifestyle for eating, sleeping, selfcare and exercise
- Vaccinations and inoculations
- Health checks for young children
- Underlying, unattended infections
- Eyesight and glasses
- Hearing
- Childhood illnesses and emergencies
- Teeth (Dentist and cleaning teeth at home)
- Feet including toenails and shoe size
- Living with a diagnosed condition eg asthma, diabetes
- Living with HIV
- Mental wellbeing
- Illegal drug use and solvent abuse
- Smoking and alcohol
- Sexual health and contraception
- Pregnancy
- First Aid
- Use of and storage of medication
- Problems with wet beds or soiling
- Meals and food
- Exercise and activity
- Health promotion

**Being a Role Model for a Healthy Lifestyle**

Some children and young people will not have had positive models of a Healthy lifestyle, so it is important for Carers to not only talk to Children but also make them aware of what they and Carers actually do, for example do they realise you do wash your hands, go to the dentist, and eat fruit and vegetables?

**The Special Situation of Foster Children**

Foster children may have experienced a number of disruptions to their lives and because of this their health may or may not have been attended to as a matter of routine. They may have missed regular inoculations and check ups for eyes/teeth or growth and underlying problems may not have been noticed or attended to. Foster Carers need to be vigilant and alert to the health of children and young people in their care. Where concerns arise, medical advice should be sought promptly, in emergency if need be.

Note: Children who have not received good health care in the past, or have had their personal body space invaded against their will, may be anxious and fearful of doctors or
dentists and they need their Foster Carers’ care and comfort to cope with these situations.

**Medical Consent Forms**

It is essential that Foster Carers know what consents they can give and what they cannot consent to. Generally, only a person with parental responsibility can give consent for medical treatment; however, a child’s parents may have delegated their power to consent to the Local Authority, or the Local Authority may have powers under a Care Order. The Placement Plan and Delegated Authority document will detail any delegated consents that you as a Foster Carer can exercise for the child, rather than having to seek agreement from other people. This may include being able to give/sign consent for medical treatments including anaesthetics, dental treatment and inoculations.

Sometimes Foster Carers are not authorised to sign medical consent forms. Cornerways, child’s Social Worker and Foster Carers must discuss arrangements for medical consent at the very outset of a child’s placement and have this detailed in the Delegated Authority document.

In accordance with the Placement Plan and the Care Plan for the child, the Foster Carer should register the child with a GP, a dentist and an optician - have any eye tests or check ups arranged and take the child for any medical or hospital appointments or any appointments for therapy.

At a certain point in a child’s development they become able to make decisions about their own consent medical treatment. This may need to be discussed for individual children but tends to be most relevant for teenagers seeking sexual health and contraceptive advice. People aged 16 or over are entitled to consent to their own treatment, although this can be overruled in exceptional circumstances.

**Medication**

**Storage of Medication**

Foster Carers must pay careful attention to the storage of medication and a locked cabinet/drawer or room should be used, or a locked tin in the fridge for fridge storage. Children with unknown backgrounds may not understand medicine and take it dangerously or try to use it to harm themselves. It is easy to become complacent, but we know from experience that children and young people do find and take medication and do themselves harm.

Young people aged 16+ should usually be trusted to look after and administer their own medication, but this will ultimately depend on each individual young person, their plan and needs, and what is agreed between the parents, Social Worker, child and Foster Carer. Where a teenage foster child has charge of their own medication, the Foster Carer and teenager must consider the welfare of any younger children in the household and store medication accordingly. (This is also relevant in parent and baby placements).
Some younger children using regular medication for asthma or diabetes may be familiar
in using their medication themselves. For these children their Care Plan and Placement
Plan for their medication should take into account what they are used to and capable
of; it should also be reviewed and revised as they grow older and will need eventually to
manage medication themselves.

**Medication in the Foster Home**
Any child over 16 years of age is generally responsible for their own prescribed
medication. Obviously, some young people may need more support than others.
However, there are two key objectives to remember when administering medication:

- The needs and rights of the child/young person must be met;
- Prescribed medication belongs to the child/young person, but
  as an adult carer you must note what is given, using the
  Cornerways record sheet.

**Drugs**
There are three classifications of drugs:

1. **Over the counter drugs** (also known as 'homely remedies') - purchased by an adult;
2. **Pharmacy only drugs** available from a chemist and will be labelled
   specifying the dose and frequency;
3. **Prescribed drugs** - Doctors prescribe these but can prescribe the
   above also.

**REMEMBER**
- If medication is purchased from a pharmacy or prescribed by a doctor,
  ask the pharmacist/doctor to write the dosage/frequency clearly on the
  label;
- Only use the prescribed medicine for the person it is prescribed for.

There are three important areas on which to focus:

1. **Authority comes from the GP only.** All administration of drugs
   **must** be as on the label unless you consult with the doctor. The
   recommendation resulting from this consultation must be obtained in
   writing, not verbally by telephone.

2. **Store all medicines safely.** Keep out of the reach of children.
   Medicines should ideally be kept in a locked cabinet.

3. **Follow the instructions carefully.** Paracetamol or other similar over
   the counter medicines can be given, but not with other medication.
   This can result in an overdose. For example, a young person might be
given Nurofen for period pains, then Ibuprofen to counter the effects of too much sun. This could result in an overdose as both are Ibuprofen. Similarly, a young person given Calpol for a headache, Lemsip to relieve cold symptoms plus Night Nurse to aid sleep is likely to overdose on Paracetamol as each of these products contains this drug. After just five days of Paracetamol overdose the liver can be affected.

- **Ibuprofen** overdose damages the kidneys and can bring on asthma attacks
- **Paracetamol** overdose damages the liver
- **Antibiotics** can affect Oral Contraceptives. The seemingly harmless St John’s Wort, sometimes taken to remedy depression, can also affect some contraceptives.

**ALWAYS CHECK WITH YOUR DOCTOR OR PHARMACIST**

**RECORD KEEPING**

Relevant Accident/Illness records should be completed and passed to your Fostering Social Worker. Any medication given to a child must be recorded by the carer on the Cornerways form.

Remember to **COMMUNICATE**…

- Ask the doctor/pharmacist for advice and ask them to put it in writing.
- Inform Day or Respite Carers of health issues/medication.
- Let school know if Child/Young person is on drugs of any sort.

- Keep the doctor/pharmacist/hospital telephone numbers in the Child’s file for easy access.
- If allergic, the Child/Young Person should have a card or bracelet stating this, plus the doctor’s telephone number.
Childhood Illnesses & Emergencies

**Chickenpox**
Chickenpox is a common illness caused by the varicella zoster virus. It occurs mainly in the Autumn and Winter and it is spread through tiny droplets of saliva in the fine spray created by coughing or sneezing. It is usually a childhood illness.

The incubation period is 15-20 days. The illness starts with the child suffering a mild fever lasting about three days. The rash starts usually on the child's trunk as itchy red spots, which gradually form blisters. The rash then spreads to the rest of the body. The blisters break and scab over and the scabs fall off within ten days.

The fluid in the blisters is loaded with virus particles, so the child is infectious from two days before the rash appears until the last spot has scabbed over.

There can be serious complications in children, although this is rare. It can include a special form of pneumonia and brain inflammation (encephalitis). Usually a healthy child with Chickenpox does not need to see a doctor unless the illness is not following its usual mild course. The commonest problem is bacterial infection of the skin sores. To avoid this, keep the child's nails short to reduce damage from scratching. To soothe the rash the use of calamine lotion is recommended.

Although a doctor's appointment may not be needed it is advisable to report Chickenpox so that it is recorded on the child's medical notes.

The child's Social Worker needs to be advised of the illness and any treatment must be recorded in the daily diaries.

**Bronchitis**
Bronchitis is inflammation of the lining of the airways; it causes a cough, which produces sputum. It is usually accompanied by a high temperature and a general feeling of being unwell.

Doctors advice must be sought as antibiotic treatments are usually required.

The child needs to be kept comfortable, given plenty of fluids and you should give the child medicine, as agreed at the Placement Agreement Meeting, to relieve the discomfort and reduce any temperature.

All appointments and treatment must be reported to the Child's Social Worker and recorded in daily diaries.

**Bleeding**
**Definition**
Blood loss from a seriously injured part of the body, which fails to stop.
**Action Plan**

Apply a clean dressing to the wound, with a firm and constant pressure; this should be continued for up to twenty minutes. If there is something else in the wound, such as glass, you should apply the pressure alongside the wound instead. If you are confident that there are no injuries to the bone, such as a fracture or dislocation, you should raise the injured part of the body and support it whilst maintaining pressure. If the bleeding continues, indirect pressure should be applied to the artery at the next pressure point, but this should only be done by someone who has been trained in first aid. As soon as you can you should cover and dress the wound and then send for medical assistance. If a part of the body has been severed, such as a finger, you should wrap it in a bag and place it in ice; it is important not to allow the bodily part direct contact with the ice. Then send the severed part with the casualty to hospital.

**Asthma (child)**

**Definition**

Asthma is repeated attacks of wheeze or cough that can be reversed with treatment. Asthma is a problem of allergy in the lungs. When the allergen is breathed in the muscles around the air tubes react, which makes the tubes narrow. Also, the lining of the airways becomes swollen and this makes the airways even narrower. The child then finds it very difficult to breathe in and out making so much effort that he can be heard wheezing. Small children, though, may not wheeze; their problem may be coughing. The cough is often worse during the night or after exercise or activity.

Asthma belongs to a family of allergic diseases - hay fever, eczema and asthma - so the child may have had eczema as a baby or, indeed, still has it. Often several family members have one or more of these allergic diseases.

**Diagnosis**

Asthma is difficult to diagnose in children less than one year of age as their problems may not be easy to interpret. However, in a young child with a family history of allergies and several episodes of coughing or wheezing, and in the absence of a cold, asthma should be considered. In children with recurrent wheeze the diagnosis is more easily made.

There are lots of triggers which can cause an asthma attack. Some children are worse during the summer and seem to react to pollens. Others are fine in the summer but have a bad time in the winter with asthma worsened by colds or changes in air temperature, ie when going from a warm house to the cold outside air. Other triggers include secondary smoking, pets, excitement or anxiety that can ruin an eagerly awaited party.

There is no diagnostic test for asthma although breathing tests can be helpful if the child can co-operate, usually over seven years old. In younger children a trial of anti-asthma treatment may be necessary.

**Treatment**

The main drugs in asthma are given by inhalation into the lungs. They are frequently given by a puffer (metered dose inhaler) via a spacer and mask in young children, a
spacer in children and just by itself in older children. The first drugs tried are called beta2 agonists. These are asthma relievers, which improve the wheeze shortly after being inhaled. They may be the only drugs necessary at first. If, however, they need to be used regularly on a daily basis, then an asthma preventer is provided, usually a steroid. His is taken twice daily regularly, with the asthma reliever being taken intermittently or regularly.

Exercise induced asthma can be helped either by an asthma reliever just before exercise, or by increasing the steroid inhaler or by a long acting beta2 agonist, which is also taken twice daily on a regular basis.

Eventually, if these inhalers are not completely successful, or during a bad attack, steroid tablets may be used to control the asthma. These may be given as a short course or, in severe asthma, taken for some time.

It is important to monitor the severity of the child’s asthma. If possible, twice daily blowing tests, peak flows, at home will allow you to see how the child is doing and will help your doctor to decide if a change of therapy is needed at the next appointment. If the peak flow readings are very variable then more, or a different treatment, might be necessary. Peak flows also tell you when the child is beginning to find breathing difficult so he needs extra treatment straight away.

**Outcome**

Generally most children grow out of asthma when they reach teenage years, although some will go into adulthood with asthma.

All appointments made and treatment given must be reported to the child’s Social Worker and recorded in daily diaries.

**Emergency – Overdose**

An overdose of drugs or substances can be accidental or intentional.

In all cases medical help must be sought immediately, usually by calling the Emergency Services 999, as time is of the essence if we are to save life. Using the emergency services number 112 from a mobile will assist in you being located by satellite by the emergency services.

Social Worker to be contacted as soon as possible, all information to be recorded in daily diaries.

As soon as possible once the child is safe, you should contact Cornerways who will be able to help you contact the child’s Social Worker if you have not yet been able to and you need to be with the child.

**Unconsciousness**

**Definition**

The most common causes of unconsciousness are stroke, epilepsy, drug overdose, head injury, cardiac arrest, alcohol, diabetes and poisoning.
**Treatment**

Send for an ambulance. If their breathing and heartbeat have stopped you should begin resuscitation immediately; however, if they are breathing normally place them in the recovery position. If you think that they may have injured their spinal cord do not move them unless they are having difficulty breathing. Examine the casualty for any possible signs of unconsciousness, such as an identity bracelet stating that the patient is epileptic, and look for signs of injury, treating any problems you find. Keep the patient warm and, if their removal to hospital is delayed, check their levels of responsiveness, pulse and breathing every ten minutes and be ready to carry out resuscitation if required. Do not give someone who is unconscious anything to eat or drink and do not leave him or her unattended.

**Sore Throat**

Most sore throats are caused by viral infections and get better on their own within five days. The lymph glands in the neck are often swollen during a sore throat and may be a little sore to the touch. This is a common sign and shows that the immune system is doing its job in fighting infection.

Sore throats do not always need antibiotic treatment; however, you should give the child or young person medicine, as agreed at the Placement Agreement Meeting. Frequent sips of cold drinks and eating ice cream help to soothe the throat and reduce discomfort.

A doctor’s advice must be sought if: a sore throat lasts for longer than five days, there are white or yellow spots or discharge on the tonsils or the back of the throat, there is a lot of swelling at the back of the throat, there is any difficulty breathing or there is a large swelling on one side of the inside of the throat only.

All appointments made and treatment given must be recorded in daily diaries and reported to the child’s Social Worker.

**Mumps**

Mumps is spread by coughing and sneezing. The incubation period is 14-21 days. It is infectious from 7 days before to 9 days after the characteristic cheek swelling starts. General malaise and fever precede the cheek swelling, which is caused by viral infection of the parotid salivary glands in front of both ears. Both glands swell in 70 per cent of children. Complications are rare, but include inflammation of the testicles which can lead to infertility, arthritis, meningitis and myocarditis (heart inflammation) can occur.

You need to contact the GP for diagnosis, give medicine as agreed at the Placement Agreement Meeting to help with the discomfort, give plenty of cool drinks (through a straw if the child experiences stinging inside the cheek). The child will feel unwell and need constant care and reassurance for some days.

All appointments and treatments must be reported to the child’s Social Worker and recorded in the daily diaries.
Meningitis

Meningitis is an infection of the membranes surrounding the brain and spinal cord. It is caused by a variety of bacteria and viruses, some of which are normally resident in the nose and throat without causing any trouble.

Symptoms

- Feeling unwell with a fever
- Severe throbbing headache
- Feeling sick or vomiting
- Intense dislike of bright light (even indoor lighting)
- Stiff (not just sore) neck where the child cannot put his chin on his chest
- Babies and young children may be floppy and sleepy; older children may be unusually drowsy
- A purplish, non-blanching rash is a late and serious sign of the illness.

It is important to contact the doctor for advice. If the child/baby suddenly seems very ill or has a non-blanching rash, go straight to hospital or dial 999.

Glass test - The glass test is a simple way of telling if a rash blanches (this means that when pressure is put on the skin, the rash fades). The glass test is useful because it tells us whether a rash is worryingly serious or not.

To perform the glass test – Take an ordinary clear glass or plastic tumbler. Place it on the skin next to the spots. Roll it onto the spots, applying some pressure. Non-Meningitis spots will disappear, while Meningitis rashes will be clearly visible.

Social Worker must be informed as soon as possible; illness and treatment to be recorded in daily diaries.

Measles

Measles is spread through the spray of saliva produced by coughing and sneezing. It is infectious from the first symptoms - cough, conjunctivitis, fever - and the child becomes quite miserable until five days after the rash appears. The rash is small red spots, often starting behind the ears. This spreads down the body and the spots join up.

The incubation period is 7–21 days. A classic sign is Koplik’s spots, which look like large grains of salt and appear inside the mouth. These spots have often faded by the time the rash appears.

Complications are rare but can include fits, pneumonitis (lung inflammation), meningitis and encephalitis (brain inflammation). Measles is rare nowadays because of the national immunisation programme.

If the child has measles, you need to contact the doctor for diagnosis and advice. Sponge the child down with tepid water all over. Allow the body heat to dry the skin.
rather than towelling it dry. This can be repeated as often as necessary; although the child may suffer some discomfort whilst this is done, it does help to make them feel more comfortable.

Medicine, as agreed at the Placement Agreement Meeting, should be given to help reduce the fever. Keep the child as undressed as possible to allow heat to be lost. Encourage the child to drink plenty.

Treatment and appointments must be recorded in the daily diaries and reported to the child’s Social Worker.

**Fractures and Broken Bones**

**Definition**

A fracture is a broken or cracked bone. You may be able to tell if a child has fractured a bone by the sound it made, or by feeling the injured area. The child will also be experiencing difficulty in moving, tenderness and some swelling and bruising. The injured area may also appear deformed and the child could be displaying the symptoms of shock.

**Action Plan**

The most important treatment in this situation is to try and prevent any movement. If the child has any other problems or injuries such as a difficulty when breathing, severe bleeding or unconsciousness, these should be dealt with first. You should treat all fractures found in the position they are in and if removal to hospital is imminent, gently support the injured part by hand, place the child in a comfortable position and support using blankets. If removal to hospital is delayed, immobilise the injured part of the body with padding and bandages. You should also treat the patient for shock.

Treatment and appointments must be recorded in the daily diaries and reported to the child’s Social Worker.

**Flu**

**Symptoms**

A child suffering from Flu may present with a high temperature, headache, and loss of appetite and want to sleep a lot. They may have a runny nose and a sore throat.

**Treatment**

Unless there is evidence of a bacterial infection to throat or ear, antibiotics are not helpful. The best treatment is to make the child comfortable, give medicine as agreed at the Placement Agreement Meeting, and make sure they drink plenty of fluids. The worst symptoms are usually over within a few days although the appetite may take a little longer to come back. If symptoms persist, or there is evidence of bacterial infection, then it is advisable to seek medical help.

Any treatment given during this period should be recorded in the daily diaries.
Earache
Earache is a common problem in young children. However, it is not always caused by an ear infection. The nerve supply to the ear is shared with the throat and upper jaw and teeth, so problems there can also cause pain.

The air-filled space behind the eardrum (the middle ear) is connected to the throat by a narrow tube (the Eustachian tube). During a cold, or sometimes with nasal allergies like hay fever, this tube becomes congested and blocked. This means that the air pressure within the middle ear can no longer equalise easily with the outside atmospheric pressure. This can cause tension on the eardrum as it is sucked in or pushed out. This, in turn, can cause an earache. Persistent earache accompanied by a fever may be caused by an ear infection.

In babies, ear infections may be accompanied by a high temperature, persistent crying and obvious discomfort. They may pull at the affected ear.

It is important that babies and young children be seen by the GP on a same day appointment. The doctor will want to examine the ears. Whilst this is happening, the child needs lots of reassurance as it can cause more pain for them.

Treatment
Antibiotics are usually prescribed for ear infections. They take 24 hours to begin to work and it can take up to 48 hours for the pain to settle. Medicine, as agreed at the Placement Agreement Meeting, can be used to relieve the pain and treat any accompanying high temperature.

Sponging with tepid water also helps reduce the baby’s temperature quickly. It is normal for hearing to be dulled in ear infections; it can take a week or two to return to normal. Any concerns around levels of hearing must be reported to the GP.

Appointments and treatment must be recorded in the daily diaries and reported to the child’s Social Worker.

First Aid
First Aid can save lives. Cornerways Fostering Services offers Basic First Aid training to Foster Carers and all Carers should attend. If a Carer would rather attend a local certificated training (e.g. Red Cross or St John’s) then on supply of a certificate and receipt, Cornerways will refund the cost of the course. FosterTalk also provide an emergency advice line for first aid; this should not be used if an ambulance is needed.

Any accident to a child should be recorded by the Foster Carer and reported to the child’s Social Worker, along with any treatment given. If the Child is taken to hospital then Carer should inform Cornerways and the Childs Social Worker / Local Authority out of hours as soon as possible.
Eyes, Teeth, Hearing and Nails

Eyesight
Foster Carers must have each child registered with an optician and have their eyes tested regularly.

Children can have problems with their eyes at any age and as a result their physical activity and dexterity, their learning, play and behaviour may be affected. If you think a foster child's eyesight may need attention, then discuss this with the child's Social Worker to get a plan agreed for the child to have their eyes tested.

Remember that some children have diagnosed eyesight issues and may even have had glasses which have been lost or left behind with a previous carer.

Glasses should be paid for from the Foster Carer's maintenance payments.

Teeth
Dental care should be discussed at the Placement Agreement and if a visit to the dentist is required by the child's Social Worker then this should be arranged by the Foster Carer. Remember this may be the child's first ever trip to the dentist! The first trip may be just to sit in the chair and meet the dentist. All children must be registered with a dentist by the Foster Carer and have regular check-ups.

Some children may be unfamiliar with cleaning their teeth; Foster Carers need to think about encouraging this with suitable brushes and toothpaste. Some dentists will recommend an electric toothbrush. If a child is unlikely to have an electric toothbrush maintained for them when they leave foster care, then teaching them to use an ordinary brush may be more helpful.

Hearing
If you are concerned about your foster child's hearing you should discuss this with their Social Worker with a view to getting their hearing assessed (unless you think the child has an ear infection, in which case you should take them to the GP).

A hearing impediment that is not attended to can affect a child's ability to learn, play and interact with other children or adults.

Feet, Toe Nails and Finger Nails
Any child's feet can be vulnerable to verrucas or athletes foot. These should be treated as advised by a GP or Chiropodist. A child whose care generally has been neglected may well have had their feet neglected. This may include wearing ill fitting shoes and not having their toe nails cut properly and regularly. Foster Carers should ensure children's shoes fit them and that their feet are measured.
regularly. Toe nail cutting should be regular and careful and noted in your daily diary sheet (unless agreed that a parent cuts nails during Contact).

Children's finger nails should also be carefully and regularly cut by Foster Carers (unless a parent is undertaking this role during regular Contact visits). If a child bites their nails, this maybe because no-one has ever cut them and the child may need to learn to have them cut and later to be able to cut them themselves.

**Healthy Eating**

Helping children and young people to eat well for their health is a challenge for many parents, not just for Foster Carers. Children who have not been introduced to a variety of different foods may be cautious and reluctant to try out new flavours. Children who have been abused may associate certain foods with abusive incidents.

Children experiencing stress or trauma may experience a dulling of their taste buds and as a result want to add lots of salt, sugar or tomato sauce to their food. Some children may overeat for comfort, or refuse to eat through anxiety, fear or a need to control something in their lives.

Try to balance the diet you feed foster children, ensuring it includes protein and fresh vegetables and fruit, and carbohydrates like bread, pasta and cereal. Young children need dairy products and fat to be healthy.

Try to avoid always serving ready-made meals, biscuits and cakes as these often contain higher levels of salt and sugar and low levels of fibre.

Most of all, try to avoid food becoming a battleground for control as this may be counterproductive. Rather, aim to make eating an enjoyable, positive experience for a child - a social occasion if possible. Children may not be familiar with sitting down for a meal at a table, or even having a meal on a plate with a knife and fork. Giving them a chance to learn new ways of living is the job of a Foster Carer, but this needs to be taken gently and slowly. Try to be very encouraging to a Child about trying new food, even if it is just a task, and give plenty of praise.

Involving children from a young age in cooking and preparing meals may well help them to expand what they will eat, as well as building skills for the future. Growing vegetables in the garden may also help, especially if you involve them in this activity.

**Being Active**

Foster Carers are expected to encourage and support young people to be active at home, school and in the community with activities and hobbies; this includes funding clubs and activities as well as joining in with activities with the young person (see section on Enjoying and Achieving).
Exercise and activity support children in enjoying and achieving in life, in being well and feeling well. Exercise can be walking to school, playing in the garden or the park, sports, dance, swimming, taking the dog for a walk, cycling, or anything else that involves physical activity.

**Sexual Health**

Sexual development is an ordinary part of growing up for teenagers; for children who have experienced sexual abuse this can sometimes be a more complicated time in their development and Foster Carers should work closely with the child’s Social Worker.

Young people need advice about keeping healthy and being aware of sexual behaviour that may place their health at risk. Sometimes this advice may be best given and received in a leaflet or by a Youth Worker, sometimes from a Social Worker - sometimes a Foster Carer. You can get advice from the Child’s Social Worker before starting any in depth work about Sexual Health. There are helpful websites for Young People about Sexual Health, which may be useful for carers and young people to access.

For young people there may be a need to discuss contraception. It should not be confused with safe sex practices which can stop the transmission of disease as well as prevent pregnancy. It is an offence for anyone to have sexual intercourse with a child under the age of 16. Generally a young person in care under the age of 16 would not be prescribed contraceptives without consulting parents, Foster Carers and Social Workers/Managers. However, a GP can give confidential advice and prescription to a young person if the GP feels they understand the implications and are competent. Contraceptives may be available to a young person of either sex over the age of 16 from clinics or doctors without the consent of any adult.

The "morning after pill" may be available as a contraceptive to young women who have had unprotected sexual intercourse; this can be used up to 72 hours/three days after.

**Pregnancy**

If you become aware that a young woman you foster is pregnant, you should inform their Social Worker immediately. Young people will need skilled counselling to help them make crucial decisions about a baby’s future. If you can encourage and empower the young woman to tell their Social Worker themselves, this may be a positive step. If the young person is aged under 16, there may be safeguarding issues to be considered.
**Smoking, Alcohol and Drugs**

**Smoking**
Cornerways discourages Foster Carers from smoking and will not place young children or parents and babies with Foster Carers who smoke.

Some children smoke cigarettes before the law allows them to (age 16). They are not allowed to purchase cigarettes, but may well be able to gain cigarettes through older young people or by appearing older themselves. They may also take cigarettes from other people.

Smoking is bad for health and young people should be discouraged from smoking; carers should have a smoking policy in their home. This should, at a minimum, include no smoking upstairs. Carers should err away from smoking with children or young people as a social activity.

Some children and young people may smoke as a coping mechanism for stress and they may be addicted to smoking. These young people may need special help to stop smoking; in the meantime carers can help by placing boundaries, agreed with the child’s Social Worker around where/when the young person smokes.

Information about the health issues of smoking can be picked up from GPs and other health professionals or for practical help and advice on stopping smoking ring the:

NHS Smoking Helpline FREE on: **0800 022 4322**

**Alcohol**
Young people are likely to try alcohol at some time or other; a parent or carer’s role is to provide children with information about alcohol and about the risks associated with being drunk in terms of vulnerability, control, impulse and inhibitions.

Some children and young people have been introduced to alcohol at a young age; they may drink regularly to excess and use it to cope with fear, stress and emotional problems. They may drink to keep in with peers and some may be addicted to alcohol.

Alcohol may make young people aggressive and it may make them vulnerable to sexual exploitation or unsafe sexual behaviour.

Specialist services exist for some young people with serious problems with alcohol; others may need help from GP services or counsellors at school or college. These should all be discussed within the child’s Care Plan and with their Social Worker.

The National Advice Line is: **DRINKLINE 0800 917 8282**
The role of the Foster Carer is to model a sensible, safe attitude to alcohol. They should not provide alcohol to any foster child under 18 and they should consider carefully the use of alcohol within the home. Carers should remember that foster children may have experiences that associate alcohol with violence or abuse. Seeing a carer drinking alcohol may be fearful for such a child even if their carer has no intention of having more than one drink.

Foster Carers should be aware that it is not illegal for young people under 18 to drink alcohol in certain circumstances and therefore when a special event is due (for example a wedding) a carer may request advice from Cornerways and the young person’s Social Worker for this one-off event.

If a foster child is drunk then that is not the time to confront them or discuss their drinking. Carers should try to keep the situation calm and encourage the young person to sleep or walk off (safely) their intoxication. If the carer has any medical concerns they should call a doctor for medical advice. Young people can be very vulnerable where alcohol is concerned; they are often not aware of how alcoholic drinks such as alcopops actually are. The peak age for drinking alcopops is 13-16 years old.

A major NHS survey of 11-15 year old school children published in August 2005 found that nearly a third deliberately tried to get drunk, nearly half of those surveyed had been drunk in the previous week and the survey showed that more young people were drinking spirits and alcopops, although beer, lager and cider were still the most popular.

Being drunk makes young people more vulnerable to sexual assault and robbery as well as the risk of being involved in behaviours they wouldn’t do if they were sober.

As a Foster Carer you can offer sensible, realistic advice and information to young people about the affects of alcohol on their health and their safety, whilst recognising that they may feel under pressure from their peers to drink, that they may be drinking to numb their feelings or because they think it helps them cope.

**Illegal Drug Use and Solvent Abuse**

Many young people, including children, come across drugs or other substances that they may try once or use more often. Foster Carers, like all parents, need to develop an awareness of drug use and where to find help. Young people may be given substances, buy them on the street, or may share them with friends. Different drugs and substances have different effects: some make a person depressed or hallucinate while others increase brain activity and make a person seem ‘high’.

Cornerways provides Carers with information leaflets about drugs published by the Department of Health.
IF YOU NEED ADVICE ABOUT DRUGS, CONTACT:
THE NATIONAL ADVICE LINE - 'FRANK' ON 0800 77 66 00
Or look on-line at: www.talktofrank.com

Bedwetting and Soiling Behaviour

Bedwetting
This may be an ordinary part of children’s lives when they are very young and being toilet trained. However, some children wet the bed beyond these early years and there may be a variety of reasons for this:

- DISABILITY
- MEDICAL ISSUES
- EMOTIONAL ISSUES
- NOT HAVING LEARNT TO WAKE IN TIME

In all situations it is important not to give children messages of them being dirty or useless as a person. Many of these young people will know that others do not wet their beds; they may want to stop the behaviour but may not believe that they can. Worrying about it may stress them more or cause the behaviour more often.

If you are dealing with bed wetting, discuss this with the child’s Social Worker and your Fostering Social Worker and, if appropriate, the child’s parents so that your plan can take into account what may be causing the bedwetting. Depending on the age of the child, useful advice can be sought from the Health Visitor or from the Doctor or enuretic clinic. You can also contact:

Education & Resources for Improving Childhood Continence ‘ERIC’ on:

0845 370 8008
Or look on-line: www.eric.org.uk

Always first consider and investigate whether there is a medical or health problem causing the bedwetting, consult your GP and if they refer the child to a specialist then follow this plan. Involve the child in the plan, emphasising the positive outcomes and encouraging them.

Make sure there are no easily solved reasons for the child wetting the bed, for example is it too dark for the child to find the toilet at night, can they turn the light on, do they need your help to go to the toilet or to settle back into bed afterwards.
Remember that bedwetting can be a very stressful matter for children to live with and for Foster Carers to live with. Talk to your Fostering Social Worker if you need support with this.

**Soiling**
Soiling can be a stressful experience for children and Carers. It can upset other children in the home and offend visitors. Outings can become a challenge and replacing clothes and cleaning up after a child can be very difficult.

As with bedwetting, it is important to check that there is no underlying medical or health problem. Consult with the GP and attend any specialist appointments that may be offered.

Children may soil for a variety of reasons:
- DISABILITY
- MEDICAL OR HEALTH PROBLEMS
- EMOTIONAL PROBLEMS
- SEXUAL ABUSE
- NOT RESPONDING QUICKLY ENOUGH TO BODY CLUES
- NOT RECOGNISING BODY CLUES.

Having ruled out medical or health problems, make a plan in consultation with the child’s Social Worker, your Fostering Social Worker, the child’s parents (if appropriate) and the child as appropriate. Be sensitive to the child’s feelings about the issues. The above ‘ERIC’ helpline can also be helpful.

**Deliberate Self Harm**

**Definition**
Around 80% of deliberate self-harm involves deliberate self-poisoning. This is usually with over-the-counter drugs such as paracetamol or aspirin. Cutting is the next most frequent way of deliberate self-harm. Methods such as attempted hanging or exhaust gas fumes are extremely uncommon and are usually a sign of high suicidal intent. Self harm can have complicated and complex cause; it may go on for many years without other people being aware. The reasons that a young person may self harm may be connected to self image, anxiety, depression, bullying, or other insecurities.

**Incidence/Age/Sex**
Deliberate self-harm in adolescents is much more common in girls than boys. The incidence in the general population is not known, but studies in America suggested it might be as high as one or two per cent.
Causes/Preventions
Deliberate self-harm has a variety of causes. It should always be taken seriously even if it seems that the person ‘didn’t really mean to do it’. In some people deliberate self-harm is a way of communicating problems, such as in the family or at school/work. In others it is a sign of depression. People who harm themselves often know of somebody who has harmed themselves either in the family or through the media, social media or peers.

Signs and Symptoms
Most people who harm themselves will tell a friend or somebody else within a few hours. However, in some cases they will attempt to conceal it. Most people who harm themselves or kill themselves will have told somebody else about their intentions, so talk of deliberate self-harm should always be taken seriously.

Complications or Disorder
These can be physical, social or psychiatric. Physical complications depend on the method of self-harm. Many people who take overdoses do not understand the physical consequences, such as the risk of liver failure after taking paracetamol. Social consequences include rejection by peers and family. The main psychiatric complication of deliberate self-harm is depression. Some people who deliberately harm themselves have drug or alcohol problems.

Tests
The diagnosis of an overdose/poison is usually straightforward, but it can be difficult if the person conceals the attempt and doesn’t tell anyone they have taken medication/poison.

Treatment
Everyone who deliberately harms themselves should be given a prompt medical assessment to assess physical complications. Next, the person and family should be seen by an experienced professional to assess the circumstances of deliberate self-harm and to see if further treatment is needed. In some cases, follow-up by the general practitioner (GP) is all that is required. However, in the majority, a follow-up by a mental health professional will be needed.
SECTION 14

PROMOTING LEARNING, RELATIONSHIPS, ENJOYMENT & ACHIEVEMENT

- Promoting Learning and Education
- Family Contact & Friendships
- Helping a child settle
- Helping a child leave
- Listening to children and young people
- Helping children understand and take part in decision-making
- Helping prepare for adult life and offering Supported Lodgings/
  Staying Put
- Children with disabilities
- Valuing diversity
Promoting Children's Learning and Educational Attainment

Introduction
The learning and educational needs of each child or young person in foster care must be given high priority and he or she encouraged to attain his or her full potential. This makes a big difference to a child's self-esteem and resilience as well as their future life opportunities. Cornerways provide training on promoting learning and education and how to work with schools.

Cornerways Foster Carers can also seek advice from the educational advice line provided by the Fostering Network.

Children and young people who are 'Looked After' by a Local Authority often face particular problems in their education as a result of school moves, emotional issues which impede their learning, lack of social skills and lack of educational help at home. As a result, their attainment, in comparison with their non-looked after peers, can be poor. Research shows that some looked after children do achieve very well, but that it takes effort from their carers as well as the children themselves. All agencies involved with Looked After Children are committed to prioritising their education and counter discrimination against them. Cornerways is committed to children's education and to supporting Foster Carers in their work with children. We will support carers by attending PEP meetings and liaising with local authorities and schools.

Quite often fostered children have had to change schools without planning or notice. This is very disruptive; they lose friends and can find themselves picked on or bullied for being in care. Bullying and too much change can lead to school avoidance or to behaviour that leads to exclusion. Children can fail to achieve, forget skills and learning, become disillusioned, have low self-esteem and low expectations of themselves by others. Sometimes they just believe they will fail and therefore don't even bother trying.

Information about children's education may not be passed on to new carers or new schools and adults may not understand the complexities of a child's life and the impact upon their ability to learn and experience school positively.

"Carers have an important contribution to make to a child's educational progress and development. They are in a good position to observe and help identify and assess both the children's real capabilities and any difficulties, fears and development deficits. Carers will need to be supported in this role through school reports and direct contacts with the school: the child's educational progress must be kept under review" (Children's Act 1989).

Cornerways Foster Carers are expected to actively promote the education of foster children they look after by attending parents' evenings and school events, liaising directly with the school where necessary, encouraging school work and homework and providing a stimulating home environment. This can include learning
games, reading books, visits to the park and local library, the opportunity to cook, draw and play.

All children who are 'Looked After' are expected, by law, to have a Personal Educational Plan (PEP). This will include details of goals (and plans to achieve them), roles and responsibilities of various people and regular reviews of the plan. This will help to convey information between schools and carers when a child moves.

Cornerways Foster Carers must inform their Fostering Social Worker about each child who is not receiving a regular education, or who misses days at school for whatever reason.

Your Fostering Social Worker will discuss during your supervision sessions each of your foster children's education and your activities and role, so that there are clear plans to support and promote children's learning and development. This may include how carers communicate with school and teachers, how much reading carers do with children at home, support with homework, ensuring provision of IT equipment, extra lessons or tutoring, summer school and revision activities.

As a result of efforts by children, young people and their carers, our children do make great strides in their learning. We know that a stable, nurturing and supportive foster placement, with clear expectations and proactive carers, will enable children to learn to read, to catch up with lost education, to equal and even exceed their peers' achievements/levels.

Your Role as a Foster Carer
Foster Carers have an important part to play in the education of a child or young person, even if the placement is very short term. You can make a difference by the help you give the child and the way you work with their parents, teachers and Social Worker. Your FosterTalk membership gives you access to online resources and a helpline about education.

You are the first point of contact for the child's school if there are problems or concerns on a day-to-day basis. You will know the Care Plan for the child and from that plan you will know your role and the roles of the other adults in the child's life.

It is important that you equip yourself and your home to help children learn through playing games, dressing up, using construction toys, using TV programmes, cooking, reading books and comic magazines, drawing and making things out of household odds and ends. You should be prepared to be active with a child, helping them read and count when you are at home or out and about, playing board games, card games, Lego or puzzles, reading or watching and discussing television, playing football, learning to ride a bike, scooter or roller skates. The list is endless!
Foster homes must offer a young person access to a computer for their homework. This may come from school, the local authority or the foster carer. Carers must provide access to the internet and must take precautions to ensure children use it safely. Please refer to the later section in this handbook about online and internet safety.

Under 5’s
You can help a pre-school child prepare for starting school and to enjoy learning and creativity at home with you and at playgroup (if playgroup is in the child’s care plan). This builds skills, confidence and competence. You can ensure the child:

- Has regular sleep.
- Gets a healthy, balanced diet and takes part in basic cooking.
- Has regular meals and bedtimes; learns to use a knife, fork, spoon.
- Gets plenty of exercise in the garden, at the park, going for walks, at indoor play parks, dancing, etc.
- Is not subjected to undue risk or harm and feels safe.
- Has regular routines in their life.
- Feels the security of belonging with you.
- Has help in controlling anger.
- Has plenty of praise from you for good behaviour, for big achievements - and small ones.
- Has the chance to have fun, be messy, laugh and be noisy.
- Has a cuddle that feels and is safe for the child.
- Has the chance to learn through play, reading, talking, singing songs and rhymes and listening.
- Has the chance to learn language, communication and motor skills.
- Has the chance to experience, explore and investigate new places.
- Can learn that failure is a normal life experience and can be coped with.

Children coming into foster care may not know how to play, how to communicate or manage anger, how to share, how to get dressed, clean their teeth, how to read or have any sense of danger. You cannot teach them everything at once but small achievements will be very important.

Preparing to Start School
Some children will be more prepared for infants’ school than others and ability and age will affect this along with their experiences, including any experiences of neglect or abuse that can inhibit learning and development. Some children with low self-esteem and little sense of their own identity may struggle with the skills needed to cope and thrive at school.

What skills may help a child’s transition to school? A Foster Carer can help a child to master:

- Going to the toilet unaided and, in the case of boys, be able to use a urinal.
- Wash their hands, particularly after going to the toilet.
- Blow their nose.
- Say their name and possibly their address.
- Put rubbish into the bin.
- Dress/undress themselves including buttons, shoes and belts.
- Identify their clothes.
- Recognise their own lunch box, school bag, coat, etc.
- Use a knife, fork, spoon and open their drink container.
- Ability to recognise boundaries.
- Listen, comprehend and reply to comments/questions.
- Respect their own and others' property.
- Share and take turns.
- Settle into a new environment.
- Sit still for tasks or stories.
- Play alone and with other children.
- Understand and respect that other children may be different in the way they dress, their race, gender or disability.
- Understand that there may be different ways of doing things from what they are used to.

**Your Role with the School Age Child**

You can help a child’s education by:

- Making good links with your local schools and library.
- Ensuring they attend school each day and on time; if they need help make time to take them.
- Make sure the teacher knows if your child should wear glasses or has other particular needs.
- Talk regularly with the teachers, attend parents’ evenings, etc.
- Ensure children have breakfast and an arrangement for lunch (either school lunch or packed).
- Ensure the child has a healthy snack for school and a snack on return from school.
- Ensure any home-school communication book is used and that you understand the homework routine.
- Support the child with their homework, including providing a quiet space for them to work.
- Ensure they have a decent night’s sleep and not too many late nights during the school week.
- Provide access to a computer and access to the Internet with safety measures in place.
- Attend school events and open days, etc.
- Provide information for the child’s Personal Education Plan (PEP) and understand your role in fulfilling the PEP.
- Involve the children’s parents in discussions about school (in accordance with the Care Plan).
- Support the child over any issues of bullying by talking to the school and developing support for the child.
- Read with children who are learning this skill.
- Display art work and keep a memories box of creative work and certificates, etc.
- If a child is excluded from school, then structure their day, not allowing them to spend all day watching TV. Remember that if a child is excluded, they should not be seen out in public during school hours without a very good reason.

Working with Schools and Teachers
Foster Carers have a vital role in communicating with a child’s school. This begins before you have a child placed with you. It is useful for Foster Carers to make links with local schools, which may be the schools your own children have attended.

If possible a child in foster care will continue to attend their existing school; however, this is not always possible and their Foster Carer will play an important part in enrolling them in a new school. This decision should involve the child, their Social Worker and their parent(s).

It is very important that the school is informed that the child is in foster care, the details of who holds parental responsibility, Social Worker details and Foster Carer details. This enables the school to send copies of school reports, information about school functions, etc to all those who should receive them according to the Care Plan. The Social Worker should inform the school – however, you may need to check the school has your details and contact numbers.

You need to know who to speak to on a day-to-day basis regarding your foster child and to build up a working relationship with them. There will be a named member of staff at the school with responsibility for Looked After Children, known as the Designated Teacher. Also try to ensure that you get to know your child’s child teacher or tutor. It is important that the school understands your
foster child and is made aware of times when the child’s life may be causing them distress or upset, which may affect them at school - for example, contact with family, court cases, therapy.

Schools will provide a report about a child’s education on an annual basis and should help Social Services to understand the child’s educational needs, attainment, progress and be part of the plan for their education. Please share these reports with Cornerways. Each Looked After Child must have a Personal Education Plan (PEP).

If the child must be absent from school through illness, or for an appointment to see a doctor or therapist, you must ensure that the school is informed. Children should not miss school unless there is a reason agreed by the school or Social Worker, or instructed by the court.

**Virtual Schools and the Pupil Premium**

Every Local Authority has a “virtual school”. It is an organisational tool to enable the authority to monitor the attainment, progress, attendance and exclusion rates of all looked after children under their responsibility. The pupils of the Virtual School are enrolled at “real” schools and remain the responsibility of the school at which they are enrolled. The make-up of the Virtual School Team is specific to each Local Authority. All will have a Virtual School Head who leads the team and is responsible for ensuring that arrangements are in place to improve the educational experiences and outcomes of the authority’s looked after children, including those placed out-of-authority.

Local Authorities receive a Pupil Premium grant based on the number of looked after children they are responsible for. This is additional funding provided to help improve the attainment of looked after children and close the attainment gap between this group and their peers. Pupil Premiums are managed by the Virtual School Head and how the grant is spent needs to be linked to the PEP and improving educational performance, but could include activities within or outside of school.

**Helping a Child Return to School after a Period of Non-Attendance**

Children and young people may have missed attending school for long periods of time before coming into foster care. One of the tasks for the foster placement may well be to re-establish regular school attendance. This may well require a joint plan between you, the young person, the school and the Social Worker. A child may be gradually re-introduced to the routine and expectations of school. They may be fearful, resistant and embarrassed about returning to school. You can help by reassuring them, making links with the school, understanding school routines, taking them to school and possibly attending school with them.

The child’s Social Worker will be key in deciding which school a child should be enrolled in. If it becomes difficult to enrol a child in a school, you must ensure
the child's Social Worker is involved in addressing this issue with the Local Education Authority.

Some children's re-introduction to schooling will involve a child receiving home tutoring. If this is the case, your role is to ensure that the home environment is suitable for the tutor to visit.

Cornerways is keen for children to experience a positive education and to receive encouragement to reach their potential. We will support our Foster Carers in their work with schools and teachers. Our Day Foster Carers may be available to work alongside mainstream carers’ children who are out of school or need support in school. This would have to be commissioned by the child's Social Worker.

**Exclusion from School**
Exclusion is the removal of pupils from school for serious breaches of discipline or misconduct. Exclusions may be permanent or for a fixed period not totalling more than 45 days in any one year. If your foster child is excluded then you or the child’s Social Worker will need to liaise closely with the school and attend any meetings that may be held. Please inform Cornerways about any exclusions.

If a child is excluded from school they are entitled to receive school work to do at home. They will need your support with this and to maintain a 'school day routine'.

**Special Educational Needs**
A child has special educational needs if he/she has learning difficulties that require special educational provision either in an ordinary mainstream school or special school.

Some children coming into Foster Care may have had their educational needs unnoticed and Carers may have to advocate for them. Many schools will offer pupils extra help in the form of classroom support, equipment, liaison with parents/carers. However, some children's needs cannot be met within the special provisions of their mainstream school and therefore the child’s needs should be considered within a formal assessment of the child's educational needs. This is undertaken by the Education Department, following a request by the child's parent(s) or Social Worker or current school. If a Statement of Special Educational Need (SSEN) - now also known as Education, Health and Care Plans (EHCP) - is made, it will detail how the child's needs should be met and also name the school that the child will attend. Statements and EHC plans are reviewed annually and Foster Carers should attend such meetings. Once the child is 14+ these review meetings will include a transition planning aspect that considers the child's plan and needs post 16.

**Cornerways Record Keeping For the Education of Looked After Children**
Cornerways Fostering and our Foster Carers have an important role to play in monitoring the educational activities and progress of its foster children. This
includes Foster Carers recording children’s non-attendance at school and maintaining a record of their achievements.

Foster Carers have a major role in helping children and young people to engage in hobbies and activities that will give them enjoyment and social experiences as well as an opportunity to build skills and friendships and to achieve and be successful. This is an important part of building self-esteem. Foster Carers should be active in finding out about opportunities and helping children with the big steps involved in attending and joining. Some children will need to try lots of different activities before they find one that they really want to keep on doing. There is an allowance within the carer maintenance payments to be used towards clubs and activities and an expectation that this is used.

Children and young people placed with Cornerways Fostering have already had success in football and rugby teams, cycling and athletics clubs, stage school, gymnastics, swimming, dance, as well as photography and music.

Holidays are an important experience in life, giving children and young people the chance to see different places and experience different routines and customs. They are also an opportunity for fun and for building shared memories for a foster family as well as for the individual child. Cornerways expects that all children in placement will have a holiday every year. Usually this will be with their Foster Carers, but occasionally it may be a holiday organised by school or by a club the young person belongs to, or young people’s activity holiday. There is an allowance that carers can apply for to assist in the costs of a child’s holiday. In exceptional circumstances, for a child who cannot cope with a holiday away from home, the holiday allowance can be used towards the carer creating a “holiday at home”.

Foster Carers must have travel insurance cover for their foster child for holidays away from home of one night or more, whether abroad or in the UK and provide details of this insurance to Cornerways.

**Family Contact and Friendships**

Contact with a child’s birth family is an essential aspect of the role of a Cornerways Foster Carer and it will be an aspect of almost every Looked After Child’s Care Plan. Contact may involve face to face meetings/visits of a child with members of their family (or friends); it may involve telephone calls, letters and cards, skype or email. Local Authorities cannot stop contact without the authority of a Court Order; however, boundaries and supervision can be placed around contact if this is necessary to keep children safe and promote their welfare.

Contact arrangements will be discussed with the child’s Social Worker at the time of referral and will be clarified and confirmed within the Care Plan and at the Placement Agreement Meeting. This will include who the child has contact with,
where, how often, how long and whether it is supervised and, if so, by whom. Over
time, contact arrangements may be revised and changed to meet the child’s needs
and changing circumstances of them and their birth family. As children get older,
they may have their own views and wishes regarding contact. Foster carers
should encourage them to voice these and help children understand the
implications of their decisions and ensure that their voices are heard.

**Venues for Contact**
The venue for contact will depend upon each individual child’s circumstances. For
some children it will be best for them if contact is in the foster home; for others
they can visit the home of the parent or grandparents. Others may need a
neutral venue such as a Social Services office or alternative meeting place.
Thought should be given when considering the venue for contact, as it may be
unfair to bring stress and fear into the child’s safe space (ie. the foster home).

**Supervision of Contact**
For some children it will be a requirement that their contact is supervised. This
will always be connected with a child protection/child welfare concern.
Supervision may be undertaken by a Social Worker, or by a Foster Carer who has
been prepared for whatever this task entails.

Supervising contact requires skills in negotiation, recording and being able to be
assertive in ensuring that the child is kept safe during contact. Records of
supervised contact may be used within Care Proceedings in court, and contact
supervisors may be asked to give evidence.

**Keeping Children and Foster Families Safe during Contact**
Cornerways will work with a child's Social Worker at the time of placement to
establish whether there are any risks posed by a child’s family to the fostering
family, so that the venue and arrangements for contact can be made safely. This
may include the arrangements for transport to contact and the timings of arrivals
and departures from contact.

**Helping to Make Contact in the Foster Home Positive for Parents and Children**
Foster Carers can help to make contact a positive experience in difficult and
unusual circumstances. Think about the following possibilities:

- Ensuring the venue is clean and warm
- Ensuring there are toys to play with or an activity to do
- Ensuring there are refreshments available
- Ensuring a level of privacy (ie the room is not also being used by other
  children)
- Help the child plan what they might want to tell their parent about,
  anything they may want to show
- Reassure the child and parent about where you are (if you are not
  supervising contact)
If the child and parent are finding it hard to engage then perhaps suggest an activity, or start one.

The Impact of Contact for Children
Contact invariably raises many feelings for children and these can be reflected in their behaviour before, during and after contact. Foster Carers need to be prepared for this and to look for the meanings and the feelings within the behaviour rather than assume the child is just being naughty. They should record in their daily records how contact has impacted on the child and discuss this at their supervision visits so that the child's social worker can be informed.

How a Child Might Behave and Why
Before contact a child may appear anxious and withdrawn, running around unable to settle or to be calm, fearful, angry, happy, disinterested. These behaviours may be because they fear further feelings of rejection from their parents, because they are afraid, because they are thinking about what was happening to them at home. They may be worried that their parents will be upset or cross because they are in foster care, they may be worried that their parent will be drunk or under the influence of drugs. Children may be angry with you for letting them see or not letting them see their parents. You can help by giving clear information about what will happen at contact; where you will be, who will be there, for how long and what you and the child will do afterwards. Some children may appreciate you lending them something of yours to take with them to contact to reassure them that they will return to you.

After contact a child may appear happy or sad, distressed, worried, angry, disappointed. They may withdraw from their Foster Carer or become very clingy and anxious. Children who are angry or distressed can shout and swear, bang doors and break toys. They may wet themselves or refuse to eat or sleep. As their Foster Carer, your understanding and tolerance is crucial. You will need to reiterate the normal expectations for behaviour but at the same time try to offer alternatives to them for behaviours and activities. Some children will need the opportunity to run around outside while others may need to sit close to you and read or watch a film.

Informing the Child's Social Worker
Foster Carers should record the child's behaviour around contact and inform the child's Social Worker; it may be that there needs to be a change in the venue, timing or frequency to make contact a positive experience for a young person.

Promoting Children's Friendships
Being able to make and keep friendships is an essential part of being resilient and preparing for positive life as an adult. Friendships promote identity and self esteem, provide support in times of difficulty and someone to share happiness and good times with. Friendships may be part of learning how to develop intimate relationships and partnerships as an adult and contribute to how a person generally relates to others at work, in the family and in the community. Good
friendships are good for health and wellbeing. Without friendships, there is loneliness and isolation and this is not what we want for our children and young people.

Foster Carers can play a key role in helping children to learn about and develop friendships. It is important to remember that this has to be learnt; and some children have never had the chance to learn to communicate, share with and enjoy the company of other children. Foster Carers can help by providing supervision of playing, talking about playing together and about friends, talking about problems and offering solutions, finding clubs and activities for children to join in, having children over for tea or a play date and talking time to chat to other children’s parents. When your child is ready, take time to think about and plan birthday parties and involve other children.

Teenagers also need support in developing and maintaining friendships, with guidance about coping with the changes in hormones, attitudes, interests and behaviours. There will be social media issues to think about and the impact of sexuality and boyfriend/girlfriend relationships. Underlying all this remains the need for friends and the pain of isolation of not having friends. Being a proactive carer in this area can have a very strong positive impact for a young person.

**Welcoming and Settling a Child**

**FIRST IMPRESSIONS DO COUNT!**

Children and young people may have the chance to meet you before they move into your home, but usually they will arrive at short notice, in a crisis and with few belongings. *The impact of your welcome cannot be understated.* They will arrive with their life experiences and their feelings all inside them; they may need to express these to you. They will need kind, patient and firm handling.

- Accept them as they are, along with their belongings.
- Think about Maslow’s pyramid of needs.
- Offer a drink and some food.
- Take time to show them their room and where the other rooms are, especially the toilet, kitchen and lounge.
- Introduce family members, pets.
- Respect their belongings even if they are old and smell or are too small. Do not discard anything, these items help them to feel safe.
- If you have prepared an ‘All About Our Home’ fact sheet give it to the young person. This should give details of the names and ages of the family, any pets, any regular visitors, the address and telephone number (as appropriate), maybe a map of the house and information about mealtimes (including who sits where at the table), pocket money, clothes washing, privacy and the telephone.
- Make sure their bedroom is welcoming. Clean, with the bed made up, perhaps some age-appropriate magazines/books, some paper/pens, curtains, lamp, radio.
- Make sure the bathroom is warm and clean.
- Involve your own children in the ‘welcome tour’ if that is appropriate.
- Consider taking them to the shops to get clothing if needed, and maybe some favourite foods.

Children and young people need time to settle into your home and you may see different phases in their behaviour and emotions.

‘The Honeymoon Period’
This can be for the first few weeks or months of the placement. During this period the placement may seem to be going very well, the child may appear compliant and settling in. However, in reality the child may be hiding their emotions and feelings and trying to be ‘good’ so that you do not send them away. This can be a great strain on the child.

‘The Withdrawn Child’
For some children and young people coping with such huge events and now living in a foster home means withdrawing into themselves and away from the foster family. This can feel very difficult for a Foster Carer to cope with, especially when you are doing your best to establish a relationship with the young person and getting nothing in return. The young person may spend as little time with the foster family as possible, withdrawing to their room, running back to their family or friends or staying out. Try to reassure them that you are there if they want you, but do try not to intrude, they may not be ready to talk to you or listen to you. Be clear about your expectations regarding coming home times and when they would be considered ‘running’. Encourage them to keep in contact when they go out and to be home for meals.

Attention Seeking/Acting Out Behaviour
Once a child feels a little settled they may start acting out to gain your attention. This may take a variety of forms and be linked to the feelings they have inside about their past experiences, their fears, anger and hurt. Their behaviour may be challenging, defiant, swearing and shouting, refusing to go to bed (or get up) or it may even be aggressive and violent. You will need to be very clear about your boundaries and expectations; you may need to prioritise which behaviours you address first. You will need to encourage them to express their feelings more safely - writing, drawing, using up energy by running or playing football, etc. Their behaviour may make you feel angry too and you will need to express this safely, for example through supervision with your Fostering Social Worker.

Some children may display acting out behaviour in complaining about every minor ailment and insist on going to the doctor. They need plenty of reassurance that the hurt is minor and you will look after them and they need not worry. Give plenty of your time when they are not complaining. It can be very wearing for a
Foster Carer to have a child following them around and complaining all the time. Do your best to give them quality time, ensure others help you by looking after the child sometimes and giving you a break.

**Moving on and Saying Goodbye**

Children will move on from your foster home for all sorts of reasons and in all sorts of circumstances. There will be some placements that you will be relieved to see end and others that will arouse feelings of upset, disappointment and delight. How you manage your feelings and the child’s feelings is crucial in being professional in your role. A Foster Carer can be the one person who can make a move a positive experience or can completely ruin the experience for the child or young person.

Foster Carers cannot pretend their feelings don’t exist, but they can choose where to express them, for example to their Fostering Social Worker rather than in front of the child.

Children and young people will move on to:

- Their own family
- A relative or family friend
- Independent or semi-independent living
- Adoption
- Another foster family
- Residential care

Their Foster Carer may feel that the move is right or they may disagree with it, but either way their role is to support the child and the Care Plan, and to act professionally.

**Making a good goodbye – ideas to consider**

- A scrap book or photo album of the child’s stay
- A goodbye present and card
- A celebration or goodbye meal/party
- Support the child in visits to their new home
- Welcome the child’s new carers into your home
- Complete forms and information for their new carers and school
- Ensure their belongings go in a holdall or suitcase - never in a bin bag
- Ensure their clothes and toys go clean
- Prepare a memory box of items for them to take
- Be prepared to wave the child goodbye
- Be prepared to cry but to be able to wish the child happiness through your tears
- Help them to pack.
Remember that, just as first impressions count, so does saying goodbye.

**Listening to Children and Young People**

All Children and Young People need to be listened to, for children coming into Foster Care, they may not be used to being listened too, they may have had to use behaviour to get noticed or attention and they may not be very good at verbal communication because no-one has taught them. Foster Carers have to help children to recognise and name their feelings and learn how to use words to say how they feel and what they think. This will then be part of learning to recognise other people’s feelings.

The subject of listening to children is beautifully covered in the Fostering Changes Programme, which is a 12 session training course that was developed by specialists in Adoption and Fostering based at the Children's Department of the Maudsley Hospital in south London. The main aim of the programme is to provide practical advice and strategies for Foster Carers in order to develop their skills in managing difficult and challenging child behaviour. This is a programme that Cornerways is qualified to deliver and runs as individual sessions.

**Regulating Emotions:**

A key developmental task for children during infancy and early childhood is the identification and naming of feelings. Children who miss out on this key stage will struggle to regulate and understand their own emotions and responses. They may exhibit a poor ability to relate to, empathise with, and interpret other people’s feelings and behaviour. This may leave a child disadvantaged in terms of their emotional and mental health, as well as social development. They may go on to act out their feelings through behaviour (externalising), or withdraw (internalising). Poor emotional regulation will also impact on necessary skills for successful educational experiences and learning, such as persisting with a task, trying new challenges, and being self-motivated. Carers spend more time with a child than anyone else, and so are well placed to assist children in regulating their emotions.

**Getting to know the child:**

Carers have to take time to know and understand the children in their care, but this does not happen immediately or effortlessly. Talking calmly and openly is an important part of creating a positive relationship. Carers need to create opportunities to encourage children to talk about ordinary events and situations and things that the child is interested in. If children feel that their experiences, ideas and opinions are of interest to others, then their confidence in expressing themselves will increase. It may be helpful for carers to think about what time of day their child is most likely to want to talk. Coming home from school may be a time when some children have plenty to talk about. For others, bedtime or bath-time can be a relaxed and intimate time. Some children will chatter away while they are playing. Others may find it easier to talk when they are on a car journey, or involved in an activity such as mending their bike. Conversations over the washing up, or whilst hanging out the washing, etc can be
less intense and threatening. At these times the child does not need to keep intense eye contact with the adult, and this may make conversations more comfortable and less embarrassing.

**Using Questions:**
Asking questions is an important way of showing interest in a child and getting to know them better. Some types of question are more helpful than others. Broad or general questions such as, "what did you do at school today?" are often conversation stoppers, whereas specific questions such as, "what did you play at break time?" or "which lesson did you enjoy most?" are often easier for the child to respond to. Children tend to feel put on the spot or blamed by the question "why?" They are more likely to respond in a defensive or uncommunicative way. Closed questions that require only a "yes" or "no" answer do not facilitate communication as they tend to bring it to an abrupt close. Leading questions that suggest a particular response are similarly unhelpful. For example, if a child is asked, "is everything ok?" it may be very difficult for them to say that it is not. On the whole, open ended questions are the ones that most encourage the child to express their own ideas and feelings. These may be phrased in the following kinds of ways: "what happened next? Tell me about... What is it like when...?" These tend to encourage more open ended and fluid communication. However, there may be times when you do want to encourage a particular kind of response in the child. For example, when talking with a child who is very self depreciating and negative about themselves, you might want to frame a question that encourages a positive response. For example, "what subject are you best at? Which of your drawings do you like best?" There are also times when it may be advisable to avoid questions altogether. For example, after a potentially difficult contact visit, you might 'attend' to the child and make a descriptive comment, rather than ask them outright how the visit was. For example, you might observe, "you've had a really long day out. You look exhausted." This may feel more open and less intrusive than a question. It allows the child greater choice in how they respond.

**Reflective Listening:**
Reflective listening involves listening to the child from their perspective, their view of things. It requires full concentration and a full response. It is not something that can be done with half a mind on the television or whilst planning the evening meal. It is not easy for busy carers to provide this kind of attention when they have many and varied duties and responsibilities. However, when a child approaches their carer with something they want to share, reflective listening provides a remarkably powerful form of positive attention for them. Being listened to is such an important experience for a child. It enables the child to express themselves and explore their ideas and feelings. This helps the child develop a better understanding of themselves, improves their confidence and self esteem, and deepens their relationship with their carer.

Reflective listening requires that the carer:
- stop what they are doing and look at the child;
- use their body language and facial expression to convey interest and availability;
- allow the child to say what they need to;
- listen to the content and the feelings communicated;
• ask questions to show interest and seek clarification (this will also help the child to continue their story if they are having difficulty getting it out);
• feed back what they understand the child to have said and felt;
• try and see things from the child's perspective.

Expressing Feelings:
Some adults rarely share their own feelings with children. Children however may benefit from seeing that it is ok to feel sad or angry, and that these feelings can be expressed without damaging or abusing other people. “I” statements can be used to model the expression of positive feelings, as well as for communicating more negative feelings. For example, “when I saw your school report I felt so pleased because I knew how hard you have worked,” or, “when my sister criticised my decorating I felt really upset because I thought I’d done it really carefully.” It can be instructive for a child to learn how their carer experiences and processes events and feelings. This can be a valuable communication skill for the child to use themselves in turn.

When Listening is Difficult:
We all have our own personal value systems, and we need to be aware that our religious, cultural and personal beliefs will affect the ways in which we listen and talk. For example, some carers might find it uncomfortable supporting a boy who is very emotional, or a girl who is very direct in her expression of anger. They might feel that these emotions are somehow not gender appropriate. The more carers are aware of their own belief systems, the more they may be able to recognise when these might get in the way of the needs of the child.
For most of us there are times when we are inclined to avoid pain and smooth over difficulties. We may be tempted to tell a child not to cry, rather than stick with feelings that we might experience as uncomfortable or distressing. There will be occasions when carers do not know how to respond, and may fear saying the wrong thing or making matters worse. At these times it is helpful to remember that they not need to do anything apart from listen and be a witness to whatever it is that the child needs to say. Sometimes there are no solutions, certainly not immediate ones, and the most powerful action to take may be simply just to listen. As listeners, our role first and foremost, is to hear the child and witness whatever it is they have to tell us.

Helping Children Understand and Take Part in Decision-Making
Children throughout our communities are being encouraged to take part in school & college, in events, fundraising and families. Helping children learn about taking part and about decision making is essential for them as adults, learning about consequences and responsibility for themselves and others. This needs to be age and skill appropriate and an integral part of how Foster Carers bring children up.

It is important to involve children in choices in their everyday life, and to help them to take part in decisions about their care, plans and education according to their age and understanding, even if they don’t wish to actually attend the meetings. Often children and young people do not feel they have any power in decisions that are made regarding
their lives. They may try to influence with behaviour that is seen by others as anti-social or inappropriate, but sometimes this is because they do not know any alternative. Helping children build confidence and communication skills is part of helping them to be able to influence decision makers and to take part in decision making.

Cornerways aims to increasingly involve children and young people in the development of the service, through consultation, newsletters and events. The Foster Carer’s role is to support children to be able to take part in these activities as well as other participation activities arranged by Ofsted and Local Authorities. Often this is about sharing their views, opinions and knowledge and helping them understand that these are important and are taken into consideration.

**Helping Young People Prepare for Adult Life and Offering Supported Lodgings/Staying Put**

Preparation for adult life should be a normal part of any childhood so that when a young person leaves home, whether it is to their own flat, or a house-share, supported lodgings or university, they have a range of skills to ensure they can both survive and be successful.

They are only going to learn these skills if their Foster Carer helps them. This learning cannot be left to start when a young person is 18, it needs to be part of their whole growing up experience. They, and their carers, need to experience the trials and errors of burnt saucepans and clothes accidentally shrunk in the wash together.

What are the skills that young people need?

- How to manage money, earnings and benefits, bills and bank accounts and credit.
- How to feed oneself and shop/cook; how to tell if food is bad.
- How to buy and look after clothes/shoes (mending, cleaning, ironing, washing).
- How to use household appliances and look after a home.
- How to use household chemicals safely.
- How to use public transport.
- How to make friends, socialize and keep safe.
- How to do DIY.
- How to get a driving licence, MOT, car tax and insurance.
- How to get a television licence.
- How to develop adult relationships/partnerships and keep safe sexually.
- How to keep healthy and get medical treatment.
- How to get work/career.
- How to apply to college and contemplate a course.

The challenge for Foster Carers is to encourage young people to learn these skills without the young person feeling that the Carers don’t care for them anymore. This can be achieved by undertaking tasks jointly, gradually introducing responsibilities,
having the whole household involved in activities such as mealtimes, outings on public transport, shopping together - not just for clothes - but also household shopping.

Some Foster Carers feel that they should do everything for the children in their household, and while young people definitely need to feel nurtured and valued, if they don't learn any independence skills they will be very disadvantaged and vulnerable later on. Birth children may return home to parents for help, a meal or advice. Grown up foster children may not have anyone to seek such support from.

Remember that learning independence starts with the simple things - making the bed, tidying the bedroom, making toast, heating up baked beans, spending pocket money in a shop, saving money up, laying the meal table, etc. This develops into helping to cook a meal once a week, helping with the washing up, using the washing machine/tumble drier, hoovering their bedroom. When they are able to, you can help them to use public transport, learn about clothes, shopping, etc.

Each young person is an individual and you will need to help them to learn in a way that suits them. As young people get older their preparation for independence and adulthood will increasingly be a subject for Placement Meetings, Looked After Children Reviews, and your own Foster Carer supervision. They will have a "Pathway Plan" from age 15/16 to plan their progress towards adult life.

Young people reaching the age of 16 will sometimes be transferred within Social Services from their Children's Services Social Worker to a 16+ Team Social Worker. The focus of their Care Plan will be independence and adulthood and you will find that their 16+ Social Worker may well work differently, often placing greater responsibility and expectations onto the young person than their previous Social Worker. 16+ Teams usually include Social Workers with different specialisms so that they can all offer input to the young person, including support to access further education, links to the Connexions Service, to semi-independent accommodation.

At 16+, Social Workers expect Foster Carers to particularly introduce negotiation, compromise and a greater level of adult self responsibility into the life of the fostered young person. This can be a somewhat anxious time for Foster Carers as they see young people increasingly going out, using public transport, spending their money on themselves. Always remember you can talk to your Fostering Social Worker for support and, similarly, talk with fellow Foster Carers who are facing or have faced similar fostering tasks.

**Offering Staying Put to Young People You Have Fostered**

For some young people, the prospect of leaving their foster family at 18 seems too early; they cannot remain fostered, but it may be appropriate that they continue to live with their carers in a staying put arrangement. Cornerways will endeavour to support Foster Carers who wish to continue to offer a home to a young person in a staying put arrangement. This will require a new agreement/arrangement with different roles, tasks and expectations than for fostering.
Staying put may not be suitable for all Foster Carers to offer and there is no obligation to do so. It may not fit with the other activities in the household, the carer may wish to concentrate on fostering, or the adult young person's needs may not mix well with other children in the foster placement.

Where Foster Carers do offer staying put, this will include the young adult having access to and use of domestic appliances, having a door key, cooking for themselves and having space in the fridge and kitchen for storage of food items. Placements are likely to be for 6 - 12 months, but could be for several years. For Cornerways, staying put arrangements are most likely going to be appropriate for young people who have been living with their foster carers for at least 18 months prior to their 18th birthday and have established a good relationship.

Finance for staying put generally comes from the housing benefit, the local authority, income support and the young person, who is expected to contribute through benefits or earnings. The young adult will no longer receive any allowances (pocket money and clothing) from the carer.

For more information, see the Cornerways Fostering Policy for Staying Put.

Children with Disabilities

Cornerways Fostering welcomes the placement of children with disabilities across a broad range of needs. Whilst caring for a child with a disability or special needs requires the same principles of individuality, valuing difference, encouraging participation and empowerment, there may be specific skills that carers require in lifting and moving, communication, medicine, personal care and equipment. Where carers are able to offer placements for children with particular disabilities, Cornerways will support them in gaining appropriate training and knowledge in aspects of care, communication and benefits.

Children with disabilities can include children with learning disability and social communication difficulties (eg Aspergers, Autism). Such disabilities may be alongside also having ADHD (Attention Deficit Hyperactivity Disorder).

Foster Carers for children with disabilities need to be mindful of the particular issues these children may experience in terms of:

- Bullying at school and in the community
- Child Protection/Safeguarding and having a voice
- Gaining access to services and leisure
- How they learn and how to best communicate
- Unfair limits to their independence and choices
Discrimination
Making and keeping friends
Developing independence into adulthood

Valuing Diversity in Foster Care

Cornerways Foster Carers are expected to work and behave in ways that reflect Cornerways Policy for Valuing Diversity; this means being positive and proactive about respecting difference and diversity.

Foster Carers, Social Work staff, Children and Parents come from a broad range of backgrounds and beliefs. There may be differences in religious beliefs, sexuality, educational ability and ethnic background.

It is important to remember that the key to working with other people who are different to oneself is respect and not to make assumptions or generalisations about groups or people. Foster Carers must examine their own beliefs and prejudices if they are to fulfil their role professionally.

If you are caring for a child whose background you are not familiar with or whose experiences are different to yours, then you should do your best to find out by talking to your Fostering Social Worker, to the child or their family, to their Social Worker or to other people who may have the knowledge you seek. The internet, libraries, faith leaders can all be sources of information.

Remember that different religions, cultures or ethnic backgrounds may affect the food people can eat, the way they interact with you (i.e. by looking you in the eyes or not) their expectations of boy/girlfriend relationships, the type of skin and hair care they need. Different cultures have inspired different music, different literature, different art, different films and different sports.

Sexuality is often an issue for young people who are in foster care. They face the usual growing up experiences of being a teenager and developing personal relationships, but some may have added issues of having experienced sexual abuse and have worries about what this may mean about their developing sexuality and about their physical and sexual developments.

Foster Carers have a vital role in not predetermining or making assumptions about a young person’s sexuality or their parents’ sexuality, and should be mindful of the impact of language, jokes and labelling on young people.

If you need advice about helping your foster child, then talk to your Fostering Social Worker.
Children and young people who are perceived as different within their community because of their ethnic or religious background, a disability or because they are gay may be bullied or experience prejudice. Foster Carers must be mindful of these possibilities and be willing and able to support young people in addressing such problems and maintain their self-esteem.
SECTION 15

MAKING DECISIONS -
Delegated Authority & Making Risk Assessments

- Delegated Authority
- Making Risk Assessments
- Mobile phones
- Babysitting for and by Foster Children
- Overnight stays for Foster Children
- Holidays and passports for Foster Children
Delegated Authority (see also Policy 57 about making risk assessments)

Delegated Authority is the formal process by which a foster carer is given the authority to make certain decisions for the child they are caring for. Either or both the child’s parents and the local authority will give the delegated authority, depending on the child’s legal status (ie. whether there is a care order or not).

There are some decisions in a child’s life that a foster carer will NEVER be able to make, for example, about their name, passport, leaving the UK, getting married, or joining the armed forces between the ages of 16-18.

The decisions that may be delegated to a foster carer cover a broad range and it will be different for every child, depending on the child/parent and the care plan, plus any higher decisions that have already been made by a court. The most likely decisions a foster carer will be given delegated authority for will be about:

- Haircuts
- Dental and health check ups and basic treatment
- School trips
- Staying overnight at friends’ houses for a sleep-over
- Visits to friends’ houses
- Having friends to stay in the foster home
- Having an overnight stay with a relative/friend of the foster carer.

Delegated Authority is given by a signed form at the beginning of a placement, as part of the Placement Plan agreement. It is very specific for each delegated responsibility and the foster carer will need to take the signed form as evidence if asked for by the doctor/dentist/school. The purpose of delegated authority is to try to give a child in foster care a life that is more like friends and peers who are not looked after, so that their carer doesn’t have to keep asking for permission for such things as listed above.

By giving carers delegated authority to make decisions, it is expected that carers will make a risk assessment whenever they make a decision for a child. This is normal parenting: weighing up the situation, the risks, the positives and negatives. For foster carers, there is an expectation that they can explain their decisions and that they make some reference to it in their daily diary records. Remember, being a foster carer is different to being a parent because this is someone else’s child.

Here are some examples of diary entries explaining decisions:

- “I decided it was OK for child to go and play at friend A’s house as I have been there myself and have met A’s mum and have checked this visit arrangement with her. The house seemed safe and A’s mum will phone me if there are any problems. I arranged to collect child at x time.”
- “I have signed for child to go on school trip to London on x date. It’s a fully staffed trip and I know child will not run off and we have talked about keeping safe and what to do if you get lost.”
- “I have decided not to let child go to B’s house today. I haven’t been able to speak to B’s parents and it seems there won’t be an adult present, only B’s older
brother who is 16. It just didn’t seem safe enough, knowing how easy it is for child to get into arguments with friends.”

Making Risk Assessments
When you are thinking about making a decision, particularly a more complicated one, such as whether to let a child have a sleep-over at a friend’s house or go on a camping trip with a friend’s family, or the first time you let them go off on a train to another town for a day out with a friend, then you may like a clearer risk assessment to write down your thinking. You can use the form below, supplied by Cornerways, if you wish to, and also see the policy for foster carer risk assessments.

BASIC TEMPLATE FOR FOSTER CARER RISK ASSESSMENT

Name of child:

Activity being considered (eg swimming club /sleep over/holiday):

Who is going to be there?

Where is it happening?

Is there anything in this child’s history or behaviours I should think about or any other knowledge I have? (eg learning disability, vulnerability to strangers, limited sense of danger):

What am I worried might happen? (eg go off with a stranger, get lost, get bullied, fall off bike, take things):

How likely is the risk to happen?
VERY LIKELY
QUITE LIKELY
NOT THAT LIKELY

Can we do anything reduce the risk? (eg supervision, or doing it slightly differently):

Decision

Date
Mobile Telephones

Many young people have mobile ‘phones and this includes young people who become fostered. Phones and mobile communication are part of young people’s lives; our role is to try to help them use technology safely. It is important that this is discussed at Placement Agreement meetings so that there is a clear agreement about a young person having a phone, how it is funded and how it is used.

Mobile phones can make children vulnerable and it is important that Foster Carers help them to keep safe and be aware of dangers such as meeting strangers and having their phone stolen from them. Some children may be better served with a basic phone rather than a smart phone with access to the internet.

There may be health concerns associated with excessive use of mobile phones and using text messaging may well be healthier and cheaper! It may also be better for children to use headphones with their mobile.

No Cornerways foster children should have a contract for a mobile phone in their own or their Carers name. The pocket money allowance should be used for top-ups.

Please see also the comprehensive section on Safeguarding with regard to the risks from internet technology and social networking.

Babysitting (this does not include overnight supervision/responsibilities)

Cornerways Foster Children should not be left with any babysitter that has not been discussed with Cornerways and risk assessed by the Foster Carer. Your own children/adult children should not babysit your foster child unless they are aged over 21 years, and even then, you should discuss this with your fostering social worker before agreeing any arrangements. This is for their protection as well as for the well-being of the foster children. It may be appropriate for them to babysit for child A, but not child B. It will rarely be appropriate for an adult child to “babysit” a parent and baby placement.

Cornerways foster children should not be allowed to be babysitters for your children or any other children while they are in placement with you. Whilst this may seem prescriptive it is better to protect every child and young person’s welfare rather than take any risks.

Overnight Stays Away with Their Foster Carers

Where Foster Carers wish to take their foster child away with them for an overnight stay with the carer’s relatives or friends this may be agreed already under delegated authority. Where this is not the case, then it should first be discussed with Cornerways and with the child’s Social Worker (and parents where appropriate). The issue is about keeping children safe and protected within another home and with
different people around. It would be helpful if you could think through the risk assessment process.

It is important that foster children are never left by the Foster Carer in the sole care of another person who has not been risk assessed by the Foster Carers. Foster Carers can exercise delegated decision-making where this is agreed in the child's Placement Plan and delegated authority document and should always be able to explain their thinking behind making such arrangements.

**Overnight Stays Away For Foster Children with Their Friends (sleep-overs)**

Permission for overnight stays with a child's friends should be discussed at the time of Placement Agreement and detailed in the Placement Plan and delegated authority document. Children are often invited by their friend's families to stay overnight, and Looked After Children should not be denied this experience where it is considered safe. The Social Worker will determine at the start of the placement whether or not the decision to agree an overnight stay is delegated to the Foster Carer or not. If not, then the social worker must be contacted before any overnight stays with friends are arranged.

DBS checks are no longer required for the parents of foster children's friends. However, there is the expectation that any overnight stay will be carefully considered, that there will be a clear record of where the child is and with whom (this is to be recorded in the Foster Carers daily diary records), dates, times and how the Foster Carer decided that the overnight was OK (eg they contacted the friend's parents, popped round themselves, know the friend and family already etc).

**Holidays**

All children need the opportunity to experience different places and activities and Cornerways expects Foster Carers to take children on holiday every year. However, some children find changes of place and routines very difficult. For them a holiday away may feel frightening and unsafe. For them, staying in the foster home during school holidays, but having outings and activities locally may be very suitable. Many other children, however, will benefit from having a holiday away from the foster home with their Foster Carers, and we expect our Foster Carers to take most children for a holiday either in the UK or possibly abroad*. This should always be with the agreement of the child's Social Worker and often the child's parent(s) as well. The Social Worker will need full details of where the holiday is to be, the type of holiday and duration etc. Cornerways will also require all these details as well as details of travel insurance for both UK and overseas holidays.

*Foster children must never be taken out of the United Kingdom without the written consent of the responsible (Placing) Authority.
Passports
If a foster child requires a passport, then please see the following guidance provided by the UK Passport Service. It should be noted that a Foster Carer cannot provide parental consent for a passport application, only a parent or a person with parental responsibility, or a Local Authority Social Services Department who hold a Care Order or Interim Care Order can provide the parental consent for a passport application.

Unaccompanied Assylum Seeking Children (UASC)
Young people who are seeking asylum in the UK and are placed in foster care may well be unable to travel outside of the UK (depending on their immigration status). Where children cannot leave the country for a variety of reasons, carers should consider UK holidays, which could include PGL activity holidays, youth camps, camping and caravanning and other UK holidays. There is a holiday allowance available for fostered young people (see current foster payments policy for details).
Guidance notes for Social Services Departments when applying for passports on behalf of ‘looked after children’.

Introduction

These notes provide general advice for Social Services Departments when making passport applications on behalf of children subject to care/supervision orders or accommodated by voluntary agreement. They do not cover all aspects of the application process so must be used in conjunction with the passport information pack. This is especially important as, in addition to the requirements listed below, the person applying on behalf of the child will need to ensure they send the correct supporting documents (such as birth certificates) which are listed in the ‘How to fill in your application form booklet’.

The following information refers specifically to passport applications made on behalf of children subject to:

- Supervision requirements under section 70 of the Children (Scotland) Act.

Establishing British nationality

Since the British Nationality Act 1981 came into force on 1st January 1983, to establish that a child born in the UK is a British citizen it is necessary to provide documentary evidence that at the time of the birth, one of the child’s parents was a British citizen or was settled in the UK with no time limit on their stay. The booklet ‘How to fill in your passport application form’ gives more details and sets out the documentary evidence required.

Where the necessary documents are unavailable, it is not possible for the Identity and Passport Service to issue a passport unless you can provide a letter from the United Kingdom Border Agency (UKBA) confirming that they recognise the child as a British
citizen. These documents are known as “status letters”. To enquire about obtaining one, you should consult the Nationality Enquiry Team, United Kingdom Border Agency, PO Box 306, Liverpool L2 3QN, or telephone the Nationality contact centre on 0845 010 5200, or e-mail nationalityenquiries@ukba.homeoffice.gov.uk. You should make it clear in your enquiry that you need a status letter and you should be prepared to send UKBA any evidence of nationality you have. The UKBA has discretion to consider a wider range of evidence than IFS and to make a judgment on the balance of probabilities.

Please note that gathering the necessary documents can be a lengthy process, especially where the child’s parents are not co-operative or are out of touch. If a status letter is needed these can take up to 6 weeks to obtain.

Summary of Guidance

Social Services Departments are only entitled to apply for passports for a looked after child when they have parental responsibility. This is the case if they have obtained any one of the following in respect of the child:

- A Care Order under section 31 of the Children Act 1989 or article 50 of the Children (Northern Ireland) Order 1995
- A Parental Responsibility order under section 86 (and 11) of the Children (Scotland) Act 1995
- An interim Care Order under section 38 of the Children Act 1989 or article 57 of the Children (Northern Ireland) Order 1995

In any of the above cases the Social Services Department can apply for a passport on behalf of the child without the need for the consent of the child’s parents or anyone else who has parental responsibility for the child.

Social Services Departments may also obtain parental responsibility when they successfully apply for Emergency Protection Orders (for example under section 44 of the Children Act 1989). However, due to the short-term duration of these orders and the uncertainty of future arrangements, the Identity and Passport Service (IPS) will not normally accept an application made on behalf of a child subject to such orders.

In all other cases the Social Services Department does not hold parental responsibility and the application cannot be processed without the consent of at least one person who has parental responsibility for the child. This may be any of the following:

- a parent (natural or adoptive) who has parental responsibility;
- a guardian who holds parental responsibility; or
- any adult who has obtained a current Residence Order for the child.

A mother will automatically have parental responsibility for her child. A father will only have parental responsibility if:

- he was married to the mother at the time of the child’s birth; or
- he has obtained parental responsibility by means of a court order or parental responsibility agreement signed by both parents; or
where the birth was jointly registered by both parents, on or after 15 April 2002 in Northern Ireland, on or after 1 December 2003 in England & Wales, or on or after 4 May 2006 in Scotland.

If the passport application needs to be countersigned, the person acting as countersignatory must hold a valid British or Irish passport, and be willing to provide the passport number on the application form. Failure to meet these requirements will prevent the countersignature being accepted. The countersignatory is signing the application form to confirm they have known the applicant i.e. the person signing section 9 on behalf of the child, for 2 years. They do not need to have personally known the child for 2 years, but must be able to identify the child from personal knowledge.

The preferred method of application from Social Services Departments is for the Head of the relevant Social Services Department (or their deputy, area manager, or Principal Manager Community Care) to sign section 9, thus executing the parental responsibility they have acquired. The child’s Social Worker can act as countersignatory as they are the person best placed to be able to identify the child from personal knowledge and know the person signing section 9 for 2 years. Please note that any suitably qualified person who holds a current British passport may countersign the form provided they have the requisite personal knowledge of the applicant and the child. Please refer to the Directgov website for a list of suitable countersignatures.

The preceding summary is dealt with in more detail as follows:

1. Full Care/Parental Responsibility Orders

If the child is subject to a Full Care Order under Section 31 of the Children Act 1989, Article 50 under The Children (Northern Ireland) Order, or a Parental Responsibility Order (Scotland), then the Social Services Department will have automatically acquired parental responsibility. They will therefore be able to provide consent to the issuing of passport facilities for the child.

Application Procedure

The preferred method for such an application is for the Director of the Social Services Department in question (or their deputy, area manager, or Principal Manager Community Care) to fill in the application form on behalf of the looked after child.

The sections needing to be completed for the type of passport required are stated in the booklet ‘How to fill in your passport application form’, which can be found in passport application packs. An example is for a first child passport, which would require sections 1, 2, 3, 4, 5, 9 and 10 to be completed with section 6 depending on the age of the child. For example:

- If the child is 12-15 years old they will need to sign section 6 of the form. The Head of the Social Services Department would sign the declaration in section 9.
- If the child is 11 or under the Head of the Social Services Department will need to fill in the application form and sign the declaration in section 9. Sections 6 can be left blank.

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It is important to fill in section 4, providing the natural parents details. Birth in the United Kingdom after 31.12.82 does not automatically make the child a British Citizen. We will need to establish that the child is eligible through the parents either being British Citizens or settled in the United Kingdom at the time of the birth. We will require documentary evidence to substantiate the claim to British Citizenship (please see the table in the booklet ‘How to fill in your passport application form’). If the parents were unmarried at the time of the child’s birth, and have not subsequently married each other British nationality is usually claimed through the mother if the child was born before 1 July 2006. However changes in legislation from this date allow unmarried fathers to pass on citizenship in certain circumstances. Please see the table in the booklet ‘How to fill in your passport application form’ or call our advice line if you require further information (0300 222 0000). If any of these details are unknown or, if the documents required cannot be obtained, we will be unable to issue a passport.

Where a child’s valid passport has been lost or stolen, a form LS01 will need to be completed at the same time the application is made. In addition we will require the person who applied for the missing passport to confirm that the passport is no longer available. If the original applicant was a parent, a letter should be submitted with the application and LS01, confirming the loss/theft of the passport.

The Social Services Department should provide a letter showing the section of the Act under which the child is looked after and the name and address where the passport and documents are to be returned.

In addition a copy of any Interim Care Order should accompany the letter. This must show the date the order expires. (See note 2)

If any part of this information and/or relevant documentation is missing the application will be delayed while we contact the Social Services.

After the form is completed, the child’s social worker can act as the counter-signatory in section 10 provided they have a British or Irish passport, although any suitably qualified person who holds a current British passport may countersign the form provided they have the requisite personal knowledge of the applicant and the child. One of the child’s photographs should also be certified as a true likeness of the child.

If the Social Services Department has previously applied for a passport on the child’s behalf and are applying for a renewal or extension, they should provide a letter outlining the circumstances mentioned above and state that these have not changed.

The passport and documents will be sent directly to the Social Services, rather than the foster parents, unless requested otherwise as applications for children subject to a full Care Order must be made through the relevant Social Services Department. The passport will be addressed to the Director of Social Services, and a member of staff may need to sign for it. Foster parents cannot apply directly on behalf of the child and must make any application with the permission of and through the Social Services.

The Social Services Department should note that where a Care Order is in place, it will not be able to remove the child from the UK for a period of more than one month without the consent of every other person who has parental responsibility for the child.

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2. Interim Care Orders

If the child is subject to an Interim Care Order then the conditions and guidance to fill in the application form are the same as those for the Full Care Order. However, the Interim Order will need to be valid on the day we issue the passport. If it is not valid the Social services will have to reapply to the courts before making a passport application. A copy of any Interim Care Order must be included with the application. This must show the date the order expires.

Application Procedure

The application procedure is the same as that detailed for Full Care Orders above.

3. Provision of Accommodation under Section 29 of the Children Act 1989/Supervision Requirements (Scotland)

If a child is subject to the provision of accommodation or Supervision requirements (in Scotland), the Social Services Department will not be able to apply for passport facilities for the child without the consent of a parent, guardian or other person with parental responsibility. If the child’s parents have been married to each other then either can provide consent. If the child’s parents have not been married, then the mother will need to provide the necessary consent (unless the father has acquired this right by way of a court order or written agreement with the mother or under the provisions of the Family Law Act (Northern Ireland) 2001, the Adoption and Children Act 2002, or the Family Law (Scotland) Act 2006 where the birth was jointly registered by both parents, on or after 15 April 2002 in Northern Ireland, on or after 1 December 2003 in England & Wales or on or after 4 May 2006 in Scotland).

Where a child is accommodated and the whereabouts of a person with parental responsibility is unknown, the Social Services Department should explain in full why they have given consent in the absence of a person with parental responsibility. The letter should provide details of how long those with parental responsibility have been missing and detail what steps have been made to locate them. Consideration will be given to issuing a passport, dependent upon the individual circumstances.

Where a child is accommodated and the whereabouts of a person with parental responsibility is known, but consent to passport facilities are withheld, IPS will be unable to issue a passport.

Please note that foster parents cannot provide parental consent for passport applications.

Application Procedure

The sections needing to be completed for the type of passport required are stated in the booklet How to fill in your passport application form, which can be found in passport application packs. For a first time application, the process is the same as previously explained, although a person with parental responsibility should sign section 8, rather than the Social Services Department (making sure they provide all the details requested in section 4 and supporting documentation as indicated in the aforementioned table).

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Where a child was previously included on a parent's passport it will need to be submitted for the child's details to be deleted. A passport will not be issued unless this is done.

Where a child's passport has been lost or stolen, a form LS01 will need to be completed at the same time the application is made. In addition we will require confirmation that the passport is no longer available from the person who applied for the missing passport. If the original applicant was a parent, a letter should be submitted with the application and LS01, confirming the loss/theft of the passport.

Once the application has been completed and the declaration signed by the person with parental responsibility, the Social Services Department is able to act as the counter-signatory (although any suitably qualified person who holds a current British passport may countersign the form provided they have the requisite personal knowledge of the applicant and the child). This can be either the Head of the Social Services Department or the Social Worker provided they have a British or Irish passport.

Once again, the Social Services Department must also provide a letter stating which section of the Children Act (or other legislation) the child is being accommodated under, and confirming the name and address to which the passport and documents should be returned.

Applications for a child’s first passport are not eligible for the same day Premium Service and such applications will normally take a minimum of one week to process if presented at a public counter. Social Services Departments should however apply as soon as travel is planned. Your attention is drawn to the details of our services on page 24 of the booklet in the application pack and we advise you not to book any travel arrangements until you receive the child’s passport. When a premium service can be obtained, the accompanying letter must also confirm who is to collect the passport.

The passport and documents will normally be sent to the Social Services Department. The passport and documents cannot be sent directly to the foster parents unless requested in the letter that accompanies the application. We now return all passports by secure delivery, the passport will be addressed to the Director of Social Services and a member of staff may need to sign for receipt of the passport.

If you have any queries regarding filling in the application form please contact the Passport Adviseline on 0300 222 0000.

Identity and Passport Service
Policy Section
Jan 2009
SECTION 16

HEALTH & SAFETY
(including ONLINE SAFETY)

IN YOUR

FOSTER HOME

- General Health & Safety
- Household & Garden
- Car
- Smoking (including electronic cigarettes)
- Internet and Online Safety in your Foster Home
Health & Safety

Health and Safety is an important part of the safe care you provide for foster children. Children coming into your home will be particularly vulnerable to accidents and incidents because they are in a new and unfamiliar environment.

When a child or young person is placed with you, the responsibility for their everyday welfare and safety becomes yours. Like any responsible adult, you must take proper care of them both inside and outside the home in keeping with the child’s age and understanding.

The most important aspect of Health & Safety is PREVENTION of accidents and unintentional injury, by taking positive actions and by teaching children and young people about being and keeping safe.

You need to remember that some children and young people will not have experienced a home life that you take for granted such as hot running water from a tap, a knife and fork, cars, drinking glasses, ponds or pools, liquids in the home that may be chemicals, hair shampoos/bubble bath, pets, hot stoves, fires, electricity, gas, etc.

During your assessment as Foster Carers you will have undertaken a Home Safety check of your home and garden. This will have alerted you to issues around your home and garden. This Home Safety assessment will be reviewed at least annually and it is important that any issues highlighted are addressed and made safe. Understanding of the regulations and good practice do develop over time and it is important that foster homes remain safe and in accordance with good practice. You should inform Cornerways of any changes to your home (eg. building works, extensions, etc), and this may necessitate a Home Safety review taking place.

Thinking about and reducing the following risks will help you to achieve a safer home environment for foster children. Remember, that the hazards you need to be safeguarding against present high risk of injury and death.

Serious injury and death do occur in homes where people thought it was a safe environment. Taking these risks seriously is essential.

The greatest unintentional injury risks to children in the home are:

- Fire related
- Falls (the most common cause of death in under 5’s and most common cause of hospital admissions)
- Burning and scalds
- Poisoning
- Strangulation and suffocation (the highest number of accidental child deaths to children under age 5 at home result from choking, strangulation or suffocation)
- Drowning (the second most common cause of death in under 5’s)
- Cutting and crushing.
Here are some actions you can take to reduce the risk of unintentional injury in each of these areas:

Fire related risk reductions:
- Fit smoke alarms on every floor
- Consider smoke alarms in bedrooms with large amounts of electrical equipment
- Change batteries in smoke alarms annually
- Change the smoke alarm unit every 10 years
- Test alarms monthly (this is 2016 government advice)
- Have a fire plan
- Use spark guards for open fires
- Sweep used chimneys regularly
- Be aware of fire/toxic risk from very old furniture/cheap import furniture

Reducing risk from falls:
- Maximise safety around stairs, landings and upstairs windows
- Maximise safety around bunk beds and furniture that can be climbed on
- Never leave babies (or car seats/bouncing seats) on raised surfaces
- Use safety gates at the bottom of stairs or in doorways
- Safety gates must comply with standards and be well fitted (gaps must be 6.5cm for under 18 months and 10cm for over 18 months)
- Remember children will start to climb gates at some point!
- Ensure window safety catches are child resistant not child proof
- Teach children about the dangers of climbing, upstairs windows, etc
- Ensure straps are strong on buggies, high chairs, etc
- It is probably best to simply avoid using baby walkers as they have no developmental benefits and are associated with the most accidents of all baby equipment. If used, ensure the area is safe and the child is supervised.
- Keep outdoor play gear in good condition and consider the ground on which it is being used
- Trampolines should always have a safety net.

Reducing risk from burns and scalds:
- Think about where children are when there is cooking going on/kettles are being boiled
- Think about where children are when hair straighteners/dryers and irons are being used
- Use fire guards for all fires that children could fall towards or touch
- Don’t put beds next to radiators
- Think about water temperature; children burn/scald easily. Run cold water in the bath first and always supervise
- Think about hot drinks; even if made 15 minutes previously, it can still burn. Never have a hot drink near a baby or in reach of a toddler.
- Think about sunburn; sunlight is important by sunburn can lead to cancer in later life.
Reducing risk from poisoning:
- The age group most at risk is 1-4 years
- Poisoning can be from medicines, shampoos, cleaning products, cosmetics, garden and garage products, batteries, alcohol, e-cigarette liquids, plants, DIY products, carbon monoxide
- Keep poisonous and harmful substances locked away, out of sight and/or out of reach
- Remember child resistant containers may not be child proof
- Teach children about the dangers and make adjustments for older children or an individual child’s issues
- Fit carbon monoxide monitors near all appliances that burn fuel and test when the smoke alarm is tested
- Regularly service fuel burning appliances.

Reducing risk from strangulation and suffocation:
- This is the highest cause of accidental death at home in under 5’s
- Be aware of the dangers from plastic bags, nappy sacks, small items and parts of toys (of older children)
- Be aware of the dangers from curtain and blind cords, rotary washing lines, ropes and other cords
- Do not use pillow, bumpers or quilts in cots
- Do not parent-baby co-sleep.

Reducing risk from drowning:
- This is the second most common cause of death in under 5’s
- Ponds, swimming pools and standing water should be covered or secure; gardens should be secure if neighbours have these hazards
- Never leave babies or young children in the bath unsupervised
- Remember bath seats are not a safety product.

Reducing risk from cutting and crushing:
- Store sharp objects away from small children; remember DIY and garden tools as well as knives and scissors
- Think about individual child risks, eg. certain teens with access to knives
- Think about glass; have safety glass below 1 meter
- Consider whether large items such as TVs could fall and crush a child
- Consider finder crushing by doors, especially for young children. Anti-finger trapping devices are inexpensive.

**General Expectations within Foster Homes**

The indoor and outdoor environment should be safe, secure, clean, well maintained and kept to a good hygiene standard.

Rooms should be well lit and well ventilated with windows that can be opened, are safe and can be securely locked.
Bathroom/shower and toilet facilities must be accessible, private and kept clean and hygienic.

Stair gates/ door gates should be used and be securely fitted when necessary.

Balconies and windows must be able to be securely locked.

All electrical appliances should be safe and conform to British Safety Standards.

Dangerous or potentially dangerous kitchen equipment or household tools should be securely locked away.

Do not give young people the responsibility for babies, toddlers or young children.

Do have a well-stocked first aid kit.

Keep all plastic bags, ribbons and strings and similar materials away from babies and young children. Remember belts, ties, apron strings, trailing flexes, washing lines and blind curtain ties/cords.

Low level glass on windows and doors should be toughened, laminated or taped.

Do not allow a young child to walk around carrying a glass or other dangerous object.

Do use safety straps for highchairs, pushchairs and prams.

Do ensure stairs are safe, banisters are secure and stair carpets unworn. Spindles must be less than 100mm apart and vertical to meet Regulations.

Upstairs, low level opening windows should have an effective restraint mechanism.

NEVER fill old juice/drink bottles with potentially dangerous liquids.

Do teach children to tidy away toys when they have finished playing with them and be mindful of the danger to them and you of toys left on the floor, particularly at the top of stairs.

Do make sure any DIY tools are kept safely away from inquisitive children!

Remember that batteries can poison or kill a child if put in their mouths or swallowed.

**Kitchen/Bathroom**

Ensure there are no dangling iron/kettle flexes or tablecloths, and that saucepan handles are not accessible.

There must be facilities for safe and hygienic storage and preparation of food and drink.

Beware of peanuts and other small objects. These can be put in the mouth, ears and nose by small children. Additionally, be aware of any peanut allergies.

Store plastic bags safely, they are very dangerous to children.
Store knives, razors and scissors safely and out of sight.

Keep matches/lighters out of sight and reach of children and young people.

Never leave a young child alone in the kitchen or bathroom.

Teach children safe cooking habits.

Keep all medicines locked away and out of reach of young children or vulnerable teenagers.

Run cold water to the bath before adding hot water to avoid accidental burns.

**Fire**

Your foster home should be appropriately heated and ventilated. You should not use Calor gas or Paraffin heaters.

You must have effective smoke detectors that are checked regularly. A smoke alarm should be on each floor of your home.

You should have a carbon monoxide monitor if you have an open fire/woodburner or gas/oil boiler in the home.

There must be appropriate fire guards in front of open, gas or electric fires and you must be aware of any risk of burns from radiators.

You should have a family ‘Fire Plan’ i.e. what to do and not do in the event of a fire in the house.

All gas and electrical appliances should conform to British Standards and boilers must be serviced regularly.

Chimneys should be swept regularly in accordance with a chimney sweeps certificate.

Do not allow smoking upstairs in your home and be very aware of where any cigarettes, matches and lighters are kept and how cigarettes are extinguished.

Teach children and young people what to do in an emergency, show them how to dial 999. The Local Fire Service will come to your home and advise you about Fire Safety precautions, if this is something you would like.

**In the Garden and Outside the Home**

Your garden furnishings and play equipment should conform to British Standards and be regularly maintained.

All external areas of the property should be well maintained and kept safe.

Garages, sheds and greenhouses should be locked and the contents safely stored.

Use a current breaker when mowing or strimming in the garden.

All pits and manholes should be filled in or safely covered.
Ensure you are aware of any poisonous leaves, berries or seeds, etc. in your garden.

All fences and gates should be checked regularly for security and any damage rectified.

If you have any play equipment (swings, etc.) check regularly that bolts and screws have not worked loose.

Trampolines are not permitted for foster children due to insurance restrictions. If you want to have a trampoline, you will need specific Foster Carer home insurance, and the trampoline needs to be covered as a specific activity. The trampoline must also have a net.

Cover sandpits when not in use and supervise children when they are playing in the sandpit.

Take great care with paddling pools, ponds, swimming pools and water butts. Children can drown in a few centimetres of water. Ponds and swimming pools must be inaccessible or, in the case of ponds, covered by a grill. Paddling pools should be emptied or securely covered. Water butts need secure covers.

Always supervise children when they are near water, and don't be distracted by the telephone or cooking.

Teach children the basics of road safety as early as possible.

Ensure that children can be seen at night if walking along the road.

If children use bikes ensure that these are checked for roadworthiness and that children take up the opportunity to achieve their Cycling Proficiency Test. Children should always wear cycling helmets.

**Car Safety**

You are expected to maintain your vehicles to MOT requirements and to ensure your car is suitably insured. You should inform your insurers that you are a Foster Carer; some may require you to have business insurance to ensure your foster child is covered. You must only carry the number of passengers in your car that there are seats for; any overloading could nullify your insurance.

Seat belts must be used, and car seats/booster seats must be used for children and babies in accordance with current law. These must be fitted according to manufacturer's instructions.

Do not carry a child on your lap in the car.

Do not purchase second hand car seats.

Never leave a young person in a car alone.

Remember to keep your vehicle locked and your keys out of sight.

Do not smoke with children or young people under 18 in your car - this is now a legal requirement.
Smoking and the use of e-cigarettes in Foster Homes

Cornerways has a policy for smoking of tobacco and the use of e-cigarettes in foster homes and by Foster Carers. The policy reflects that children and unborn babies' health is the priority alongside trying to ensure that children do not have smoking activities modelled to them, but instead receive messages about health promotion and health risks.

Cornerways Foster Carers are asked to promote non-smoking for young people and to avoid smoking when there are children and young people present. It is now law that adults cannot smoke in a car where there are children aged under 18 present. It is essential that Cornerways Foster Carers have a policy of no smoking upstairs in foster homes. This is a significant fire risk reduction.

Carers who smoke will not be approved for children under the age of 5 and this will also apply if there are smokers living in the carers' household.

Managing Smoking Behaviour in young people

It is illegal for under 18s to buy tobacco or e-cigarettes or e-cigarette liquids; it is also illegal for an adult to buy these products on behalf of someone under 18. Young people who already smoke may need a great deal of help and encouragement to give up smoking, including support to get health advice from their GP, and possibly using smoking cessation aids, like nicotine patches. Foster Carers must not buy tobacco for young people. This can present a real dilemma for carers who may worry about who a young person is approaching to (illegally) purchase tobacco for them or the difficulties when a trafficked child, used to smoking, is unable to go to the shops alone themselves, but their carer also cannot provide them with tobacco. These issues should be discussed openly and frankly with Cornerways and the child's social worker as a prompt visit to a smoking cessation service may be necessary.

Carers should be clear in their safe care policy or fire policy that there must be no smoking upstairs. Some carers may wish to have no smoking at all in their home.

E-cigarettes / vaping

The contribution that e-cigarettes can make to the process of giving up smoking tobacco is recognised by Cornerways and carers giving up smoking will be supported and encouraged by Cornerways. Carers using e-cigarettes must not do so in front of children and young people who they foster (at home, in the car or outside the home).

The liquids used in e-cigarettes are highly toxic if swallowed, so it is essential that carers store these well out of sight and reach of children and young people.

Where Foster Carers are providing parent and baby placements, this may be for a parent who is a smoker. This needs to be considered at the point of referral and placement planning meetings. Foster Carers are under no obligation to allow smoking in their home and, for the baby's health, the parent should be told that they can only smoke outside and must wash their hands before resuming care of their baby. There are health risks associated with babies of parents who smoke and current advice should be sought and followed from a health visitor or midwife.
Internet and Online Safety in the Foster Home

This is a topic that changes very quickly as a result of developments in technology and regular revisions to advice and guidance provided by national safeguarding organizations. Foster carers should, therefore, also check the current Cornerways policy (policy 36) to see any recent changes to safety guidance, and use the websites of Childnet, NSPCC and CEOPS.

www.o2.co.uk/help/nspcc  www.ceop.police.uk

The Internet offers both young people and adults great opportunities to develop knowledge, have fun and communicate with other people. However, like some other aspects of our modern lives, it can be inappropriately used by people who would wish to take advantage and harm others. This is a real concern for any responsible parent or Foster Carer. Cornerways wishes to provide information for Carers (and staff) and has expectations of Carers that will support them in enabling children and young people to fully benefit from using digital technology while also keeping children safe when using such technology, the Internet and social media. We now live in a digital age; children and young people need to learn to use digital and information technology safely and productively if they are to function on an equal footing with their peers - at school, college and in the work place.

The internet can be accessed by all sorts of different devices, including gaming systems/ handsets (eg. x box), some televisions and of course tablets, mobile phones and computers. Stopping children accessing the internet is extremely difficult, and generally is not an expectation for many young people unless it is a requirement by the Police or local authority within a safeguarding plan or a bail condition. For most children and young people the main role and challenge for carers is in helping children and young people use the internet safely, in an age appropriate manner and balancing it with other activities and interests. Carers should remember that even if parental controls are applied to the broadband wifi within the foster home, as soon as the young person is outside they can access the internet at friends' houses, on friends’ (or others’) phones, at school, at the library, etc. This is why it is important to teach young people about recognizing risks, keeping safe, and about what to do and who to tell if they are frightened, approached or worried by anything on the internet.

Mobile Phones: One question foster carers do ask is how old does a child need to be to have a mobile phone and what sort should it be. There are no specific rules, but in reality young children don’t need a mobile phone. If there are contacts to be maintained with birth family these can be done using the carer's house phone or the carer's mobile phone. Birth parents may wish to provide young children with a phone, in which case it is very important to have house rules about where and when phones can be used, including not having them at night or at school. This should be covered in the placement plan. The child's social worker may have a view about the child having or using a phone. Do remember that there are phones available that do not have internet access and can only be used to make phone calls or send texts. When children go to secondary school this is often a time to consider them having a mobile phone, especially if they are travelling alone for the first time. However the school rules about phones must be understood.
and adhered to. At this age, having a simple phone without internet access may be most suitable. Remind children to have a password on their phone (or on any device) so that others cannot use it to potentially cause trouble for your child.

Remember! Passwords are like a toothbrush, change it regularly and don’t lend it to other people!

Cornerways foster carers must not enter into or guarantee any contract for a phone for a child they are looking after, and only pay as you go are appropriate.

Once a young person has a mobile phone with internet access it becomes very difficult to control their access to the internet. Controls can be applied to the device but a young person could undo those.

Foster carers own phones are also at risk of being used or accessed and carers are therefore advised to have a password or passcode on their phone and not to tell young people what it is. Carers should change the password/code regularly, and not assume that children and young people can’t work it out …. They can and do!

**Online safety:** Keeping safe online is in part about using parental controls within the home and having some house rules about where devices are used or maybe until what time of the evening or for how long at a time, and this needs to adjust with different ages of child and different children's skills and vulnerabilities. These issues should be discussed in placement plans and revised regularly. The old style of keeping the family computer in the living room no longer works as protection when children have tablets, games gear and internet phones that they can use anywhere. Teens need to be able to study in their bedrooms and often school work is online. Some foster carers may find it useful to have an internet use agreement for their household that everyone participates in and agrees to. For all carers and young people, the really important thing is to keep talking to each other, for carers to be available and interested, and even if you think you don’t understand technology, you can still understand if a child is worried or frightened and you can seek action and help for them.

Potential online risks can be grouped into 4 categories, the four “C”s:

**CONDUCT**

**CONTENT**

**CONTACT**

**COMMERCIALISM**

**Conduct:** Children need to be aware of the impact that their online activity can have on themselves and other people, and the digital footprint they create on the internet. It is important that they are aware who is able to view, and potentially share, the information they have posted. It is important not to share personal information with strangers (and to think about who is a stranger). Encourage children to be respectful and responsible when communicating online and discuss with them the importance of reporting inappropriate conversations, images and behaviours.
Content: Some content on the internet is not suitable for children and may be harmful. It may be found on websites, blogs, social networks and game sites. It may be violent or sexual and can include websites that have extremist content for example about self harm, suicide, eating disorders, or promoting radicalisation. It is important for children to learn to consider the reliability of information and to be aware that not everything written is true or without bias. They also need to be aware that not all downloading is free and that illegal downloading is a crime.

Contact: It is important for children to realise that new friends made online may not be who they say they are. People can lie about their age and gender and have dangerous motives for wanting to be friends. Children need to remember that once a friend is added to an account you may be sharing your personal information with them, so it is worth reviewing your friends list regularly and removing unwanted contacts. Privacy settings can usefully help you control who sees your personal information. There are real risks of unwanted contact from adults who wish to groom and abuse children online, or try to meet them to abuse them. Talking to children about these risks and about ways to reduce risk is very important, as well as ensuring they can tell you or a trusted adult if they have been approached or contacted inappropriately. Bullying (cyberbullying) also features within contact risks and it is important that children can talk about this and that it can be stopped.

For some children in foster care there may be particular contact issues relating to people trafficking, CSE and gang threats as well as unhelpful contacts from family members.

Commercialism: Young people’s privacy and enjoyment online can sometimes be affected by advertising and marketing schemes and by scams, spam and pop-ups. They may inadvertently spend money online within (gaming and other) applications. It is important to encourage children to keep personal information private, learn to block pop-ups and spam, turn off in-app purchasing and use a family email address for filling in forms.

Positive Foster Carer actions to promote safe use of the internet, mobile phones and devices and to help children and young people with internet safety

• Attend group or online training provided by Cornerways about online safety.
• Check out online resources for parents /carers and young people and keep up to date.
• Password /passcode protect your internet access, your phones, computers and devices, and change passwords regularly. Don’t assume children can’t recognise the pattern of your passcode! They can!
• Ensure children and young people password their devices. Remind children to change their passwords, just like their toothbrush; you don’t keep the same one forever and you don’t share it with other people!
• At the start of a placement discuss internet access, social media, phones and devices to have an agreement between foster carer, parent and social worker, to agree the ground rules for internet and mobile phone use and to identify the
risks in a risk assessment of people a child should not have contact with. Remember that skype may be a useful mode for contact with family members.

- Follow a placement agreement /safety plan for your child and remember to get it updated as a child gets older and situations change.

- Ensure you have your child’s mobile number and that they have yours.

- Engage in conversations with children and young people about using the internet and social media safely. Look at useful websites or leaflets together. Be clear that you know the internet is exciting and engaging but that you also know it can be used unsafely and that young people can come and tell you if they are worried or frightened.

- Talk to young people about the images they have of themselves on social media, eg, on their profile. It is far better to have a photo of a pet than of themselves online.

- Demonstrate the positive use of the internet for learning, fun and communication.

- Include internet use in your safe care policy, including telling young people about the dangers of sharing personal information, never meeting up secretly with people you have met online, never assuming people are who they say they are online. Consider making a Family Agreement about internet use.

- Explain to children what information about them is personal, i.e. email address, mobile number, school name, sports club, arrangements for meeting up with friends and any pictures or videos of themselves, their family or friends. Small pieces of information can easily be pieced together by predatory adults to form a comprehensive insight into a child’s life and daily activities.

- Explain to children and young people about violence and porn in an age appropriate way, ensuring they can tell you if they access or see material that worries or frightens them.

- Explain to children and young people about the positive use of cameras on devices for recording life events and experiences and the negatives and risks of posting photos online, including the criminality of sending or posting nude photos of young people aged under 18 online, including nude pictures of themselves.

- You may consider being a "friend" on your child’s Facebook page (or other social network site) - this will give you access to the site and you will be able to see with whom your child is having contact. You should also carefully consider, however, what you post on your own Facebook page if you are giving young people access to it. Be clear with your fostering social worker if you are a child’s "friend" on social media.

- Make sure you understand the tools; you do not need to be an expert in all aspects of information technology, but it helps to have a working knowledge of a computer or device your child is using. There are websites that will help you with this.
• Use your Internet provider’s parental controls/filters, install software to protect your computer’s security including appropriate filters on any devices.

• Check the history of sites accessed on computers/devices regularly. Discuss with your child why they have wiped history if you are concerned about the sites they are using.

• Ensure films and games viewed and social networking sites your child is signed up to are age appropriate. Films are age rated (U, PG, 12A, 12, 16, 18, etc). Games use PEGI age criteria and social networking sites (like Facebook, Instagram, Snapchat) are recommended for age 13 years and over.

• Be careful which sites the rest of the family visit, remember to log out from websites. Children may gain access to inappropriate material through linked sites and pop ups.

• Use a family email address for shopping and online forms.

• Use the free technology available (pop-up blockers and spam filters) and your good judgement: don’t reply to spam!

• Report any concerns about illegal or inappropriate online items through the relevant website’s channels.
SECTION 17

MANAGING CHILDREN'S BEHAVIOUR & BUILDING RESILIENCE

- Ordinary behaviour management for ordinary behaviour
- Understanding and working with challenging behaviour
- The importance of resilience
- Building resilience in children and young people
ORDINARY BEHAVIOUR MANAGEMENT FOR ORDINARY BEHAVIOUR

One of the challenging aspects of caring for other people's children in foster care is that sometimes ordinary behaviour gets thought of as difficult or that it may have roots in a child's past trauma, abuse or neglect.

It is always worth asking oneself "is this in fact quite ordinary behaviour?", such as the 'terrible twos' as a child starts to see themselves as a person in their own right, teenagers seeming to want to sleep all day or forgetting to keep in contact when they are out and the moodiness with occasional rudeness that young people may be displaying as their hormones change and surge. It is not particularly unusual for young people to think about trying alcohol or smoking and to begin exploring sexual relationships with other same aged young people. T is when these behaviours become extreme, self-destructive or all consuming that they can be recognised as being 'challenging behaviour'. Of course, some of these behaviours are also illegal. Rivalry between siblings may be ordinary when it is bickering and teasing each other, but when it becomes physical harm that is no longer acceptable.

Ordinary behaviour needs an ordinary approach of positive parenting with clear expectations and boundaries, consequences and, when appropriate, some ignoring and slack. It is challenging behaviour that needs a different style of interaction and interventions so that children and young people (and carers) are kept safe, young people are able to learn to manage themselves and so that everyone can continue to live together positively.

UNDERSTANDING & WORKING WITH CHALLENGING BEHAVIOUR

INTRODUCTION:
Cornerways Fostering Services recognises that the likelihood of having to face challenging behaviour, which may lead to injury and/or verbal abuse in the foster home is a genuine concern for many of our Foster Carers. It is also recognised that aggression can be a feature of behaviour that may be an element of youngsters' need to be looked after, and trying to understand some of the causes of this are important. Because foster carers are quite likely to face conflict and challenging behaviour at some point during their fostering work, it is helpful for Foster Carers to have strategies for dealing with violent or aggressive confrontations, just in case they arise. This can apply equally to younger children and older adolescents.

This section will give you an understanding of possible causes for children / young people to behave in an aggressive manner. In addition advice will be given on helping children / young people to manage their behaviours. What you can be confident of is that Cornerways Fostering Services operates a 24 hour service so you always have access to an experienced supervising social worker to talk to.

Cornerways aims to equip foster carers with the tools that they need to care for very traumatised children / young and turning their lives around in order that they will
succeed as they take their place in the adult world. This is not an easy task for foster carers or for the children themselves, and there are no quick fixes to mend the pain and trauma that many children have experienced before coming to your care.

Cornerways is committed to developing foster carers skills and knowledge by providing a variety of training courses with a clear focus on working with trauma. Your Personal Development Plan will have identified your strengths and needs as well as training that will need to be achieved. It is really important that you attend all courses identified because this will enable you to provide a holistic approach to parenting children / young people that you care for. It is particularly important if you have little or no experience or knowledge of managing difficult / challenging behaviour or attachment styles as a theory of child development. Speak to your supervising social worker who will let you know when the next course will be in your area.

POSSIBLE CAUSES OF CHALLENGING BEHAVIOUR:
The factors causing and / or maintaining challenging behaviour are varied and complex: youngsters may well have experienced aggression, humiliation, loss or helplessness at home or at school during their childhood. Circumstances that are threatening create feelings of fear and insecurity, and may well provoke an aggressive response. Fear of humiliation or a sense of being ignored, undervalued or misunderstood, with feelings of low self esteem, may be countered by strong aggressive reactions. Other youngsters may respond by becoming withdrawn and uncommunicative.

Sometimes, aggression is used to cover up feelings of depression. In some rare cases, aggressive behaviour may have an organic cause, or may be evidence of a psychopathic disorder. Many youngsters who are looked after may be ill-equipped to recognise or express their feelings, they may not even be able to name a feeling, or may confuse different feelings. A lack of success in achievement, being misunderstood or not valued by others can result in feelings of confusion and low self-esteem.

Behaviour occurs within a social context in an environment and good practice indicates that environmental factors need to be acknowledged alongside personal characteristics of any child / young person when considering appropriate intervention to modify and change the undesirable behaviour. Remember that children with relationship problems will not respond to the ordinary behaviour management you might use with your own birth children. You will need different tactics to care for these children.

THE REFERRAL PROCEDURE AND UNDERSTANDING A CHILD'S PAST:
When a referral is received from the local authority every attempt to obtain information on potential or actual challenging behaviour and ways in which behaviours are currently being managed, e.g. de-escalation (calming everyone down), input from the Childrens’ Mental Health Service (CAMHS). This information isn't always readily available therefore it is important to have a basic understanding of managing behaviour in the first instance. This will be discussed more fully later.

Where a placement is made in an emergency the local authority will endeavour to collate all relevant information regarding a child’s / young person's presenting behaviours and this
information should be shared in the placement agreement meeting, which should occur within the first week of the moving in date and Cornerways Family Placement Social Worker will complete a Placement Risk Assessment to include how behaviour will be managed. See appendix 1.

Carers should endeavour to know a youngster’s circumstances well enough to understand factors and situations that may lead to or trigger aggressive behaviour. Carers need to be aware that they may be unconscious of personal mannerisms and phrases which may recall a youngster’s memories of past bad experiences (you may look/smell/sound like someone who they have been hurt by in the past).

RELATIONSHIPS AND HOW THEY AFFECT BEHAVIOUR:
Infants are born sociable. They are naturally programmed to interact with other humans; they are vulnerable and totally dependent upon their caretakers. Attachment behaviours e.g. crying, smiling and clinging are designed to attract adult attention and care to ensure the infant’s protection and survival. Infants experience hunger, pain, as uncomfortable and stressful situations, however, if their care giver responds to those needs the baby will be soothed, making their world more secure and trustworthy and a secure relationship develops with the care giver. The more the primary care giver is attuned to the infant’s behaviour the stronger the relationship becomes. The infant feels calm and safe and in time will be able to move away from the care giver and explore their environment. In contrast where the infant’s needs are not met by their caregiver then this can lead to the baby/toddler feeling anxious and reluctant to explore their world. The infant will in turn learn to adapt their behaviour to survive neglect and abuse (maybe by never crying, by hiding when adults are loud, by being very noisy and boisterous to get any attention, by developing eating problems). In these situations, as infants develop, their cognitive function is affected leading to brain damage and developmental delay.

Children that come to Cornerways Fostering Services may have experienced multiple moves between parents/family members or foster homes, creating on-going disrupted relationships, and may experience significant difficulties in their ability to make relationships and the way they behave with people and manage their needs and feelings.

Avoidant attachment style: The infant / child may focus on their toys / belongings and appear competent but with neutral effect. These children / young people may be over friendly with strangers and they tend to be self reliant and will go to great lengths to avoid intimacy.

Ambivalent / resistant attachment style: This infant / child can become extremely distressed and fearful of separation but will seek and resist contact when reunited. These children / young people can be very difficult to console and on the one hand they can be very demanding and aggressive or very passive.

Disorganised attachment style: This infant / child has no clear behavioural strategy to relate to his / her caregiver. These children / young people may show a range of contradictory behaviours, clinging one minute and averting his / her gaze the next.
Behaviour can be very confused and disorganized and in an extreme form this infant / child will refuse to engage in relationships.

During the Skills to Foster training you will have been introduced to attachment theory and it is really important that you develop your skills and understanding of this subject by attending training courses offered by Cornerways Fostering Services.

If all this seems complex to us as adults, imagine how the world, adults and physical and emotional feelings must seem to a child who has learnt that no one can be trusted, including themselves, that nothing is predictable (not food or sleep or safety from pain).

Building such a child’s belief that adults can in fact be trusted, safe, predictable and confidently in control is a long but worthwhile journey.

PRACTICAL TIPS IN CARING FOR CHILDREN / YOUNG PEOPLE WHO DISPLAY CHALLENGING BEHAVIOUR

A Carer’s own ability to deal with frustration or provocation is of great importance; a calm reasoned response is called for - easily said, but often not so easily done! The overall aim is to enable youngsters to find enough socially acceptable means of expression, and so to lessen their need to resort to aggressive or violent behaviour. Carers should try to be aware of patterns in a youngster’s behaviour. Particular places, activities or times of the day can be stressful trigger points - for example, meal-times and bed-times, the build-up to going to school, or family contact can be key events.

Carers need to acknowledge when they themselves are feeling stressed, and understand how they personally manage this - whether it be a quiet walk, physical activity, or having someone to talk to. The value of Carers’ response to, and management of, their own stressful periods should not be underestimated. This hopefully provides an alternative model to the one previously experienced and support children / young people to take control of their presenting behaviours and ultimately reduce the outbursts.

Many youngsters will try to recreate the circumstances and responses they have been used to in the past. The trick is to try not to respond or get wound up. Carers need to model the behaviour that they are expecting.

Voice matching: Your voice should be at the volume and intonation you expect from the child / young person. A loud and aggressive voice will usually result in a loud and aggressive response.

Self-calm: Practice all your self-calming techniques. Remember that the first person who needs to calm down in a confrontation is you.

Move In: Be aware of your position, don’t shout out, e.g. if you are in a different room to the child / young person move into the same room but be aware of the speed of your approach.
Move Out: Once you have finished talking to a child / young person there is a temptation to remain close by waiting for him / her to comply, however, you are more likely to see success if you move away. This gives the child / young person an opportunity to correct their behaviour without the stress of your presence.

Personal Space: For most of us, personal space is approximately the radius of an outstretched arm. If you need to be that close, consider standing slightly sideways and avoid a confrontational stance.

Non-Verbal Language: Be aware that more than 60% of all communication is non-verbal. What is your body language saying?

Track Behaviours: It is vital that you maintain an accurate and objective system for tracking, monitoring and evaluating behaviour with children / young people. This is a crucial tool that you can use with children / young people to help them see how they are progressing. This should work alongside a reward system. Please speak to your supervising social worker about tracking and reward charts.

The above list are general pointers in managing difficult situations / challenging behaviour, however, if all of the above fails and the situation continues to escalate to the point that a carer feels that his / her life might be threatened dial 999 and seek emergency support from the police service.

Cornerways does not operate a restraint policy per se, unless the child’s / young person’s risk assessment and care plan dictates and foster carers will need to undergo training to learn how to restrain safely to minimise any risk of an allegation being made against them.

In addition, Foster Carers can never use physical punishment (e.g. smacking or hitting) against a child / young people as a form of discipline or punishment.

POST INCIDENT PROCEDURES:
All incidents of challenging behaviour should be recorded by the Foster Carer on Cornerways Fostering Services daily recording sheets. Foster carers are responsible for informing their supervising social worker who will in turn contact the child’s / young person’s social worker. If anyone is hurt then an accident/injury form should also be completed.

Amendments to risk assessments where required will be agreed by the local authority social worker in conjunction with the supervising social worker.

Cornerways Fostering Services will determine if a process of debriefing is required by the Foster Carer. This could be provided through the supervision process or out sourced if requested. It will all depend on what happened and how the people involved are feeling.
It maybe necessary to move a child / young person and this will be considered in a pre-
disruption / disruption meeting which will be chaired by the local authority and plans will
be made considering all of the information.

All of the above procedures are under constant monitoring to ensure risks are being
appropriately managed, and to remove or reduce incidents and injuries.

THE IMPORTANCE OF RESILIENCE

What is resilience?
Resilience is the ability to bounce back and cope with the ups and downs of life without
becoming overwhelmed by the challenges and difficulties (major and minor) that occur and
without needing to turn to alcohol, drugs or in appropriate, unsafe or anti-social behaviour
as a means of coping with life.

Foster carers will know that some children seem to be able to get straight back up
after a setback or discouragement, whilst others don't cope so well and their behaviour
and mood can deteriorate along with their confidence.

Foster carers have an important role in building resilience in children and young people
who may already have faced adversity and for whom building positive coping
mechanisms may not have been a priority for previous care givers. This is a process and
continues throughout childhood and adolescence. It has a lifelong positive impact.

HELPING CHILDREN & YOUNG PEOPLE BUILD RESILIENCE

Foster carers may be aware that their children are not very resilient, they don’t like to
try new experiences, don’t join clubs, have no friends, can’t cope with change, get
anxious, fear failure, put up barriers to doing all sorts of things (school, clubs, going
out, cooking), don’t cope with the unexpected and don’t find it easy to think things
through, find solutions or solve problems.

How can foster carers help?
Foster carers can start by recognising that they can help the child and that by taking
successive little steps they can build resilience and enable the child to approach life
now and in the future with greater likelihood for success and satisfaction.

You can:

- Help the child recognise and learn to manage anxieties
- Support the child in trying new tasks and activities
- Allow the child to take risks (that you have already assessed), eg, cooking
activities, learning about kitchen/garden tools, riding a bike, crossing the road,
visiting a friend's house
- Teach problem solving not just avoiding problems - this teaches coping and
succeeding
• Get them involved in all sorts of activities and hopefully over time into a club/interest/hobby
• Help them deal with failure; it isn’t the end of the world – help them make different decisions next time
• Help them learn about emotions and gradually how to manage them and not be overwhelmed by them
• Model being resilient and problem solving.
SECTION 18

CHILD PROTECTION & SAFEGUARDING

- Child Protection
- Child Sexual Exploitation (CSE)
- Radicalisation
- The Treatment of Abused Children
- 'Whistle Blowing' within Cornerways
- Allegations Against Foster Carers
- Reporting & Managing Missing Children - the Foster Carer’s Role
- Safe Care for Foster Families

Please also see the relevant policy and procedures on the Cornerways website.
Safeguarding and Child Protection

"Safeguarding is the action we take to promote the welfare of children and protect them from harm. It is everyone’s responsibility; everyone who comes into contact with children and families has a role to play" (Working Together 2014, p5).

Cornerways Fostering Services has clear Policy and Procedures for Safeguarding and Child Protection and these must be adhered to by Staff and Foster Carers as we work as part of a team and in partnership with other Agencies to ensure children are and stay safe. Our procedures reflect the Government guidelines of Working Together To Safeguard Children 2014 which sets out how organisations and individuals should work together to safeguard children and promote their wellbeing. Cornerways aims to follow the policy and procedures of local Safeguarding Boards; each local authority has its own Safeguarding Children Board.

To summarise, our role as staff and Foster Carers is to

BE AWARE, LISTEN & OBSERVE, RECORD & REPORT.

Staff and carers are offered training in safeguarding and child protection, internet safety, safeguarding, CSE and radicalisation awareness. Safeguarding is a matter for discussion during staff and Foster Carers’ supervision, and it is one of the reasons why Cornerways has an out-of-hours service and has high expectations regarding record keeping by both carers and staff.

It must be recognised that children and young people living in foster care may suffer abuse at the hands of other young people, visitors to the home, parents, and carers outside the home or family. Additionally, children and young people can be vulnerable through technology, digital communication systems and social networking. Children and young people in foster care have the same rights and needs for protection as any other child or young person; sometimes they are even more vulnerable because of their past experiences, emotional needs and behaviour issues.

As an Independent Fostering Agency, Cornerways works in partnership with the Area (local) Authority Child Protection Team, and the child’s Social Worker if an allegation or concern about child abuse occurs. It is the Local Authority’s responsibility to investigate (this may not be with the Police) and to co-ordinate meetings and information. Cornerways does not have an investigative role in Child Protection, but our staff and Foster Carers have an essential role in being aware and passing on relevant information without delay.

Whatever the circumstance of an allegation of abuse it is essential that the first priority is given to protecting the child or young person. Sometimes urgent action has to be taken in an emergency, but generally abuse allegations are investigated in a planned and organised way.
The Foster Carer’s Role in Child Protection

Many of the children and young people you will care for in your home will have experienced abuse or neglect prior to their being placed with you. If we know about their experiences we will tell you. However, some children may not have told any adult about their experiences and their behaviour may not have raised any concerns. Being in foster care may be their first opportunity to tell someone.

Children and young people in foster care may be more vulnerable to being abused. They may be less able to protect themselves, be unfamiliar with safe boundaries, be used to abusive relationships or lack self esteem and self confidence and be targeted by those who might exploit them or hurt them.

Sometimes children and young people have experienced abuse within their foster home by an adult child of the foster family or a visitor to the foster family. Cornerways policies include procedures to be followed if a child or young person makes an allegation against a carer, visitor or member of the fostering household. (See later section in this chapter).

Defining Child Abuse

The Department of Health’s guide ‘Working Together’ defines child abuse as:

‘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. Children may be abused in a family or in an institution or community setting by those known to them or, more rarely, by others (eg. on the internet). They may be abused by an adult or adults or another child or children.’

When applying this definition of abuse to the circumstances of individual children and families it is essential that both social and medical assessments are made. Child abuse is the outcome of a highly complex set of interacting factors, both psychological and social. It is now understood to embrace social and emotional damage as well as physical damage and that abuse can include physical injury, neglect and sexual abuse. The internet and social media pose threats and dangers for children and young people and recognition is given for the specific vulnerabilities of children in certain situations, eg. children with disabilities, trafficked children, children living with domestic violence and children within certain cultures where behaviours such as forced marriage and female genital mutilation may occur.

The children you care for may have complex needs as a result of abuse or neglect, their normal physical development may be impaired; they may have problems learning and struggle at school. They may have problems in their social behaviour, be unable to play or to settle, have sleep problems, eating problems and toileting problems.

Increasingly, children and young people of all ages are experiencing abuse locally, nationally or internationally by strangers or people they know via digital communication.
systems (mobile phones, tablets, computers, x-boxes, etc) and through social media sites (Facebook, Twitter, Snapchat, Instagram, etc). This may be “cyber-bullying” but can also be sexual exploitation of children and young people, or “grooming” to then abuse them online or in the real world by meeting up with them. The impact of these abuses (cyber-bullying, grooming, CSE) cannot be underestimated.

**Signs and Symptoms**
Identification of child abuse is difficult and will normally require both social and medical assessment. As a Foster Carer you may have been asked to care for a child while these assessments are being arranged and taking place.

As a general rule, the younger the child the more vulnerable that child will be to physical injury and neglect. Older children are more likely to show signs of emotional abuse, although all abused children are likely to be emotionally damaged. Sexual abuse occurs at all ages and to both sexes. Professionals must be aware that abused children do not necessarily show fear or anxiety and may well love their abusers.

**Note:**
No catalogue of symptoms and signs can be exhaustive and the following is for guidance only.

It must be remembered that alternative medical or social explanations may exist for the problems listed here. With any child there may be considerable overlap between one category of abuse and another.

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

**Note:** Most injuries to children are accidental and can be readily explained. All children receive bumps and bruises as a result of the rough and tumble of normal play.

Factors associated with injuries, which may arouse suspicion that they are not accidental include:

- Where the explanation is not consistent with the injury or with the child’s age and stage of development.
- Where there is no explanation at all or the explanation offered changes.
- Where there has been unreasonable delay in seeking medical advice.
- Where there is a history of frequent injuries, even though the explanations of each individual occurrence may appear adequate. This can also indicate a lack of supervision or possible medical problems.
➢ Where the child has bruises or other injuries of different ages at the same time. (Remembering the note about normal child play injuries).

➢ Where there is multiple facial bruising, particularly around the mouth, ears or eyes.

➢ Where there are unexplained or inadequately explained burns or bite marks or both.

➢ Any bruising in a baby not yet independently mobile is of concern, as is a reluctance to move any limb(s) or tenderness in handling.

➢ Ingestion of toxic substances, particularly when there is more than one incident.

Any child who alleges physical abuse should be listened to carefully, the allegation recorded, a referral made and investigation initiated by Social Services. If a Foster Carer sees any injuries to a child or a child refers to pain from abuse, this should be checked by a medical practitioner promptly (accident and emergency will generally be advised). Foster Carers must contact Cornerways for advice immediately.

Emotional Abuse
This is the persistent emotional maltreatment of a child as to cause severe 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 in so 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 leaving, 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 to frequently 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, tough it can also occur alone.

For Foster Carers, it is often their role to be caring for children who have experienced emotional abuse. They would see the impact of the abuse in a child's low self-esteem and lack of confidence. This might include withdrawn behaviour, self-harming, depression, anxiety, lack of achievement at school, lack of self-care skills, fear of new experiences or opportunities or being bullied. It might also be evident in children's behaviour that may be unregulated or aggressive, where children are unable to play, communicate or form relationships. It may be demonstrated through children being a bully themselves, being sexually active at a young age (or displaying sexual behaviours or using sexual language), going missing or engaging in drugs or alcohol.

Helping children and young people build positive relationships, a positive sense of self (and of others), build trust, resilience and self-confidence and develop the ability to make and learn from mistakes is a significant task for most Cornerways Foster Carers.
It is time consuming and challenging, and at times can feel very unrewarding. The outcomes for a child, however, are that they establish the building blocks for their future relationships, positive experiences and survival in the adult world.

**Neglect**

*This is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development.*

Neglect may occur during pregnancy as a result of maternal substance abuse (drug or alcohol). Once a child is born, neglect may involve a parent or carer 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 care givers).
- Ensure access to appropriate medical care or treatment.

It may also include neglect where there is unresponsiveness to a child’s basic emotional needs.

Signs of neglectful treatment may include:

- Failure to thrive, for which no medical cause has been demonstrated.
- Stealing, taking or gorging on food (in older children).
- Extreme hunger or lack of appetite and increased feeding difficulties (in young babies).
- Inappropriate or inadequate clothing as these apply in the context of where the child lives and taking account of poverty. This may also apply to poor hygiene and constant health issues, eg. recurring untreated head lice, worms, teeth or mouth care, or past injuries that have not been properly attended to.
- Inadequate or incorrectly sized clothing (far too small or far too large).
- Babies/toddlers left in cars continually.
- Young children left alone at home or allowed to wander alone outside the home.

** Sexual Abuse**

*Sexual abuse is often defined in terms of the involvement of physically and emotionally immature children and young people in sexual activity that they do not understand and cannot give consent to. This may include being exposed to sexual activity between adults and inappropriate videos. The law places ages at which young people can give their consent to sexual activity.*

Sexual abuse involves forcing or enticing a child 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, inappropriate kissing, rubbing and touching. 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 (including via the
Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Sexual abuse occurs regardless of age, race, gender, class, religion or disability. Cornerways Foster Carers will have the opportunity during training to think about the impact of sexual abuse on children and how they can help children in the care they provide. It is important for foster carers to remember that a child may be placed with them who has experienced sexual abuse, but has never told anyone about this and may not have realised that what they experienced in the past was sexual abuse.

The signs and symptoms of sexual abuse may include the following physical, medical or behavioural signs and problems:

**Physical**
- Vaginal or anal lacerations, bleeding or other trauma
- Vaginal or peri-anal inflammation or irritation
- Persistent or recurrent vaginal discharge
- Sexually transmitted disease, including peri-anal or genital warts
- Pregnancy

**Medical Problems**
- Recurrent urinary symptoms or cystitis
- Secondary enuresis or encopresis (wetting or soiling)
- Recurrent unexplained abdominal pain

**Behavioural Problems**

a. **In younger children:**
- Overt sexualised behaviour
- Compulsive masturbation
- Acting out and aggressive behaviour
- Drawings and play activities which are explicitly sexual

b. **In older children:**
- Withdrawn, overtly compliant
- Depression and suicidal behaviour
- Sexualised behaviour towards younger children or older adults that seems unusual for their age
- Self harm
- Running away
- School refusal and truancy
- Drug and alcohol abuse

c. At any age:
- A sudden change in normal behaviour patterns or sexual awareness
- Knowledge in advance of what would be expected at the child’s age and level of development

Note:
Remember that children who are or have been sexually abused do not necessarily display any behavioural disturbance, and that for adolescents there may be other causes of problems in their mental health, drug and alcohol use and problems at school.

Child Sexual Exploitation (CSE)
Child Sexual Exploitation (CSE) is a type of sexual abuse about which there is a growing awareness and understanding. Alongside this awareness is growing knowledge about how to protect young people, prevent CSE and how to help young people keep safe and to enable them to talk about their fears and experiences.

"CSE is a type of sexual abuse in which children are sexually exploited for money, power or status". (NSPCC)
Children and young people may receive money, gifts, alcohol or drugs in exchange for engaging in sexual behaviours, or they may be given a "special relationship" with an adult or group in exchange for engaging in sexual behaviours.

"Children or young people may be tricked into believing they’re in a loving consensual relationship. They might be invited to parties and given drugs or alcohol. They may also be groomed online." (NSPCC)

For some children the internet may be used by others to bully or blackmail them into behaving sexually online, by photos, videos or webcam. Sometimes young people may not realise that they are being exploited until afterwards and they may feel unable to ask for help or talk about what has occurred. Some young people may have engaged in behaviours that they do not realise are in fact illegal (eg. sending naked pictures or themselves or other young people via the internet/social media). Young people may think they have a "boyfriend" and then find that he has deliberately drawn them into a group/gang of adults who abuse them. Threats and violence may then be used to keep
the young person in the group/gang and being abused and sometimes drawing others into the abuse.

**How can a Foster Carer help a child who has been exploited or protect a child from exploitation?**

Any child can be vulnerable to CSE, but some factors can increase their vulnerability, such as:

- Abuse
- Neglect
- Deprivation
- Parental substance use and/or parental mental health concerns
- Bullying in or out of school
- Being a looked after child
- Homelessness / inappropriate housing
- Mental health concerns
- Sibling/friends that have previously been victims of CSE
- Family breakdown
- Ineffective parenting.

Children in foster care may be increasingly vulnerable as some or many of these factors may be part of their life experiences. They may be most vulnerable in the earlier stages of placement, before a carer has been able to start to help them recover from previous experiences.

**Risk indicators for carers to be aware of and look out for:**

- Non or poor school attendance
- Staying out late
- Older/controlling boy or girlfriend
- Depression / self harm / low self esteem / suicidal ideas
- Increased substance use
- Isolated from family/friends
- Missing episodes
- Inappropriate use of IT
- Unexplained acquisitions
- Association with adults or peers considered to be a risk
- Repeated STIs

**Caring for children who arrive already experiencing CSE**

Some young people will arrive in Cornerways Fostering already experiencing CSE. For some, the main reason for them being fostered will be as part of safeguarding them from this abuse. As a result, there may be very firm expectations about what they can or cannot do, for example there may be specific restrictions about their use of a mobile phone/internet/social media. There may be restrictions about where they can travel, how long they can be out of the foster home (before they are considered missing), who they can contact and who can contact them.
Foster Carers should read the Cornerways policy for mobile phone and internet use and try to bear in mind the balance between protecting the child and cutting them off from the normal aspects of teenage use of the internet for learning and entertainment which may make them feel punished for being a victim.

**Foster Carers working to prevent CSE**

Protecting young people from CSE is a part of a foster carer's role in safeguarding generally. Being aware that children and young people are vulnerable to this abuse is part of this, but there are real positive steps that carers can take to try to protect children. These include:

- Read the Cornerways policy for mobile phone and internet use and access websites such as Childnet to remain up-to-date.
- Set parental controls on the internet within the foster home.
- Be aware that parental controls will not necessarily protect children using their mobile phones or devices outside of the home.
- Build open and communicative relationships with young people and be prepared to talk about issues you may find embarrassing and challenging.
- Build young people's self esteem.
- Talk with young people about boyfriends/girlfriends and about sexual relationships.
- Be aware of children and young people's friendship groups and levels of any isolation or inappropriate adults or peers.
- Notice if boyfriends/girlfriends seem dominating/older/controlling.
- Have clear routines for coming in times and keeping in touch.
- Talk about bullying and supporting young people at school (or with the police) to address this.
- Be open and talking about internet grooming and about the use/illegal use of the internet, eg. photos, videos, etc.
- Be aware of the state of young people's mental health.
- Be aware of changes in school attendance or performance.
- Be aware if a young person is starting to use or increasingly mis-using substances (drugs, alcohol).
- Monitor "missing" episodes and coming in late, particularly if frequency and duration increase.
- Monitor health, including sexual health and injuries.
- Notice if children or young people seem to be acquiring items they cannot afford.

If a carer is concerned about a child or young person being exposed to CSE, they should share their concerns with their fostering social worker/Cornerways and the child's social worker, notwithstanding that if the child has any injury, this should be attended to medically.

**Encountering Child Abuse: the role of the Foster Carer**

You may encounter child abuse by observing the signs and symptoms already described in this chapter. You may, however, come across the possibility of abuse in other ways:

**Suspicion**... you may suspect but have no hard evidence.

**Disclosure**... a child may actually tell you of current or past abuse.
Information... from a third party such as a relative, peer or colleague.

ALWAYS RECORD IN WRITING WHAT YOU SEE OR HEAR AND PASS IT IMMEDIATELY TO CORNERWAYS AND THE PLACING AUTHORITIY. DISCUSS SUSPICIONS WITH CORNERWAYS AND THE CHILD'S SOCIAL WORKER.

Behaviour Between Young People – What Constitutes Abuse?
All allegations of abuse by a young person which involve an adult, a carer, a staff member or contact outside the home is likely to lead to a strategy meeting by Social Services to consider the need for an investigation. This will sometimes also be the case with abuse between young people. A clear boundary needs to be made, however, between behaviour which will require a strategy meeting and external investigation, and normal childhood behaviour or sexual exploration.

In trying to distinguish between the two, the following criteria should be considered:

- In the care system there will be a percentage of young people who have been exposed to inappropriate sexual activity, physical injury and other forms of abuse before the current placement. It is possible that these young people may display behaviour that is inappropriate for their age. They may, for example, be unintentionally sexually provocative and/or aggressive towards other young persons. They may act as leaders or instigators of any inappropriate activity.

- Consideration should be given to functional and chronological age differences between young people involved in any sexual activity. The greater this difference, the more likely there is to be an abuse of power. The more vulnerable person could be exposed to an abusive experience. It is this that makes mutual agreement or consent to the behaviour unlikely.

- Any type of sexual behaviour between young people should be considered, to see whether it was initiated by mutual agreement resulting from sexual curiosity. The behaviour is more likely to be abusive if it involves intimidation, deception, and bribery or physical force.

- In any sexual behaviour or behaviour involving assault, some assessment should be made of the relationship between the participants and what purpose the behaviour serves for the young people involved.

- Any type of childhood behaviour needs to be seen in the context of the intellectual, behavioural and social development of the young people involved.

- Account should be taken of how persistent the behaviour appears to be and how long it has existed. It is useful to note whether the victims have any similar characteristics.

Sexual activity between young people of the same sex or different sex may be occasionally regarded as childhood behaviour which is not uncommon. It is not appropriate for carers to condone sexual behaviour or any physical or emotional intimidation between young people. For young people involved in sexual exploration or
for those involved in minor forms of bullying, strategies for dealing with this should be developed.

Young people's behaviour is more likely to be abusive where there is evidence of force, fear or deceit involved.

**Remember that your main responsibility is to record and pass the information on.**

**Suspicion of Abuse**

If a carer has suspicions that a young person is being abused but with no direct evidence and no allegations have been made, this should be discussed with the child's Social Worker and with your Cornerways Fostering Social Worker. You should record that you have spoken to them in your daily record.

**Trafficked Children and Young People**

There are children and young people arriving in Cornerways Foster homes who have been trafficked into the UK by adults who propose to exploit those children (generally in the sex or drug industry or in modern slavery in private homes, farms, nailbars, etc). These young people are very vulnerable to being found and taken from their foster homes. The children may have been marked (eg. with a tattoo) or they may have phones or contact numbers that they cannot explain. These children may try hard to contact their traffickers, because they or their family may have been threatened with harm if they don't conform to the traffickers' requirements. The police will be very involved in these children's cases, often interviewing them through an interpreter. These children are very vulnerable and often have been intimidated and threatened, therefore they may not tell the truth about their journey to the UK or their background.

Carers need to be very vigilant, have good listening and observation skills and be kind and nurturing in terms of recognising that these children may be very frightened, determined, have specific medical needs or have experienced abuse during their journey to the UK. There may be language, cultural and religious differences between foster carers and young people. These will need careful thought and positive use of the internet and local resources to identify how to assist. Male children, in particular, may find it difficult to disclose abusive experiences they have had during their journey.

**Radicalisation of Children and Young People and the PREVENT Duty**

Radicalisation of children and young people is a safeguarding issue that foster carers need to be aware of and need to know what to do if they have concerns for a young person. The PREVENT duty is a duty which means that schools and child care providers (eg. Cornerways Fostering Services) have to have “due regard to the need to prevent people from being drawn into terrorism”. Young people can be vulnerable to being drawn into extremism and extremist views by people they know or online by strangers over the internet.

"**Extremism is 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, whether in this country or overseas.”

Department of Education, The PREVENT Duty, June 2015

The role of the foster carer is to be aware if a young person appears to be developing extremist connections and beliefs/views; this could be a young person from any ethnic or religious background or none at all. Extremism comes in many guises. Young people who may be most vulnerable may be those who:

- Seem to feel marginalised or excluded
- Are bullied or feel powerless
- Are looking to “belong” or have a role
- Feel threatened by “others”.

What can Carers do to reduce the risk of radicalisation?
Cornerways offers Radicalisation training as part of the training calendar. Carers can undertake the training by taking part in the carer group run on this topic, or by completing an online course in their own time. Both options give a good basic understanding of what extremism is and gives pointers and possible situations and behaviours to look out for. The most important things to remember when talking with young people are to:

- Create a safe place to talk; allow children to express and discuss their views.
- Challenge views appropriately, without suppressing the child’s ability to express themselves.
- Refer concerns in line with safeguarding procedures.

Safeguarding and the Internet (Cornerways has a separate policy for this)
Foster Carers must increasingly be aware of the risks that may be posed to children by the misuse of the internet and social networking sites; these can include e-mail, mobile phones, handheld computers, social networking like facebook or twitter, games consoles (such as Xbox or Playstation) that link to the internet and can lead potentially to cyber bullying, to inappropriate communication by adults, which can lead to “grooming” a child to meet up with the adult or to act sexually online or in the real world. Adults known to a child may also use the internet to perpetuate past abuse, to threaten or unsettle a child. Please also refer to the earlier section regarding Child Sexual Exploitation.

Cornerways Fostering does not advocate stopping children using these technologies (unless such a decision is in their care plan for their specific protection); instead it promotes children and carers understanding technology and the internet, using parental controls on equipment and building a relationship with a child or young person so that they know they can come to their Foster Carer if they encounter problems or things they do not like. Carers need to take an interest in what young people are doing with technology and how they are using it. This is their world and the world of the future, so as adults we need to help them use it safely and well.

There are age specifications on networking sites such as facebook (age 13), and on electronic and internet games, similar to the age specifications on films/videos/DVDs.
Carers should be aware of the age ranges and not allow a child to play on games that are for older children. Please also refer to Section 16 of this handbook relating to Internet and Online Safety.

The Treatment of Abused Young People

All young people who have been subject to abuse or neglect will need help to overcome their experiences. The timing and type of such assistance will depend on the needs of the individual young person. The help which young people need may come from a variety of sources, including individual, group and family work. The final Strategy Meeting or the Child Protection Conference will provide a forum where the therapeutic needs of the young person can be discussed and decided. Sometimes a period of assessment will be necessary before the relevant therapeutic needs can be identified. The Social Worker is the person with responsibility for co-ordinating services to address a young person’s therapeutic needs. Carers will sometimes be involved in either assessing a young person’s needs further and/or implementing part of the therapeutic process. The degree of this will depend on the needs of the young person and the relevant skills of the carer. The help of other professionals, such as psychologists, may be required.

It should be remembered that despite having clear needs for therapy, young people do not always agree to this. Young people will sometimes resist work until they reach a stage in their lives where they feel able to tackle some of the painful issues involved. We should encourage young people to participate but if they refuse, their wishes must be respected. Young people are unlikely to benefit from therapy unless they attend voluntarily.

Disclosure of Abuse

From time to time young people in foster care will want to tell carers, in confidence, that at some stage in their lives they have been abused. It is important that both young people and carers realise that young people cannot be given guarantees of confidentiality in this situation. This would put carers in the vulnerable position of being in possession of information that a crime may have been committed, without the ability to report it. It would make it impossible to protect the young person or other young people from future abuse.

It is essential that a good relationship be built up between young people and carers so that the young people can trust them over a range of issues. Carers must resist being drawn into a secretive and collusive relationship with young people. Never promise to keep a “secret” before you know what the “secret” is.

When a young person alleges abuse, a carer should listen to what they have to say.

THE EMPHASIS SHOULD BE ON LISTENING RATHER THAN ASKING QUESTIONS.
The young person should be sensitively told that the carer is concerned with what has been said, and needs to discuss it further with the child’s Social Worker.

Home Office guidelines indicate the following steps for any initial allegations of abuse:

- Listen to the young person and do not ask them questions.
- Do not stop or interrupt a young person who is freely recalling significant events.
- Remain calm and do not give the young person the impression that what they have said is shocking or upsetting.
- Make a report of the discussion, taking care to record the timing, the setting, who was present, as well as the content of what was said, quoting where possible the words used by the child.
- Record all subsequent events up to the time of the discussion with the child’s social worker and Cornerways social worker.

Carers need to be aware that young people making allegations of abuse will often need a full interview by Police and Social Services staff trained in Child Protection interview techniques. On no account should an informal investigation be instigated by carers. To do this may prejudice the strength and acceptability of future evidence in both criminal and civil proceedings. This further needs to be borne in mind with an allegation resulting from direct work with young people.

**Responsibility of Carers**

Cornerways requires any carer working with young people who has reason to believe that a young person has been or is suffering or is likely to suffer significant harm to inform Cornerways and the child’s Social Worker and record all relevant information. In the case of verbal disclosure, quote wherever possible the words used by the child.

Even if you think the Child’s Social Worker already knows, Cornerways must inform them of what the Child has said to you ASAP and within 24 hours, so carers must inform Cornerways straight away using the out of hours telephone number if need be.

The written report should indicate whether the abuse seems to be current or seems to refer to events in the past. It needs to be dated and signed with a full signature in case it is required in court proceedings. This should include the records of contacts with any other people.

Young people who attend therapy sessions will sometimes be distressed on return to their carers. If carers are not involved in the therapy it is important they are aware broadly of its content so they can assist young people appropriately. It is the Social Worker’s responsibility to ensure this happens and carers should seek this information as a priority.

Foster Carers must have, and follow, their own safe care policy for themselves, their family, foster children and visitors. This should be updated when different children or
situations require different emphasis or arrangements. Records should be kept daily (or weekly if agreed in the care plan) along with records of accidents or injuries. Injuries should be checked by a GP or A&E unless they are simple/minor bruises/scratches that the child has been actually observed (by the carer) getting during a play activity such as tree climbing, biking, playing football. These should nevertheless be recorded in the daily record.

Foster carers should keep up to date with regular training in child protection, safe care, internet safety, CSE and record keeping.

‘Whistle Blowing’ Within Cornerways

Cornerways takes its responsibility towards vulnerable children very seriously and prioritises their wellbeing over other aspects of the service and organisation.

With this in mind it is important that Cornerways staff and Foster Carers are able to alert a Manager or Director within the organisation or, if need be, outside the organisation should there be a concern about a colleague or a carer’s practice towards children or breaking company rules.

Failure to ‘whistle blow’ about a concern could be seriously detrimental to a child’s wellbeing and cannot be condoned. Staff who fail to whistle blow will be subject to disciplinary action, and similarly Foster Carers registration will be reviewed under such circumstances.

If staff or Foster Carers need to alert others to a concern about the care a child is receiving or breach of the company rules, they can ‘whistle blow’ to:

- Fiona Darlington-Black - Cornerways Fostering Services Manager
- Viv Spence - Cornerways Director
- Ofsted
- The foster child’s Social Worker/Placing Authority

Allegations against Cornerways Foster Carers

Children and young people living in foster homes can, and sometimes do, make complaints or allegations about their Foster Carers. Complaints would be addressed via the Cornerways Fostering Services Complaints Procedures. This section will explain what procedures occur when a Child Protection allegation is made.
Cornerways has policy and procedures for managing Child Protection matters and expects to work in partnership with a child’s Social Worker and with local (Area) Social Services over matters of Child Protection.

Children and young people living in foster care are entitled to the same protection as any other child from risk of abuse or exploitation.

Having been considered by the Designated Safeguarding Officer (Fostering Services Manager), any Child Protection concern/allegation will be passed immediately by Cornerways to the local Child Protection Team within Social Services. Sometimes this will be via the child’s own Social Worker. Social Services will decide jointly with the Police what action to take.

Cornerways recognises that if a child makes an allegation about a Foster Carer this may well bring great stress, worry and concern to these Foster Carers. Cornerways will endeavour to support our Foster Carers; however, this can often feel like a difficult relationship because our staff cannot ‘take sides’ in a Child Protection situation. We will endeavour to support carers by keeping them informed of process, actions and decisions. As each of our Foster Carers has membership of FosterTalk they can access FosterTalk directly for support and advice over the phone. Specific individual support/counselling (FISS) can be accessed by Cornerways from FosterTalk if the Foster Carer wishes to make use of this service.

**The Process**

A concern or allegation is received regarding a Foster Carer, member of staff or other person.

This concern or allegation is reported immediately to the Fostering Services Manager (Designated Child Protection Officer) who will make an initial decision if it is a Child Protection issue or not, and will consult the LADO (Local Authority Designated Officer) and will follow their advice about whether to initiate a Child Protection Referral. If such a referral is made then …

The Local Social Services will decide jointly and in consultation with the Police and the child’s Social Worker whether this is a Child Protection issue and whether to convene a STRATEGY MEETING.

A Strategy Meeting will hear information from the child’s Social Worker and Cornerways (and any other Agency) about the allegation – the background to the situation (this meeting does not include Foster Carers; Foster Carers may not yet know of any allegation or concern). The meeting will advise as to when the Foster Carers should be informed about the allegation/concern. The Strategy Meeting may make decisions about a foster child remaining in the foster placement or not during any investigation. If further investigation is to take place this will be planned at the strategy meeting and then undertaken by a combination of Social Services and Police.
This may mean the child is interviewed or visited by a Social Worker or by a Social Worker and the Police. The Foster Carer may also be visited by one or both of these people.

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A further final Strategy Meeting will be held to decide whether there is a Child Protection issue to pursue, or a criminal offence. At this point the matter may be closed, or recommendation made to Cornerways about a carer's future registration or training needs. If there is a need for further Child Protection then a CHILD PROTECTION CONFERENCE would be called.

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If a Child Protection Conference is called, this follows the standard procedures of the Local Authority for dealing with Child Protection. Foster Carers would be invited to attend the meeting, as would other Agencies involved in the foster home with fostered or birth children.

Following any Child Protection concern or Allegation about a Cornerways Foster Carer there will be a review of the Foster Carer's registration. This will be presented to the Fostering Panel who will want to consider the outcome of the concern or allegation and any implications for any children's and the Foster Carer's well-being. Even if the allegation has been unfounded, the process can leave carers feeling anxious and unhappy and the Panel need to be made aware of this.

**Reporting Children Missing and Making Other Essential Notifications**

Foster Carers have clear responsibilities for reporting any concerns about abuse or neglect that has been or is happening to a child. However there are also other situations where Foster Carers must report and notify other authorities about events in a child’s life/care. These are:

- **WHEN A CHILD IS MISSING**
- **IF A CHILD DIES**
- **IF A CHILD HAS A SERIOUS ILLNESS**
- **IF THERE’S AN OUTBREAK OF A SERIOUS ILLNESS IN THE FOSTER HOME**
- **IF A FOSTER CHILD IS ALLEGED TO HAVE COMMITTED A SERIOUS OFFENCE**
- **IF A CHILD IN FOSTER CARE IS INVOLVED/POSSIBLY INVOLVED IN EXPLOITATION**
- **IF THERE IS A SERIOUS INCIDENT INVOLVING A FOSTER CHILD NECESSITATING CALLING THE POLICE.**
For any of these situations the Foster Carer must inform the Child’s Social Worker / Local Authority and Cornerways immediately/at the earliest opportunity after any emergency services have been called. Cornerways has a legal responsibility to know about and report these events.

**What to do when a child goes missing**

Children and Young people who are missing can be very vulnerable and in danger. For this reason there are clear processes for what to do when this occurs.

First it is important to differentiate between a child being missing and a child being absent without permission. If a child is absent without permission this means that their Foster Carer knows where they are and that it is a generally “OK” place to be, but it is just that they shouldn’t be there at that time; this is when a child doesn’t come home on time and is still at their friend’s house, or still at the shops or still on the train. Generally the carer will be in touch with the child by phone/text and the child will arrive back after some negotiation or being collected.

This is very different from being MISSING which means that their carer doesn’t know where the child is or maybe thinks they know where they are but that it is somewhere where they are unsafe, or if there is a clear rule that the child be home by a certain time and that time is passed. Depending upon the child’s age, development, social skills and history there should be a plan within the placement agreement regarding what will happen if the child goes missing. The younger and more vulnerable the child, the more quickly the police must be called. For some children this will be the moment they go missing; for others, waiting a short amount of time to allow for the child to return of their own accord is appropriate.

**What to do: (follow any specific plans for the individual child)**

- Try to contact the child on their mobile, by text if need be, telling them to please come home/things can be sorted out/that you care about them etc. Explain that if they don’t come home by a certain time that you will need to call the police because it is not safe to be missing.
- If possible look around the local area if you think that is where they are.
- Ring their friends/family if you think they may know where the child is.
- Ring the police and report the child missing. Give a description of the child; be ready for the police to visit to take a report from you (and a photo if possible). Have ideas about where they might be. Please ensure you have the Cornerways Missing Children Forms completed and up to date to enable the police to have as much information as possible.
- Ring the local authority out-of-hours (the child’s social worker).
- Ring Cornerways (out of hours if it is evenings/weekends).
- Make a note in your daily records.

WHATEVER HAS HAPPENED, THE MOST IMPORTANT THING IS TO KNOW WHERE THE CHILD IS AND GET THEM TO A SAFE PLACE. ISSUES AND PROBLEMS CAN BE SORTED OUT ONCE THE CHILD IS SAFE.

Once the child has returned it is important for the Foster Carer to contact the police and Cornerways and the local authority and let everyone know. It is likely that the police will want to come to speak with the child as well as the child’s Social Worker.

If a child comes back in the night time it is best not to try to sit them down and talk to them especially if they are angry - best to have a hot drink/snack and go to bed. Obviously, if the child says they want to talk then talking is fine.

Why do children go missing/run away?
Children and young people go missing/run away for all sorts of reasons. It is important to remember that they may be running TO something or running FROM something. There may be pressures upon them to run away TO (to family, to friends, to drugs, to unsafe adult contacts). There may be things they are running away FROM (maybe they are afraid of being too settled in the foster home, maybe there is bullying in the foster home, maybe they fear being rejected for some misdemeanour).

It is best not to jump to conclusions about why a child has run away, but to wait and find out when they return.
Safe Care for Foster Families

Safe Care is a very important part of a Foster family's life. It is different to living as a birth family because it involves people living together who do not have a shared history of family life and shared family ways of living. Safe Care means living in a way that makes everyone in the house feel safe and be safe - safe from abuse, safe from misunderstandings, safe from allegations. This safety is for foster children, Foster Carers and the children of Foster Carers. It is about Child Protection and Safeguarding. It is about not making assumptions, but being very clear about what behaviour and communication means and what is acceptable and what is not. It includes how the family deal with privacy, nudity, personal space, bathrooms and bathing, discipline, telephones and the internet, DVDs, visitors and pets. There should be clear agreements about where children can play with other children (probably never in bedrooms) and how children using the internet (including games consoles) are kept as safe as possible.

Cornerways Foster Carers are introduced to safe care during the Skills to Foster training; it is then discussed during assessment and the prospective carers are expected to develop a Safe Care Policy for their home/family. They will be provided with a copy of the Fostering Network publication "Safer Care". Their Safe Care Policy is for sharing with children when they come to live in the foster home and should be updated and adapted for each newly placed child and to suit any changes in the foster home/family or any special circumstances of the foster children.

For parent and child placements there will be specific issues for safeguarding and safe care; these will be covered in the placement agreement. (See also section in Handbook for Parent and Child placements).

Training in safe care and in child protection and safeguarding is provided for Cornerways Foster Carers and carers should make sure that they keep up to date in all of these issues.
SECTION 19

AT THE END OF A PLACEMENT
Children and young people will leave your care under many different circumstances: for you their leaving will be different for each child. They may move from you:

- Back to a parent or family member
- To another Foster Carer
- To adopters
- To supported lodgings
- To University
- To the armed forces
- To independent living
- To a Children’s Home or Residential School
- To hospital.

You may be happy or sad for them or for yourself and your family; the move may be sudden, but hopefully it will be planned.

Whatever the circumstances of the move, it is important for that child’s feelings of self-worth and for the Foster Carer’s professionalism and ability to “move on” that endings are helped to be “good goodbyes”. Fostering Social Workers will help Foster Carers manage the end of a placement, in particular thinking about:

- Ensuring Foster Carer placement records are all up-to-date and any savings, pocket money or clothing money is passed on to the next carer or the child’s Social Worker;
- Ensuring the child’s possessions are packed in suitcases, bags and boxes - never in black plastic bags. It is best to write an inventory of items packed;
- Providing a leaving party/present/card depending on the circumstances;
- Passing relevant information onto the next carer;
- Ongoing contact being in keeping with the Care Plan and subject to the Local Authority’s agreement;
- At the end of the placement Foster Carers should give all documents relating to the child to their Fostering Social Worker.

Reflecting on the end of a placement provides opportunity for acknowledging feelings, learning and looking forward. When placements end at Cornerways the child’s Social Worker will be asked to complete a feedback form, as will the child or young person wherever possible. Foster Carers will also be asked to complete an end of placement form and their Fostering Social Worker will make time to discuss this with them and incorporate any aspects into future planning.
Placement endings and children leaving can arouse very strong feelings in Foster Carers and sometimes relief, but sometimes great sadness and feelings of missing the child and thinking about them a lot. These are all very understandable feelings and there is no need to pretend they aren’t felt.

Some carers will find some of the following helpful:

- Talk to family and friends.
- Talk to other Foster Carers.
- Talk to your Fostering Social Worker.
- Use the FosterTalk helpline of foster carer forum.
- Take a short break from fostering.
- Some carers like to keep busy, like taking the opportunity to redecorate.
- Ask Cornerways if they care able to get an update on how the child is settling/progressing.

If your feelings don’t start to feel more manageable as the weeks pass, or if the child’s move has led to the re-emergence of feelings about past losses, then you might need to consider talking to your GP.
SECTION 20

PARENT & BABY (or CHILD) FOSTERING
What is a parent and child placement?

Parent and child foster placements can consist of one or two parents and one or more of their babies and/or children up to the age of four. This is a specialist service with uniquely trained foster carers. It is unlike any other fostering placement, with the unusual dynamics of bringing other adults to live in the foster home. The usual purpose of a parent and baby placement is to allow the local authority to assess the capacity of the parent(s) to care for their baby(ies) or child(ren). At a pre-placement meeting there will be a clear statement of the objectives of the placement and agreement as to who does what within the home and the placement plan.

The length of care is generally unlikely to exceed 12 weeks due to the need for a decision to be made by the local authority which avoids delay for the baby(ies) or child(ren). However, an extension to the placement timescale may be agreed by the individual local authority for a particular parent’s situation, for example if a young woman under the age of 16 years is successfully parenting her baby but is still too young to actually move into the community with her child.

On occasions both the parent and baby will be Looked After Children; at other times only the baby will be looked after as the parents are adult or are over 16 and not Looked After. It is also possible that neither parent nor baby are looked after - in these circumstances the placement agreement will need to be clear about expectations, responsibilities and purpose.

Parent and baby Foster Carers will be expected to provide a safe and friendly environment in which the parent will be supervised and supported with their baby(ies) and/or child(ren). The placement will consolidate existing parenting skills whilst also improving them through support, encouragement, role modelling and training. The parent(s) will be expected to care for their baby(ies) and or child(ren) at all times, unless by agreement with the social worker, and demonstrate their competence in attending to all of their baby's needs. The Foster Carer will also be expected to show the parent(s) how any domestic appliances work (iron, washing machine, and cooker) so that they can be enabled to use the appliances appropriately. Foster Carers should avoid making any assumptions about what a parent may already know about baby care or household skills. They may arrive without any of this knowledge or these skills.

The use of parent and child fostering has developed to include some parents with complex personal histories, including poor mental health, drug or alcohol dependency and domestic violence. It is essential to match carefully with whoever lives in the fostering household and the time and skills the Foster Carer has for most parent and child placements.

Working Together

There are a great number of people involved in a parent and baby placement. This can include: the child’s Social Worker, Fostering Social Worker, Health Visitor, child’s Guardian, drug & alcohol services, education etc. It is essential for Foster Carers to be willing to work together and keep lines of communication open and to liaise with any other professionals as necessary to facilitate a positive placement.

The Foster Carer will be expected to accompany the parent(s) to Parent & Baby Groups, Health Clinic visits, etc, and to be able to communicate effectively with parents who may be experiencing their own problems and difficulties.
The Foster Carer will always seek medical advice and or treatment for any fall or injury a baby or child has sustained, however minor it may seem. The child’s Social Worker and the Fostering Social Worker must be informed promptly.

**Diversity**
Foster Carers will be expected to respect and recognise the importance of the parent and baby’s ethnic origin, cultural background, religion, language, gender, sexuality and disability, whether a learning disability or a physical disability. Recognising and respecting diversity doesn’t mean not reporting poor or dangerous baby care.

**Confidentiality**
The parent’s circumstances and personal details are strictly confidential. This information must not be shared with any other persons by the Foster Carers. Parents need to be reassured that no discussions will take place outside professional boundaries.

**Training**
Foster Carers will be expected to undertake the following training courses as part of their specialist role:
- Parent and Baby Training
- Health & Safety
- First Aid
- Child Development

**Support**
The child’s Social Worker should visit the placement every 4 weeks and make telephone contact on a weekly basis. The Fostering Social Worker should visit as often as deemed necessary but on a minimum 3 weekly basis. Telephone contact will be made weekly. There will be regular reviews of the placement undertaken by Cornerways to ensure the plan is being progressed and the carer and the parent and child are being adequately supported.

Cornerways Fostering Services out of hours service is available to all carers on a 24 hours per day, 7 days per week, 52 weeks per year basis in accordance with the out of hours rota. Day care support will be provided for carers undertaking parent and child placements where the placement is very intense or severely restricts the carer’s normal household routines.

**Risk assessment and safeguarding**
Any known or potential risks to the Foster Carers and family from members of the parent and child’s family must be assessed prior to placement. No Foster Carer or member of their family should be knowingly placed at risk as a consequence of providing a parent and baby placement. If the parent is over 18, Cornerways Fostering Services will undertake an enhanced DBS check on the individual parent.

The Foster Carer(s) will be required to update their Safe Care Policy in relation to the individual parent and baby placement. This will include household boundaries and routines. The Foster Carer will share this and the Fire Safety Plan with the parent(s). There may be risk posed by the parent towards their baby which means that the baby
must sleep in the Foster Carer's bedroom, or that a baby monitor must be used in the parent’s bedroom where the baby shares the parent’s room.

In any parent and child placement, the Foster Carer(s) must intervene if the level of risk to the baby(ies) and/or child(ren) becomes detrimental to their welfare. This demands confidence and the ability to be assertive without precipitating conflict.

Here are some examples of common risks that parent and child Foster Carers must be aware of:

- **Co-sleeping** – when the parent has the baby in bed with them. This poses a risk of suffocation, squashing and overheating.
- Not sterilising bottles.
- Not feeding regularly or properly.
- Not washing/changing the baby adequately.
- Handling the baby roughly.
- Not changing the cot bedding.
- Not dressing the baby appropriately for the weather.
- Leaving the baby unattended on the bed or sofa.
- Shouting at or about the baby or talking negatively to the baby.
- Ignoring the baby.
- Physical or sexual harm to the baby (this is less common, but carers must be aware of it).

**Record Keeping**

Parents will be given the opportunity, within the nurturing environment of the foster home, to achieve independence through the Foster Carer’s guidance. In addition to guidance regarding the parent’s care of the baby(ies) and/or child(ren), guidance will include housekeeping, cooking and budgeting. It is essential that Foster Carers keep detailed records, on a daily basis, using either the local authority’s specific forms or Cornerways Fostering Services own. These detailed forms cover all aspects of care including: basic care of baby and self, ensuring safety, emotional warmth, stimulation and stability. The Fostering Social Worker will work closely with Foster Carers to ensure careful and thorough completion of forms. Records should be shared with parent(s) and the parent(s) should be encouraged to read and sign the forms on at least a weekly basis, adding comments if they wish. Contents of the records should be shared with the child(ren)'s Social Worker on a regular basis, to be agreed. The Fostering Social Worker may also complete a monthly progress report.

It is essential that these records are accurate and clear as they may be used in Court proceedings, therefore they must be factual and not contain opinions or too much information about foster home matters unrelated to the parent and baby.

**Some additional points**

The Foster Carer should not be considered as the primary assessor or trainer of parenting skills. Assessment is the responsibility of the child(ren)'s Social Worker. The Foster Carer’s role is to provide observations as well as an environment conducive to the parent being able to demonstrate parenting skills.
Foster Carers offering Parent and Baby placements may do so alongside caring for other children in placement. However, careful matching will be considered paramount to ensure all of the children's safety.

It is not expected that Foster Carers will take leave or respite, other than in exceptional circumstances, during a parent(s) and baby(ies) foster placement. This is to ensure continuity in what is an intense assessment period in a parent and baby's life.

Placement end

It is hoped that, if the placement progresses positively, the parent(s) will demonstrate good and consistent parenting ability and have less reliance on the Foster Carer's support and guidance, so that they are then ready to move to independence. It is important that the parent(s) and baby(ies) are able to form a secure attachment with each other.

Should the Local Authority decide to end the placement, whether due to the child's well-being being compromised by the parent or the parent leaving the placement without the agreement of the Local Authority, the baby(ies) and/or child(ren) may be moved to a child only placement, often within the Local Authority's own resources. This should be a move that includes a short introductory period so that the baby can be familiar with the new carers. Some babies/children are not moved to an alternative local authority foster carer, in which case the placement will become a “baby only” placement with the Cornerways Foster Carer working towards a move to either adoption or some other form of permanence in the child's extended family.
SECTION 21

COURT WORK FOR FOSTER CARERS
Some of the children that Foster Carers look after will be subject to Court proceedings, generally in relation to care matters, but occasionally in relation to criminal law. Foster Carers may be called to give evidence in Court, but it is more likely that their written record will be used in Court.

**Foster Carers in Court**

If a Cornerways Foster Carer is called to appear in Court, a Fostering Social Worker or experienced Foster Carer from Cornerways will be available to attend with them and will help them to prepare. Key aspects to remember are:

- Dress appropriately.
- Stick to giving answers to the questions asked.
- Don't give your views unless asked.
- Speak the facts as you saw or heard them and refer to your records if you need to.
- Expect to be waiting around and don't expect to be able to leave at a certain time of the day.
- Any written record you take with you into the witness box must be made available for the rest of the Court to see.

**Foster Carer Records for Court**

Remember that your Foster Carer Daily Records could be used in Court. They must therefore be:

- Legible.
- Factual and accurate.
- Have enough information about aspects of the child’s life, especially any particular aspects the Social Worker has asked to be observed and recorded.
- Signed and dated.

**Parent and Baby/Child Placements and Court Proceedings**

Foster Carer observations and records are almost always used in Court proceedings. Please also see chapter regarding Parent and Baby/Child Placements and Foster Care.
SECTION 22

COMPLAINTS & REPRESENTATIONS
COMPLAINTS & REPRESENTATIONS

Cornerways Fostering have clear policy and procedures for addressing complaints and representations (available on the Cornerways website). Children are able to make complaints or representations to Foster Carers, Cornerways Staff, their own Social Workers, any other professional in their lives or they may call a children's helpline or Ofsted. The Children's Guide to Fostering, which Cornerways provides for each child placed, tells them about this. Foster Carers must give each child a copy of the Guide and go through it with them if possible.

Children's parents or their Social Workers may make complaints or representations, as may Foster Carers. All these people receive a Cornerways Complaints Leaflet which tells them who they can contact.

For Foster Carers wanting to make a complaint or representation about Cornerways there is an informal problem solving stage, where hopefully your Fostering Social Worker or the Fostering Team or Service Manager can find a resolution to the issue. There is a formal stage (which can be gone straight to without the informal stage) activated by writing to the Fostering Service Manager or to the Director of Cornerways.

If a Foster Carer wishes to take their complaint outside the Cornerways Organisation, then Ofsted can be contacted directly. This does not fit into any particular stage and contact with Ofsted can be made by any carer wishing to do so.

Separate to Cornerways, there is the Independent Review Mechanism (IRM) that can be contacted by Foster Carers who have an unresolved issue with their fostering agency about their approval as Foster Carers. This service is currently delivered by CoramBAAF. Cornerways foster Carers are advised about how to contact the IRM on any occasion when their approval is proposed for change by the Cornerways Agency Decision Maker.
Our policies are reviewed and updated regularly and the latest versions are circulated to carers as well as being available on the Cornerways website.