

FOSTERING
with
Wiltshire Council

FOSTER CARER HANDBOOK

updated 2023



Foreword from the Director of Families and Children's Service in Wiltshire

Dear Foster Carers

Welcome to your Foster Carers Handbook.

This handbook reflects policies, procedure and guidance which cover many common situations faced by foster carers on a day-to-day basis. It has been written in an accessible way to help you understand the sort of things that your fostering service requires of you. It has been designed for new and existing foster carers.

The Handbook has links to the Minimum Standards for Fostering Services and references to the relevant Training, Support and Development Standards. You can also use the handbook to support your learning and development, particularly in relation to meeting the induction standards.

As a foster carer you play a very important role in the lives of our children in care and their families, which makes it vitally important you have all of the tools and support you need to undertake it. The handbook is just one of those tools, alongside the many professionals you will work with, including your Supervising Social Worker, Children's Social Worker, other foster carers and colleagues.

This is the start of a wonderful journey for you and the children and young people in your care.

You are privileged to be providing care to those children unable to reside with their birth families; providing safe, secure and loving foster families to enable our children to achieve their potential. We are committed to ensuring our children have the best possible outcomes, and live happy and healthy lives.

Thank you for the care and commitment you show towards our children. I hope you find this handbook useful, if you have any feedback, please do not hesitate to share it. We will continue to develop this handbook with you and keep it updated.

Jen Salter

Director, Families and Children

Introduction and welcome from Jay Williams.

Welcome, to foster carers either at the start of your fostering journey, and to all existing Wiltshire carers reading our new improved handbook. Thank you for either starting or continuing to foster with us. My name is Jay Williams, and I am the manager of the operational Fostering Service for Wiltshire Council.

We wish to encourage and support you to provide children and young people the opportunity, whilst in your care, to overcome earlier trauma and loss. We know how difficult the fostering task can be on occasion, and equally how impactful and worthwhile it is, as supporting children and young people change their lives is never easy. However, we also know that many foster carers experience lots of laughter, joy, and discovery, for both our children and you, along the way. Foster carers have told me about many stories over many years of the impact of often seemingly little things, a smile, a certain look, an exam pass, a club attendance, which may all seem individually small, but to our experienced carers they understand how **massive** these things often are for our children. These experiences play a major part in helping carers find the resilience to 'keep on keeping on' and remaining emotionally available for our children.

This handbook is intended to support you in your endeavour to foster. I would politely ask you to refer to this guidance before asking others, think of it as a mini 'fostering specific internet search engine'. We don't expect anyone to remember all the information 'cover to cover', and it is arranged in clear separate sections. You can use hyperlinks from the index to enable you to speedily visit the relevant section(s). It is a comprehensive handbook, however, there might be the odd occasion where it does not provide the specific answer you are seeking. On those rare occasions please address this with your SSW, who if unsure themselves know they can escalate the matter to an Assistant Team Manager and/or myself, as required.

Best Wishes

Jay

A handwritten signature in black ink, appearing to read 'J. Williams', written in a cursive style.

Equality and Diversity statement

Wiltshire Council is firmly committed to the principles of equality and diversity and is dedicated to celebrating the diversity of people who live and work in Wiltshire. We have a responsibility to due regard to the need to eliminate discrimination and promote equality of opportunity.

This means making our services accessible to all and treating people fairly, regardless of their colour, race, ethnic or national origin, language, religion or belief, sex, gender, gender identity or reassignment, marital status, sexuality, disability, age, or any illness or infection.

Equality is not about everybody being equal; it is about everybody having equal opportunities and removing barriers that stop this from happening. Diversity is about valuing everyone as an individual. It goes beyond recognising individual differences and is about valuing and celebrating 'difference' as an asset, giving access to unique mixtures of talent, skills and experience that can make valuable contributions to our society.

The fostering service is committed to ensuring that every child is supported to understand and explore their heritage and culture in line with the **National Minimum Standard 2**, which states that foster carers are required to promote 'a positive identity, potential and valuing diversity through individualised care'.

These fundamental principles inform the care and support we offer children who are looked after, and foster carers play a pivotal role in this celebration of difference within our community and for the children in their care.

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SECTION ONE: Information about Families and Children's Services in Wiltshire

[Families and Children's Services in Wiltshire](#) - (Hyperlink to page)

Wiltshire Council is divided into strategic service areas, each headed by a Corporate Director.

Terence Herbert is the Chief Executive (ERO/RO Head of Paid Service).

Reporting to the Chief Executive are four Corporate Directors, including one for the People Directorate which is most relevant to kinship and fostering services. The Corporate Director for the People Directorate is Lucy Townsend.

There are several services and teams within this service, each delivering a specific service to the children and young people of Wiltshire.

The information about each of these services can be found here:

- Children in Care Teams – North and South Teams
- Children and young people's disability service (0 – 25 years)
- Children's support and safeguarding teams – North, East, South and West, Specialist Contact and Assessment Team.
- Children in Care and Young Peoples Service, including Youth Justice Service and the Emerald Team
- Fostering Service
- Independent Visitor Service
- Integrated Front Door Service, which includes, MASH (Multi Agency Safeguarding Hub, Early Support Hub, Emergency Duty Service
- Outcomes and Quality Assurance, which includes the Conference and Reviewing service.
- Special Educational Needs and Disability (SEND) Service (1 to 25 years)

More information about Wiltshire Council Families and Children's Service can be found here: [Children and young people - Wiltshire Council](#)

The Fostering Service

Families and Children's Services recognises that connected foster carers and foster carers offer a valuable resource without which Wiltshire Council could not meet the physical, emotional, and social needs of the children and young people for whom the Local Authority is responsible.

The Kinship and Fostering Service aims to provide high quality care for children and young people in a family setting that reflects their individual needs and cultural values.

The Fostering Service is divided into several different areas:

- Foster Care including Specialist Placements, for example Parent and Child Placements
- Connected Persons Foster Carers
- Overnight Short Breaks Care: (ONSBs')
- SEND Specialist Carer Service ("Contract Care").
- Short Term Emergency Care (STEPS)
- Supported Lodgings.
- Private Fostering.

Information regarding the different types of fostering can be found here:

<http://www.wiltshire.gov.uk/fostering-types-of-fostering>

Regulatory Frameworks for Fostering Services

All Fostering Agencies in England are required to comply with the requirements set out in the Fostering Services (England) Regulations 2011 and the Fostering Services: National Minimum Standards.

These, and other Regulations relevant to the placement of children in foster care, form the basis of the regulatory framework under the Care Standards Act 2000 (CSA) for the conduct of fostering services.

In England the regulatory body, Ofsted, inspects local authority fostering services as part of the Independent Local Authority Children's Services (ILACS) inspection of the whole of children's' services in the authority.

The National Minimum Standards for fostering services focus on delivering achievable outcomes for children. They provide a tool for judging the quality of life experienced by children and young people. Many of the tasks that we complete, such as an annual inspection of your home; and those we ask you to undertake, such as keeping a written record of all medication, treatment and first aid given to a child are requirements placed on us by the National Minimum Standards. We must meet these requirements to ensure the quality of care we provide as a Fostering Service.

Fostering Services National Minimum Standards

Link to the webpage: <https://www.gov.uk/government/publications/fostering-services-national-minimumstandards>

The Fostering Services England Regulations 2011:

Link to the webpage:

<http://www.legislation.gov.uk/uksi/2011/581/contents/made>

The Care Standards Act 2000

Link to the webpage: <http://www.legislation.gov.uk/ukpga/2000/14/contents>

Ofsted framework and guidance

[Inspecting local authority children's services from 2018 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/inspecting-local-authority-childrens-services-from-2018)

Legal frameworks for fostering services

The Children Act 1989

The Children Act 1989 is the primary legislation that sets out the legal framework that enables local authorities to intervene in family life in relation to the care and welfare of children. A key principle of the 1989 Act is that children are best looked after within their families, with their parents playing a full part in their lives, unless compulsory intervention in family life is necessary.

The Children Act 1989 can be found here:

<https://www.legislation.gov.uk/ukpga/1989/41/contents>

Since the Children Act was published there has been additional legislation passed which has enhanced and extended the original 1989 Act. These include:

- Children Act 2004 [Children Act 2004 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2004/31/contents)
- Children and Families Act 2014 [Children and Families Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/6/contents)
- Working Together to Safeguard Children 2018 [Working together to safeguard children - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/721447/Working_together_to_safeguard_children_2018.pdf)

Parental responsibility

The Children Act 1989 sets out the meaning of parental responsibility. In this Act “parental responsibility” means all the rights, duties, powers, responsibilities, and authority which by law a parent of a child has in relation to the child and his property.

It also includes the rights, powers, and duties which a guardian of the child’s estate (appointed, before the commencement of section 5, to act generally) would have had in relation to the child and his property.

The looked after child

A child is “looked after” by a local authority if s/he is in their care by reason of a care order or is being provided with accommodation under section 20 of the 1989 Act for more than 24 hours with the agreement of the parents, or of the child if s/he is aged 16 or over (section 22(1) and (2) of the 1989 Act).

Children who are placed away from home under an emergency protection order, where they are accommodated by or on behalf of the local authority, are looked after children. So, too, are those children on remand to local authority accommodation or under supervision with a residence requirement requiring them to live in local authority accommodation and those children in police protection or arrested and at the police’s request accommodated by the local authority (section 21 of the 1989 Act).

Section 20 of the Children Act 1989 [Children Act 1989 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1989/41/section-20)

A child is accommodated if the Local Authority looks after them **with the voluntary**

agreement of their parents, or with the child if they are over 16 years old. This is commonly referred to as ‘Section 20 accommodation’ or ‘voluntary accommodation’.

Section 20 of the Children Act 1989 sets out that every local authority shall provide accommodation for any child in need within their area who appears to them to require accommodation as a result of—

- a. there being no person who has parental responsibility for him;
- b. his being lost or having been abandoned; or
- c. the person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care.

For a child who is accommodated under a section 20 voluntary arrangement, the local authority does not have parental responsibility for the child – parental responsibility remains with the parents. However, the authority must comply with the duties set out in the 1989 Act and with the relevant Regulations.

Section 38 of the Children Act 1989 - Interim care order.

At the start of care proceedings, the council asks the family court to make a temporary court order, called an ‘interim care order’.

If the court agrees, the council can take the child into care on a temporary basis. This can be for up to 8 weeks at first.

Section 31 of the Children Act 1989 (full care order) sets out the requirements for a local authority to apply to the Court for a full Order in relation to a child. On the application of any local authority or authorised person, the court may make an order

- (a) placing the child with respect to whom the application is made in the care of a designated local authority; or
- (b) putting him under the supervision of a designated local authority

A court may only make a care order or supervision order if it is satisfied— (a) that the child concerned is suffering, or is likely to suffer, significant harm; and

(b) that the harm, or likelihood of harm, is attributable to— the care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or the child’s being beyond parental control.

No care order or supervision order may be made with respect to a child who has reached the age of seventeen (or sixteen, in the case of a child who is married).

Parental Responsibility (where there is a care order).

The local authority gains parental responsibility for a child when a Section 31 Care Order is granted. However, for a child who is accommodated under a Section 31 Care Order any person who is a parent or guardian also retains their parental responsibility and may continue to exercise it to the extent that their actions are not incompatible

with the care order (as set out in section 2(8) and section 33(3)(b) of the 1989 Act).

Foster Carers do not hold parental responsibility for a child in their care. They may make day to day decisions in relation to the care of the child, but they do so under a 'delegated authority' arrangement with either the parents or the local authority who do have parental responsibility. This is explained in more detail below.

When a child or young person has been placed in local authority accommodation under Section 20, for example with you as a foster carer, their parents have a right to know where their child has been placed, and your address may be shared with them.

S21 Children Act 1989

The local authority shall receive and provide accommodation for children:

- a. who are in police protection whom they are requested to receive under section 46(3)
- b. whom they are requested to receive under section 38(6) of the Police and Criminal Evidence Act 1984;
who are—
- c. remanded to accommodation provided by or on behalf of a local authority by virtue of [F3paragraph 5 of Schedule 4 or paragraph 7 of Schedule 5 to the Sentencing Code] (breach etc. of referral orders and reparation orders);]
- d. remanded to accommodation provided by or on behalf of a local authority by virtue of [F5 paragraph 25 of Schedule 7 to that Code] (breach etc. of youth rehabilitation orders)]
- e. remanded to accommodation provided by or on behalf of a local authority by virtue of paragraph 10 of the Schedule to the Street Offences Act 1959 (breach of orders under section 1(2A) of that Act);]
- f. the subject of a youth rehabilitation order imposing a local authority residence requirement or a youth rehabilitation order with fostering,]

The Children Act 1989 online can be found here:

[Children Act 1989 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1989/24)

Foster Carer Charter

Our Foster Carers' Charter demonstrates Wiltshire Council and the Fostering Service's commitment to you as a foster carer in our role as the corporate parent. It is an agreement that we will work in partnership with you as a foster carer, to support the best interests of children and young people who are looked after by Wiltshire Council foster carers.

<https://www.wiltshire.gov.uk/fostering-support-and-training-for-carers>

You can also find our Fostering Statement of Purpose on the above link.

SECTION TWO: Now I am a foster carer!

What happens now that you are approved? What does approval mean?

The assessment process has now been completed and your assessing social worker has presented the completed Form F assessment to the fostering panel.

The fostering panel considers the approval of prospective foster carers and the continuing suitability of approved foster carers, recommending their approval or termination of approval to the agency decision maker (ADM) who will decide whether to accept the recommendation of the foster panel. The foster panel includes elected members, a panel advisor, social work representatives and independent members. It is chaired by an independent chair to ensure an objective view.

The foster panel discussed and recommended your approval as a foster carer for Wiltshire Council. They would have considered how many children you can care for and what age range and gender, based on your knowledge and experience of childcare. You will also have decided if you wished to be approved as a 'short term' foster carer, caring for a child until decisions about their long-term care have been made; or a 'long term' foster carer, caring for a child after these decisions have been made until they are at least 18. Some households may only be able to offer respite care, or this may be in addition to either offering a short-term or long-term home for a child. Carers may also be approved to provide overnight short breaks to disabled children. The foster panel also considers applications for connected foster carers and their approval is exactly the same as a mainstream foster carer, however, there are a few small differences which are identified in this handbook.

Identity Card

You will receive an identity card. This confirms that you are an approved foster carer for Wiltshire Council. Please carry your ID card with you when you are with your foster child. This will enable you to prove your identity for example if you are seeking medical attention for the child, or when dealing with the police or other agencies. You will need to return your ID card if you cease fostering.

Family Profile Book

Before you were approved, your assessing social worker will have asked you to produce a family profile book which should include a description of you, your family, your home, pets and extended family in words and pictures. This will be given to the child's social worker to share with the child before placement.

You will also be expected to complete a short profile which will have similar information as the book in a condensed format such as an A4 page. This will be kept on file to be shared digitally with children's social workers. If there are any changes within your home, you will need to update these document.

The role and responsibilities of the supervising social worker:

We recognise that foster carers need to 'receive the support and supervision they need in order to care properly for children placed with them' (**National Minimum Standard 21**).

Now you are an approved foster carer you will be allocated a supervising social worker. The role of the supervising social worker is to supervise and support you as foster carers in the important task of caring for children placed with you by the local authority. We recognise that although immensely rewarding this can be an extremely challenging task. Your supervising social worker is here to support you to develop your skill and knowledge base, challenge you, increase your confidence and resilience, and develop your abilities to parent children who have additional needs or who have experienced trauma, abuse, and neglect.

The supervising social worker ensures each foster carer is informed in writing of, and accepts, understands, and operates within, all Regulations and standards and with policies and guidance agreed by the fostering service (**National Minimum Standard 21.9**), including safe-caring guidelines. They will also ensure that you are supported to understand safeguarding procedures and the process and procedures for managing concerns, complaints, and allegations.

The supervising social worker will complete a **health and safety check** of your home on an annual basis in line with National Minimum Standards for foster care.

The supervising social worker is responsible for ensuring that you understand how safe care is practiced and how children and young people are protected from abuse and harm. The worker provides a link between you and the local authority to ensure that statutory regulations and agency standards in relation to foster care policies and procedures are maintained. The supervising social worker will also represent your views back to Placement Services and panels.

Supervision

You are entitled to receive formal and recorded supervision with your supervising social worker at least once per month, and more frequently if the need arises. You should also take responsibility to contact your supervising social worker at other times should you need advice or support.

The supervision record will be used to assist this process and to make sure that all the areas are covered as required by the Fostering Service Regulations. Your supervision record will be sent to you electronically.

Your supervising social worker will arrange an **initial visit** with you and will provide you with induction information, as well as completing a **Personal Development Plan** with you within six weeks of approval. They will continue to help you to develop your skills, establishing your training needs, including completion of the Training, Support and Development Standards workbook for foster carers.

After the initial visit your supervising social worker will visit you monthly to provide support and supervision. In addition, telephone contact or online Teams contact will be made with you as required. If you are an overnight short breaks carer you will be visited a minimum of every 3 months.

The supervising social worker will also:

- Support with issues arising, such as finance, equipment, insurance issues and transport.
- Provide you with the necessary recording documents, including diary sheets
- Support you to carry out the placement plan and child's care plan, assist you in problem solving and dealing with misunderstandings, difficulties, or uncertainties.
- Attend placement agreement meetings and when agreed appropriate, reviews of children placed with you and any other meetings where you may need support.
- Support you to assist children and young people to understand and value their racial, ethnic, cultural, religious, sexual and gender identity.
- Ensure your annual review is carried out each year.
- Ensure that you understand how to use the out-of-hours service.
- Provide support to other members of your household, particularly your children or relatives who are also involved in the fostering task.
- Ensure you know when support groups and local activities are taking place.
- Ensure you are aware of the frequency of statutory checks such as DBS and medicals and that statutory checks and references (DBS etc.) are carried out on any person who becomes a member of your household or reaches the age of 18.
- Help you to make your views heard at meetings, reviews etc.
- If a child leaves you in an unplanned way, your supervising social worker will contribute to the disruption meeting, ensuring that minutes of any meetings held are discussed with you and that a copy is placed on your file.
- Ensure you are aware of the department's complaints procedure, and how to use it.
- Declare to their manager any personal or family relationship that they might have with you.

Your supervision will be recorded and the agenda for each meeting should cover:

- Matters arising from the last supervision.
- Personal issues, e.g., effect of a placement on the foster carer's own family, changes in the carer's situation and circumstances etc.
- Matters relating to child/ren in placement:
 - Their health, cultural, educational, leisure and contact needs - and any support needs.
 - Progress and work with respect towards each child's Care Plan.
 - Any accidents, injuries and illnesses experienced by each child.
 - Any complaints in relation to children placed with them and their outcomes.
 - Any issues of control, restraint or discipline in relation to children placed with them.
 - Any other significant events
 - Any medication, medical treatment or first aid administered.
- Training/development issues for the foster carers and their family.
- Safe caring and health and safety issues.
- Foster carer's recording which is to be reviewed by the supervising social worker who should sign the foster carers' diary.

The supervision visits should be recorded on a pro forma Foster Carer Supervision Record, signed by the foster carer and the supervising social worker, and should include:

- Any concerns expressed.
- Any support needs expressed by the foster carers and how they will be met.
- Any financial issues.

A record of supervision should be kept on the foster carers' file and one copy given to the foster carers. If you do not agree with the content or any recommended actions, then you need to contact your supervising social worker so amendments

can be agreed. The supervision records also contribute to the annual review to ensure all aspects of your fostering year is included in the review report.

Further information can be found here: **[Supervision and Support of Foster Carers \(proceduresonline.com\)](http://proceduresonline.com)**

Working as part of the team around the child

Foster carers are members of a professional team working with children's services in the best interest of the child. We refer to the group of professionals as the 'Team Around the Child' or TAC for short. As colleagues and partners in this process you are expected to maintain constructive working relationships with other members of the team around the child, as this is essential to the overall wellbeing of children in care.

Foster carers must be provided with full information about the child, both verbally and in writing, on or before arriving with new (to them) foster carers. Although, foster carers will not always know as much information as may come to light at a later stage, because we might not always know, especially true with some children arriving 'into care'. However, as new information about the child is revealed, as relevant, this should be shared within the TAC, to ensure relevant information about the child's family or background is shared with foster carers. Likewise, foster carers need to update both the child's social worker and their supervising social worker with information about how the child is doing in their new home and any issues/concerns you may have.

Social workers work with many people and are often not be able to return your calls immediately. If your call is urgent, please ensure you speak to the duty worker (during working hours Monday to Friday) or with Out of Hours Service at weekends, Bank Holidays, or overnight. If you consider that your calls are not being returned then please first discuss this with the social worker in question, to seek a suitable resolution. If this continues to be a difficulty, then please discuss this either your SSW or their line manager if the issue concerns your SSW. Most social workers are supervised by assistant team managers or aspiring managers in the case of ASYE (trainee) social workers.

Foster carers are required to keep in regular contact with the professionals working with the child. We require open, honest, and regular communication about the child between foster carers and the staff responsible for the child. Responsibility for this lies with both foster carers and all others included in the TAC. It is not helpful to any child if information is not exchanged, or concerns are not voiced about the care the child is receiving and/or about the quantity or quality of support provided to the carer from the responsible team.

The development, monitoring and implementation of a child's care plan is the responsibility of the child's social worker. However, foster carers have an important role in these processes and the views of foster carers should always be sought when plans for children are decided and reviewed. Differences in opinions about plans for a child must be raised and where possible resolved. Ultimately, a foster carer must work with the care plan or decisions made by the court, regardless of any unresolved disagreement. As always, we encourage foster carers, social workers, support workers and PA's to maintain open and positive lines of communication and to discuss with transparency if, at times, there are any difficulties in the way you feel you others in the TAC are behaving towards you.

Unannounced Visits

There should also be unannounced visits at least once a year. Unannounced visits should be recorded. The main purpose of the unannounced visit will be to look at the home environment that a child is living in.

The unannounced visits are normally undertaken by the foster carer's supervising social worker who will check who is in the home and who is looking after the child.

If the foster carers are not at home but the child is present and being looked after by someone else, the social worker should check the identity of that person but should not continue with the visit. The supervising social worker should leave a note for the foster carers to say that they have visited.

If the carer is not at home, what arrangements have been made for the care of the child.

There should not ordinarily be a regular programme of unannounced visits without particular reason – for example if a foster carer is being closely monitored. In such an event the reason will be explained to the foster carer.

The Foster Care Agreement

Once the Agency Decision Maker (ADM) has confirmed the recommendation for your application to become a foster carer(s) for the authority, you will be asked to sign the foster care agreement. A foster carer cannot have a child placed with them until they have agreed to and signed this agreement.

The foster care agreement reflects the partnership between you as a foster carer and the local authority and sets out the responsibilities of each.

It includes the matters and obligations set out in the Fostering Services Regulations 2011 which can be found here:

[The Fostering Services \(England\) Regulations 2011 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukxi/2011/581/schedule/5)

and Schedule 5: Matters and obligations in Foster Care Agreements which can be found here:

<https://www.legislation.gov.uk/ukxi/2011/581/schedule/5>

and Fostering Services (Miscellaneous Amendments) Regulations 2013 which can be found here:

[The Care Planning, Placement and Case Review and Fostering Services \(Miscellaneous Amendments\) Regulations 2013 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukxi/2013/121/schedule/1)

The foster care agreement sets out your terms of approval, how many children you are approved to look after, their age and sex.

Matters to be recorded in the Foster Carer Agreement

- (a) The terms of the foster parent's approval.
- (b) The support and training to be given to the foster parent.
- (c) The procedure for the review of approval of the foster parent.
- (d) The procedure in connection with the placement of children and the matters to be included in any placement plan.
- (e) The arrangements for meeting any legal liabilities of the foster parent arising by reason of a placement.
- (f) The procedure available to foster parents for making complaints and representations.

Changes to approval

A foster carer's approval can be changed, and we would seek your agreement to any changes to your approval. This is something that your supervising social worker will discuss with you.

A change of approval report will be completed, either separately, or as part of your annual review. Depending on the scope of the change, this report will be presented to the fostering panel and the agency decision maker to be agreed. However, you can return to panel for other changes, for example where there is a change in your circumstances, before your next annual review.

If you have a new partner or changes to those living in/visiting the home, this will need to be discussed with your supervising social worker. If someone is spending more time in the home, then consideration will be given to an assessment of this person for approval as a foster carer.

The Fostering Scheme Panel

This panel considers requests from supervising social workers for foster carers to progress through the fostering levels. This is usually for progression to a higher level or where there are concerns that a foster carer is not meeting the criteria for their level, including not meeting standards or required training for the level, the panel will consider a change to a lower level

The Annual Review

Every foster carer has a review at the end of their first year of fostering, and then at least once every year after that.

Your review will include a meeting, chaired by a fostering independent review officer (FIRO) and the review is also attended by your supervising social worker, who completed your assessment. Your supervising social worker gathers together all relevant information about your fostering experience over the year. This will include obtaining the views of you and your family, children who are in foster care with the family, parents if appropriate, the Independent Reviewing Officer (IRO) and the children's social workers. The supervising social worker drafts a report in preparation of the review meeting and provides a copy for you and the FIRO.

The Annual Review Meeting

The meeting usually takes place online or in your home. The review will discuss the children that you have cared for over the past year, and what has been going well and what has been more of a challenge.

It will consider your strengths and any areas of learning or development.

The annual review is an important opportunity to reflect on what you have achieved and also discuss any concerns you may have.

Your personal development plan will be reviewed prior to and during the review, and this will help to identify any additional support or future training that is needed.

After your first review, Annual Review dates are set eleven months in advance. This allows for unforeseen circumstances which could impact the timescales of reviews. Carer/s can also be brought back to Fostering Panel for an interim review in some instances.

After the Annual Review Meeting

Following the review, the paperwork completed will be read and approved by a manager in the kinship and fostering service. Once the manager has added their comments the review paperwork will be sent to you, and a copy will be placed on your file.

Following your first annual review you will be asked to attend the foster panel with your supervising social worker. The foster panel always review all foster carers after one year, and a minimum of every three years thereafter.

The panel recommendation is then passed to the agency decision maker for a decision about your approval. A new foster care agreement will then be sent out to you to read, sign, and return to confirm your continued acceptance of the responsibilities you have as a foster carer for Wiltshire Council.

Overnight Short Breaks (ONSB)

Overnight Short Breaks (ONSB) scheme is one of the types of fostering offered by the Kinship and Fostering Service.

It aims to support children with disabilities, and their families through the provision of family based short breaks. The Scheme offers a flexible, consistent pattern of short breaks, which can include day care and/or overnight stays.

The scheme gives children and young people receiving a short break the opportunity to make new relationships and to broaden their experiences, whilst spending some time in a safe environment with carers who will be fully aware of their individual needs. It also allows the family time to relax knowing that their child is being well cared for. ONSB's carers work in close partnership with the child's primary caregivers, the child's social worker and their own supervising social worker.

In most circumstances, those referred for ONSB care are children or young people living at home with their parents or guardians. The child or young person will have a social worker from the children and young person's disability team who has assessed the needs of the child and their family and made a recommendation through the 'child in need' plan, that an overnight short break is required.

This recommendation is then discussed at the Family Support Panel, which meets monthly, to consider all types of short breaks requests. If agreed, a referral is sent to the Kinship and Fostering team. There may also be referral requests from social workers of looked after children, whose primary foster carers require a short break.

It is important to identify a good match between the carer and child, as well as considering the geographical distance between parents/child home, school and the carer's home.

ONSB carers, as with other foster carers are approved through the Fostering Panel (for overnight approval). They are expected to operate as part of the overall team of

people involved in the care interests of each child, adhering to Fostering Minimum Standards.

Leaving fostering

If you decide that you want to stop fostering, you will need to resign by writing a short letter of resignation to the fostering team manager. Your supervising social worker will contact you to discuss your resignation and will then complete a short report. A copy of this will be sent to you to read, agree, and sign and return. Your resignation letter and the report will be presented to the fostering panel. You do not need to attend this panel. You will then receive a letter confirming that you have been deregistered as a foster carer for Wiltshire Council.

If you still have children in your care, then a disruption meeting will need to be convened. It is expected that a **minimum** of 28 days' notice will be given.

Termination of Approval

Following a review of your approval the fostering panel may recommend to the agency decision maker not to continue your approval as a foster carer. If this decision is ratified by the agency decision maker, you will receive a letter known as a qualifying determination letter. There are three options available to you:

Option 1 – Accept the qualifying determination.

You should advise the fostering panel administrator if this is your preferred option. The qualifying determination will be confirmed, and a formal decision will be sent to you.

Option 2 – Representations to the agency

If you choose to make representations to Wiltshire Fostering Service, they must be in writing and be received at this office within 28 calendar days from the date of this letter. On receipt, your case and written representations may be referred to a fostering panel to consider and to make a fresh recommendation. The fostering panel's recommendation will be considered when the final decision is made by Wiltshire Fostering Service.

Option 3 – Application to an independent review panel for a review

If you wish to apply to the independent review panel (**the Independent Review**

Mechanism, IRM) to review Wiltshire Fostering Service's qualifying determination, your written application and your reasons for the application must be received by the independent review panel within 28 calendar days from the date of the qualifying determination letter. A copy of the review panel's recommendation will be sent to Wiltshire Fostering Service and will be considered with the original fostering panel's recommendation. Wiltshire Fostering Service make the final decision. After a period of 28 calendar days has expired, a decision will be made by Wiltshire Fostering Service. You will be notified of that decision. More information about the Independent Review Mechanism can be found here **[Prepare for a review panel: adopters and foster carers - GOV.UK \(www.gov.uk\)](http://www.gov.uk)**

Additional support for foster carers

Fostering and Kinship Support Workers

If you need additional support, this can be made available from a fostering or kinship support worker who will work closely with your supervising social worker to ensure that your needs for support and guidance are met.

Therapeutic Support Services

A placement therapist attached to the fostering team can provide specialist advice, and individual and group support to carers who are caring for children who need additional support and may be more challenging to look after.

Referrals for this additional service are made by your supervising social worker.

Fostering Duty

The fostering service provides a support/duty service during office hours. A member of staff will be available to respond to any immediate support issues you may have in the absence of your supervising social worker. When a supervising social worker is absent for any period, you will be informed of alternative arrangements.

Out of hours support

There is a telephone support and advice line available outside normal office hours, during evenings and weekends. This line is available until midnight on weekdays and from 8.30am until midnight during weekends and bank holidays. The telephone number is **07909 938254**.

Emergency Duty Service (EDS)

Wiltshire Council has a small team of social workers available outside office hours to offer emergency social work support to all groups. This service can offer telephone advice and support and has access to placement information and emergency fostering placements. If you need support and advice in a crisis after midnight, when the Out of Hours Support line is unavailable then EDS is your point of contact. The direct telephone number for professionals, including foster carers is **0300 456 0115**.

Child and Adolescent Mental Health Service (CAMHS): Out of hours number - 01865 901000

Support groups

There are several support groups for foster carers in Wiltshire.

The mainstream foster carer support groups are held in three areas of the county, one in the north, in Chippenham, one in the south, Salisbury and one in the west of the county, Trowbridge. The groups run once each per month and they are facilitated by a fostering support worker.

There is also a Kinship Support Group for connected persons foster carers facilitated by the kinship team support workers. This group meets once a month in Devizes.

In addition, there is a support group for carers of unaccompanied asylum-seeking children and young people and the group meets monthly in Trowbridge. This group runs monthly, alternating between support and development sessions.

These groups offer the opportunity to meet other foster carers and share experiences and advice in a supportive environment.

There is also a Specialist Development Group, which runs quarterly, online. This Group is for those carers who support our more complex young people, for example STEPS and Specialist carers.

Wiltshire Fostering Association (WFA)

Wiltshire Fostering Association (WFA) has been established since 2004 and is a group of foster carers who come together to support each other and work with the fostering services to represent the views of foster carers.

All foster carers and adoptive parents with Wiltshire Council automatically become members of WFA. Once approved an existing member of the group will contact you to welcome you to the association. WFA are also happy to talk to any prospective foster carers.

WFA is independent of Wiltshire Council's fostering service but works closely with the department. It plays a key role in ensuring foster carers' feedback and opinions are voiced and that new government regulations and internal policies are communicated and discussed.

WFA provide one to one support for carers by arranging sessions to meet and talk about experiences and exchange advice. Members may find it useful to hear about others' experiences and working together to resolve any issues that might arise in their role as foster carers. Wiltshire Fostering Association can also offer support with meetings you may have with other professionals.

Monthly meetings are currently held in Trowbridge on the second Wednesday of the month (correct in April 2023).

Contact details : info@wiltshirefosteringassociation.org

The Fostering Network is the UK's leading fostering charity. They support a community of 55,000 foster carers and 370 services across the UK. They produce a regular magazine (Foster Care magazine), information about training, advice and information relevant to fostering.

Once approved, a foster carer will automatically become a member of Fostering Network. The Fostering Service will pay the annual subscription fee.

The Fostering Network provide:

- a legal helpline for expert advice on allegations and help with any legal queries
- a stress support line: available 24 hours a day, 7 days a week. It is staffed by qualified counsellors and translation is available in over 200 languages. Members of The Fostering Network can access this completely confidential stress support service on 01384 889 549.
- online resources, publications and training, all of which are discounted for members.

<https://www.thefosteringnetwork.org.uk/>

Fosterline and Fosterline Plus

Fosterline is delivered by FosterTalk on behalf of the Department for Education.

Supporting Foster Carers and those that want to Foster | Fosterline

Fosterline is a free confidential helpline for foster carers and prospective foster carers in England. They provide free, confidential, impartial, advice, support and signposting to foster carers and prospective foster carers on a wide range of issues affecting them including: allegations, staying put, special guardianship, tax, benefits, care planning, and many more

Fosterline responds to enquiries from current and prospective foster carers by telephone and email, from Monday to Friday 9 am to 5 pm (except for Bank Holidays) and advisors are available via Live Chat from Monday to Friday, 10 am to 3 pm. Link to Fosterline: Contact Us - Fosterline

Fosterline Plus

Free individual tailored advice around fostering and tax and benefits from a trained tax and benefits advisor via a call back service usually completed within 1 working day or on a later day of your choosing. Contact Fosterline on **0800 040 7675** for more information. **Fosterline PLUS | See how we can support you - Fosterline**

Additional 1 to 1 phone support to any current foster care or prospective foster carer in England, including kinship and connected person foster carers.

If your situation requires some additional support beyond the Fosterline advice service that could impact on ability to foster, we may be able to offer a referral to Fosterline Plus for 1 to 1 short term additional phone support via an allocated advisor. Examples may include care planning disputes, a breakdown in the relationship with the fostering service, complaints, standards of care concerns etc.

Self-care

We know that finding time for yourself can be challenging, particularly when you are managing caring responsibilities, work commitments, appointments, and family life. Often when we are focusing on others, we can neglect our own wellbeing needs, which can lead to us feeling overwhelmed. Please speak with your supervising social worker if things are feeling difficult. There are several resources which are available to you when you need a little extra support:

TRiM

TRiM is a Wiltshire Council service for staff and foster carers who might be at risk of trauma within their role. A request for TRiM can be made via your supervising social worker .

Stress awareness courses are available via the Wiltshire Council learning portal, grow.

Anna Freud Centre – self-care for parents and carers: [**Self-Care for Parents and Carers | Why consider self care? | Anna Freud Centre**](#)

Support for birth children in fostering families – BRANCHES

This group is held to support birth children and children within the extended family of foster carers. This enables children to meet with other children who live in fostering families and develop their own support network. The group provides a forum for children to discuss issues and concerns, provides support for them in their role, and fun activities and events are organised throughout the year, for example, bushcraft, cookery skills and paddleboarding.

Annual Fostering Conference

Each year we invite all approved foster carers to join us for an Annual Fostering Conference. This conference is held face to face at a local venue. The theme of the conference is not only around supporting foster carers in their role, but also to celebrate the hard work and dedication foster carers show every day to the children and young people they care for. The conference includes guest speakers and a delicious buffet lunch.

Benefits for foster carers

There are several benefits available to Wiltshire Council foster carers. The **Wiltshire Rewards scheme** is an exclusive discounts, benefits, and wellbeing programme with hundreds of offers from top high street retailers including M&S, Sainsbury's, Curry's, PC World, John Lewis and many more. Wiltshire Rewards also includes a range of local discounts, including concessions when purchasing leisure centre membership.

Wiltshire **Leisure concession memberships** are available to Wiltshire Council approved foster carers and their families, where they are living within Wiltshire. The membership includes the foster family, the foster child and looked after young people and siblings of the foster child and care experienced young people. The free concession type membership includes free access to public swimming (including the family swim) and free single court hire, for badminton, squash, table tennis and tennis (where applicable). All other activity types are at the concession price. To apply please email kinshipandfostering@wiltshire.gov.uk

Foster carers can also register for the **Blue Light Card** to access more discounts online and on the high street.

Further information is available here: **[Welcome to Blue Light Card](#)**

Foster families can access the **Max Card** which gives free or discounted entry to Tourist Attractions throughout the UK. [Further information is available here: About Us – Discounts for fostered and disabled children – MaxCardMaxCard \(mymaxcard.co.uk\).](#)

Changes to your fostering household

You must notify the department in writing of any significant changes to your family and household. For example:

- If any immediate and significant family member dies.
- Anyone leaving or joining the family, including a family member, friend or relative for longer than two weeks.
- Any new relationships, or changes to existing relationships, including when anyone will have contact or increased contact with the children you look after; or where they spend time in the home. This should be discussed with your supervising social worker because a DBS check or other assessment may be required.
- Any severe relationship difficulties, including one partner leaving the household (even temporarily).
- If anyone is planning to stay or comes to stay in your household who has a criminal record involving offences against children, or violence against a person.
- If you move or plan to move house, or there are significant building works in your home.
- If your working hours change significantly, e.g., part time to full time, evening and weekend work or there is a change in your employment status, e.g., you start or stop working.
- A serious deterioration in the health of any significant family member.
- Diagnosis of a serious illness.
- The birth of a child to any immediate family member.
- If you or any member of the family is involved with the police or are charged with a criminal offence.
- You have a dog that becomes registered under the Dangerous Dogs Act
- Purchasing firearms or other guns or weapons
- Any illness or disability that may affect your ability to provide day to day care for the child, even temporarily.

Following notification, your supervising social worker will respond by arranging to visit you to discuss the changes. They will then discuss the changes with their manager to decide whether this would be considered a change in circumstances, in which case a review may be helpful, or whether it is necessary to complete a re-assessment and/or return to fostering panel.

Media

As a foster carer, you are viewed as a representative of the Fostering Service. If you are approached by a member of the media to give an interview, comment or similar you must advise them you will need to speak to the fostering team first. Please then contact the department and advise of the request and contact details of the media. The department will be able to access advice and guidance from our Communications Team on your behalf and they will handle any media requests.

You must not allow any looked after child to be interviewed or photographed if it will identify them as a looked after child.

You will be advised if there are any reasons why a child must not be photographed, for example if this should compromise the safety of the child.

Holidays

Foster carers are expected to take a child in their care with them on holiday. In exceptional circumstances, for example when a holiday has been booked in advance of the placement being made or if the child's parents refuse to give consent for the child to accompany the carer on holiday, the department will provide a respite placement for the child. At least 12 weeks' notice must be provided to enable the department to identify a suitable alternative placement and for introductions to take place for the child.

If you are intending to take a child on holiday out of the country, this must be discussed and agreed with the department in advance of the holiday being booked so the department can ensure all required written consents are obtained before you make any financial commitments. Please note that it may take some time to seek and obtain such consents and to obtain a passport where needed, so you must ensure you provide sufficient notice to the department of your intention.

SECTION THREE: Payments to foster carers, allowances and travel expenses.

Wiltshire Council Families and Children's Services

Kinship and Fostering Team

Fostering Payments 2023/24

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1. Principles

1.1 This finance policy replaces all previously published policies and applies to all foster carers including fee paid carers.

1.2 Wiltshire Council, in line with Fostering Services - National Minimum Standards, is committed to ensuring that foster carers receive appropriate and timely financial support when caring for a child or young person.

1.3 Wiltshire Council believes that fostering payments should reflect the real costs of looking after a foster child. It is the Council's aspiration to increase fostering allowances year on year in line with local government pay inflation.

1.4 An additional four weeks of fostering allowances are also payable to allow for expenditure connected with birthdays, holidays and a religious festival – the festival allowance is usually paid at Christmas unless otherwise requested. If the child moves before Christmas, any gifts which have been bought should follow the child, either to another foster family, or home to birth family.

1.5 Allowances and fees are reviewed annually, and carers will be consulted and informed of any significant changes.

1.6 Foster carers are not eligible to receive Child Benefit for a foster child and the fostered child cannot be included in the foster family's claim for benefits or Tax Credits. Carers in receipt of benefits should contact the Benefits Agency to inform them of the allowance and any fees they receive through their fostering role and identify if there is an impact on their benefits. Foster carers cannot claim free school meals for a fostered child. The fostering allowance covers all food costs incurred by the child whilst with their carers including school meals or packed lunches.

1.7 Fostering allowances and other income from fostering are considered income by the Inland Revenue. In April 2003 new Tax Relief measures were introduced. Further information on this is included in the Income Tax, National Insurance and Benefits section of this document

1.8 The weekly Fostering Allowances for the year 2024/25 are set out below and will be paid from 1 April 2024.

	Fostering Allowance (weekly)	Fostering Allowance (daily)
Regulation 24 / 25 Connected Persons	£280	£40
Connected Persons	£400	£57.14
Home Away from Home	£400	£57.14
Home Away from Home – Advanced	£510	£72.85
Home Away from Home - Specialist	£740	£105.71
STEPS	£500 plus £400 when a child is	£71.43 + child retainer

	in placement.	allowance £57.14
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1.9 The total allowance paid consists of both an allowance for the child and a fee for the carers. When fostering payments comprised a fee and allowance, indicative amounts were given for pocket money and clothing for the child, dependent upon age. With a move to flat rate payments, this guide is no longer required, foster carers should use the allowance to provide for the child, including giving pocket money to support their understanding of money and money management. This should be proportionate to the child's age and can be discussed with the child's social worker and the Supervising Social Worker.

2. Payment

2.1 Payments are made fortnightly in arrears directly into the carer's bank or building society account by direct bank credit transfer.

2.2 Fostering payments are paid from the night the fostering arrangement commences up to and including the night prior to the child leaving the foster home or becoming 18 years of age. Payments are made on a pro rata basis i.e., a one night is paid at one seventh of the weekly fostering allowance.

2.3 This includes payments to a connected person who has been given temporary approval as a foster carer under Regulation 24 or 25 of the Care Planning, Placement and Case Review (England) Regulations 2010. The fostering allowance will be paid as if the carer had been approved by the Agency Decision Maker following presentation to the fostering panel.

2.4 Fostering allowances are calculated to include all normal expenditure for the care of a foster child, as follows:

- food
- school lunch money or packed lunches
- replacement clothes and shoes
- party clothes
- youth organisation/youth group clothes
- nappies
- toiletries/sanitary wear
- haircuts and other personal needs
- pocket money
- toys/books/games
- sporting activities
- hobbies/music/dancing/sport
- subscriptions to clubs

- treats/outings
- presents for child's friends
- household costs (including costs of minor breakages, minor items in daily use, additional gas/electricity, wear and tear of furniture, carpets etc., telephone usage, durable goods e.g., TV, washing machine)
- transport to and from school
- all local journeys
- baby-sitters /childcare for ordinary family social activities/carers personal commitments
- usual school trips
- replacement school uniform including uniform for a new school when the child has been in placement for approximately six months
- playgroup/nursery fees (except where the criteria for Priority Day Care applies)

2.5 Savings

Foster carers should establish a savings account for children and young people in their care, making a regular and proportionate contribution to it and ensuring that appropriate steps are taken to transfer the account should the child move.

Foster carers should discuss and agree with their Supervising Social Worker how much they should save for each specific child, and clearly record these payments in their foster carer diary /recordings. Likewise, Supervising Social Workers should note these payments in the foster carer's supervision record. Independent Reviewing Officers should also address this issue in Children Looked After reviews.

[Junior individual saving accounts for looked-after children - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

2.6 A breakdown by expenditure of the fostering allowance has not been produced.

The principle advocated by the Fostering Network is that a generalised breakdown of allowances is overly prescriptive, and the expenditure should be made on the needs of the specific child and using the professional judgment of the foster carer. Foster carers are not expected to spend the total fostering allowance each week but are expected to manage the overall budget over the course of the year or the duration of the arrangement. If you have any concern, please discuss them with your supervising social worker.

2.7 Adoption Financial Support

Financial support is payable to an adoptive parent to support the placement of

an adoptive child, or to ensure the continuation of adoption arrangements after an adoption order is made. Please ask for a copy of the adoption financial support policy for more details.

3.0 Disability Living Allowance

3.1 Disability Living Allowance (DLA) or Personal Independence Payments (PIP) are state benefits available to disabled children who require help with personal care/or supervision over and above that of other children of the same age because of their illness or disability. The benefits may contain both a care and mobility component.

3.2 Foster carers who are looking after a child who is entitled to DLA (or PIP) should be supported by the child's social worker to claim the allowance. The child's social worker must be informed by the foster carer if they have applied for DLA or PIP, along with the outcome of any claim, including the rate payable for both the care and mobility component. Any payment is made by the Department of Work and Pensions (DWP) and is additional to the fostering allowance paid to the foster carer.

3.3 If the child or young person is eligible for DLA or PIP, management and use of the benefit by the carer to meet the additional needs of the child should be discussed and agreed at the Placement Planning Meeting, or through a review of the Placement Plan. Use of the benefit should be reviewed regularly by the child's social worker with all other parties. Where benefit is in place there is an expectation that this will fund additional expenditure required for the care and maintenance of the foster child due to their illness or disability which is not covered by the fostering allowance. Foster carers must be able to tell the child's social worker how they have used the DLA or PIP to improve the life of the child.

3.4 DLA or PIP is not intended to be saved for the child to use in adult life, and any savings over a certain limit may impact on benefits claimed by the child's parents if the child returns home, or by the child on reaching 16 years of age. Any weekly surplus of DLA or PIP can be saved for a particularly large expenditure such as a special holiday.

4. Pocket money

4.1 Pocket money for a child is an entitlement and does not have to be earned. The amount should be discussed and agreed between the parents, child's social worker, supervising social worker, the child and foster carers at the initial Placement Planning Meeting and reviewed between all parties at intervals.

What the pocket money is expected to cover should also be agreed; however, young people will not be expected to buy toiletries/sanitary wear out of their pocket money (a separate amount from the fostering allowance may be given to the child by the foster carer to enable them to do this). It would be helpful for this amount and when it is given

to the child to be recorded in foster carer diary recording and in supervision notes.

5.Unaccompanied Asylum Seeking Children (UASC) – determination of age (applies to STEPS carers only)

5.1 Where the age/date of birth of a child who is an asylum seeker is unknown, STEPS foster carers will receive an age-related allowance payment based on the outcome of the child's age assessment in addition to the standard weekly allowance payment.

5.2 Where a reassessment of age is undertaken at any stage after the placement has commenced this may result in a reduction or increase in the child's age which falls into a different fostering allowance age bracket. Where this is the case fostering allowances, for STEPS carers, will be increased or decreased from the date of the outcome of the new age assessment.

6.Parent and Child Placements

6.1 Where a parent and child are placed together, and the parent is also looked after, the carer will be paid as follows:

Parent and Child Support Placement	£510 per week per child £510 per week per parent
Parent and Child Assessment Placement	£740 per week per child £740 per week per parent

6.2 Where the parent is not looked after, and is entitled to claim Universal Credit, the parent will be asked to provide a financial contribution. The amount of the contribution should be agreed following discussion between the foster carer, the parent, the fostering social worker and the child's social worker. This amount will be removed from the fostering allowance paid to the carers for providing this type of specialist placement so that financial support to the parent is not duplicated.

6.3 A festival, birthday and holiday allowance will only be paid to the foster carer for the parent or child if they are looked after.

6.4 There is an expectation that arrangements will be made at the placement planning stage to agree how some of the fostering allowance will be apportioned to the parent, if and as appropriate, to purchase milk, baby products and meet the parent's personal expenses as per care planning.

6.5 Payments to foster carers will not be reduced where either the parent or child are not looked after and have an income/child benefit or other benefit entitlement.

7.Travel Expenses

7.1 The fostering allowance covers what we consider to be the cost of all reasonable transport of your 'child looked after' up to 150 miles per week. This includes journeys to and from the child's nursery or school and all other 'day to day' transport. This includes journeys to the doctors, hospital, to see birth family, attend clubs/sports and/or visiting friends. If you are looking after two younger children and they mostly do the same journeys with your family, then there would not be any need to make additional claims until after 300 miles.

Foster carers are able to claim all additional mileage (over 150 miles per child per week) that might sometimes be required on rare occasions. If you're not sure please discuss with your Supervising Social Worker and we would suggest that you might ask them to look at this policy with you.

For foster carers providing short breaks for children this expectation will be pro rata. That is, if a carer is paid for 2 nights, they will cover the costs of 2/7 of 150 miles before claiming mileage

7.2 Additional transport expenses, in excess of the 150 miles per week per child, as described above, will be met by Wiltshire Council upon agreement by the Kinship and Fostering Team Manager. All requests for mileage or public transport reimbursement should be submitted on a Kinship and Fostering Team Claim Form and, if agreed, will be reimbursed at 45p per mile, plus car parking charges. Where public transport is used, costs will be reimbursed.

7.3 Whilst recognising that the Fostering Allowance includes an element which is designed to meet the transport needs relating to a child's day to day activities, in exceptional circumstances, where foster carers cannot drive a child to school and so transport has to be provided or facilitated by other means (e.g. taxi or train or bus pass/ticket), they will be able to claim for such expenses in the usual way. This should be discussed, and any agreements reached, before a child moves to live with you, where possible.

7.4 Transitions allowances are set out below for foster carers to buy food during any adoption, special guardian or long-term match moves when a significant distance requires overnight stays. Hotel and accommodation costs are to be paid by the team responsible for the child. **Meal allowances: (based on the staff 'Rail travel, accommodation and meal allowances policy and procedure July 2019')** If fostering allowances have ceased: Meal allowances can be claimed on the following basis:

Meal: Breakfast	Times: If you leave home earlier than usual or before 6.00am to work away from your normal workplace you may claim the
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	<p>cost of your breakfast in line with the daily allowance.</p> <p>Max Daily allowance: £6.50</p>
Meal: Evening meal	<p>Times: Where you work later than usual, finish work after 8.00pm having worked a normal day or stay away overnight for work purposes you may claim the cost of your evening meal in line with the daily allowance.</p> <p>Max daily allowance: £12.50</p>

The allowances are for the maximum daily expenditure. Lunch and tea allowances are not payable.

If fostering allowances have continued during the transition period: 50% of the costs of the above meal allowances will be paid.

7.5 Carers need to complete a Kinship and Fostering Team Claim Form attaching any receipts if applicable (i.e., parking tickets/ train tickets/fuel VAT receipt etc.). The form is available from, and needs to be submitted to, your Supervising Social Worker. They will check and then seek team manager agreement before passing to the Finance administrators to process agreed claims. If you have any queries, please contact either your Supervising Social Worker or Finance administrators, via email to fostercarepayments@wiltshire.gov.uk).

7.6 All claims should be submitted monthly. We are unable to guarantee paying any claims submitted after three months.

7.7 Carers can also claim travel and reasonable parking costs in relation to attending training or other meetings, not related to any children in their care, but meetings in relation to their role as a foster carer. See below.

7.8 All claims for travel expenses must be accompanied by a VAT receipt. For tax purposes, the receipt does not have to match the amount of the mileage claim but the fuel purchase does have to pre-date the journey and the receipt (or receipts) has to be for a sufficient amount of fuel to cover the mileage being claimed. For example, fuel purchased 3 January 2017 £25.00 accompanies a claim for a journey to attend training on 7 January 2017 – 20 miles @ £0.45 = £9.00.

7.9 Where more than one family car is used for trips associated with fostering, carers only need submit one monthly claim for all the journeys undertaken and one or more receipts from either vehicle.

7.10 Where there is one family vehicle which is used for the purposes of self-employment or where there is one family vehicle which is a company car, and all receipts are collected by the employer. Please contact the Kinship and Fostering Finance Team on 01225 716510 to lodge the exemption.

7.11 For foster carers who submit their tax return under HMRC's "**profit method**" (i.e., carers have an accountant and complete a tax return from total income less total expenditure), mileage claims should not be submitted for payment where they are being used to offset profits for tax purposes – i.e.: carers cannot claim twice for the same journey.

8. Expenses for attending Meetings/Training

8.1 Foster carers can claim reimbursement of baby-sitting or childcare costs, for looked after children, incurred whilst attending training, or other meetings, at the request of the Fostering Service. The rate payable is up to £4.20 per hour (Wiltshire Council website - 2023). Where carers have used a registered childcare provider the actual cost will be paid (receipts should be submitted).

8.2 Foster carers can also claim travel costs. Mileage costs at 45p per mile will be paid plus car parking charges or the cost of public transport will be reimbursed.

8.3 Foster carers, who assist the Fostering Service in the delivery of training or other developmental tasks e.g., interviewing, can claim £8.37 per hour plus travel costs, as above. Carers need to be mindful that this payment is not a fostering allowance or fostering expense. Carers are essentially self-employed when being paid to deliver training and this payment plus any paid travel costs could therefore be taxable.

8.4 On completion of training, or attendance at meetings, carers need to complete a Kinship and Fostering Team Claim Form attaching any receipts if applicable (i.e., parking tickets/ train tickets/fuel VAT receipts etc.). The form is available from, and is submitted for payment via, their Supervising Social Worker or the Finance Section, Kinship and Fostering Team, County Hall, Bythesea Road, Trowbridge, BA14 8JN. (Or by email to fostercarepayments@wiltshire.gov.uk).

8.5 All claims should be submitted within a month of completing the training event or meeting. Claims made after three months will not be paid.

8.6 Childcare or babysitting expenses incurred for looked after children for other reasons for example, carers' social activities/personal commitments should be met from the weekly fostering allowance.

8.7 Bank work is direct work/visits to support carers and children. Bank work is paid at a rate of £15.63.

9. Payment for the provision of Overnight Short Breaks

9.1 Where a foster carer looks after a child to provide a break for either the child's family or another foster carer, payment of the fostering allowance paid to the carer providing the occasional care will be made for each overnight stay on a pro rata basis. An overnight stay is up to 24 hours. Where a stay exceeds a 24-hour period, but does not include a further overnight stay, payment for the provision of daytime care will apply for the period in excess of 24 hours (see below), up to the maximum of your daily fostering allowance

10. Payment for the provision of Daytime only Occasional Care

10.1 Where a foster carer is asked by the Fostering Service to look after a child or children during the day and no overnight stay is involved, the carer will be paid £6.50 per hour per child up to the maximum of one day's fostering allowance per child at the Home away from Home rate (i.e., a maximum of one seventh of the fostering allowance for each child). The day care rate also applies where the child is not a looked after child and the day care is provided to support the child remaining at home. Foster carers can claim the day care rate during adoption transition periods if they continue to visit the child following their move to an adoptive placement as part of the transition plan. Mileage can also be claimed at 45p per mile for these visits.

10.2 Carers need to complete a Kinship and Fostering Team Claim Form detailing the number of hours' care they have provided per day/per child. The form is available from, and is submitted for payment via, their Supervising Social Worker. Any queries please contact either your Supervising Social Worker or email fostercarepayments@wiltshire.gov.uk

10.3 All claims should be submitted within a month of providing day care. We are unable to guarantee paying any claims submitted after three months.

11. Allowances for Over Night Short Break (ONSB) Carers

11.1 These arrangements will be paid at the following 2024/25 rates:

Up to 5 hours	0 – 11 years	£25
	12 – 18 years	£29
Daily	0 – 11 years	£51
	12 – 18 years	£59
Overnight 10pm – 7am		£6

12. Under or Overpayment of Allowances

12.1 Whilst every effort is made to ensure correct payments, occasionally the payment of fostering allowances may continue after a child has left a foster home.

12.2 It is Wiltshire's policy that overpayments of allowances or fees are recoverable in full from the start of the overpayment period. Every effort will be made to provide carers with appropriate support to ensure that any arrangement for recovery does not have an adverse impact on any children in placement or cause hardship to the carers.

12.3 Where an overpayment has been made the Kinship and Fostering Finance Team will contact the carer advising them of the overpayment and proposing repayment arrangements. The carer will be asked to arrange a bank transfer or send a cheque to repay the overpayment. Carers may request deductions from future fostering payments if this is their preference. Foster carers should discuss any problems with payments, or recovery of overpayments with their Supervising Social Worker.

12.4 The occasions when overpayments are made will be few. If carers think they have been overpaid, they can contact the Finance Section on 01249 709480 or by email to fostercarepayments@wiltshire.gov.uk).

13. Equipment

13.1 Foster carers must be suitably equipped to fulfill their role. When a foster carer is being assessed, the assessing social worker will ensure that they can provide the equipment needed to meet the needs of a child or children within the carers' approval range.

13.2 If a child is placed with a carer at short notice, The Fostering Team can consider providing an advanced payment of the fostering allowance, to enable foster carers to purchase any equipment considered necessary for the welfare of the foster child. This may include cots, beds, bedding, storage space for children's clothing and personal items, pushchairs, playpens, stair gates, car safety seats, etc.

13.3 In exceptional cases, the Fostering Manager can consider financial support on a case-by-case basis before any purchase is made.

13.4 If a child requires specific equipment e.g. specialist equipment for a child with disabilities or specific equipment in relation to a child's education, this need should be discussed with the child's social worker or manager to access available funding from the childcare team.

14. Initial Clothing Grant

14.1 Most children who are in foster care arrive in their foster home with a selection of clothing and other personal items which they have brought from home or from a previous foster carer. The carer will gradually replace or add to the child or young person's clothing supply using the weekly fostering allowance.

14.2 Where the child has been placed in an emergency the child's social worker should endeavor to collect items as soon as possible from the child's home.

14.3 If a child arrives without adequate clothing, and it is not possible to access clothing from the child's previous home within a short period (24 hours of placement), there may be a need for extra money to establish a reasonable basic wardrobe for the child, including school uniform. Any initial clothing grant request must be based on actual need and agreed by the childcare Team Manager for the child. Carers should discuss the need for an initial clothing grant with the child's social worker or their Supervising Social Worker (or the Emergency Duty Service for placements made outside office hours).

14.4 The purchase of other items required to meet the child's immediate needs, such as nappies or baby milk, should be discussed and agreed with the childcare team at point of moving in.

14.5 For guidance it is suggested that at the start, or within the first 24 hours, a child should have the following basic clothing:

- 5 sets of underwear
- 1 set of nightwear
- 3 T-shirts or equivalent
- 1 warm top
- 1 coat/jacket as required by the season
- 1 pair of shoes/trainers
- 2 pairs of trousers/jeans/skirt
- Appropriate clothing for school

14.6 If carers need to purchase additional clothing, they should first seek agreement before returning a completed Kinship and Fostering claim form attaching any receipts, as applicable. The form is available from, and is submitted for payment via, their Supervising Social Worker. If you have any queries please contact either your Supervising Social Worker, or our Finance Section, by email to fostercarepayments@wiltshire.gov.uk). The cost of any agreed initial clothing grants needs to be approved and met by the child care team responsible for placing the child.

14.7 All claims should be submitted within a month of purchase. We are unable to guarantee making payments to any claims submitted after three months.

15. Birthdays, Holiday and Christmas/Religious Festivals

15.1 Birthday Allowance

An amount of £280 will be paid in the payment fortnight prior to the fortnight in which the child's birthday falls. If a child moves in the week before their birthday, arrangements can be made to ensure the carer receives the birthday allowance in time to meet the child's birthday needs. If a child changes where they live after the birthday allowance has been paid, but prior to their birthday, the new carer can apply for half the birthday allowance and all gifts purchased for the child should move with them to the home.

15.2 Festival Allowance

An amount of £280 will be paid in the last payment fortnight in November, ahead of Christmas, unless we are notified that the child would prefer to celebrate another festival. In this case the foster carer may apply via the child's social worker for the allowance at the time of year when a suitable festival is held.

The Kinship and Fostering Finance Team will need to be informed via fostercarepayments@wiltshire.gov.uk or 01249 709480 if the allowance is **not** to be paid in in November. If a child moves in after the payment, but ahead of the specific festival, arrangements will need to be made to ensure the carer receives the festival allowance in time to meet the child's needs. If a child moves after the festival allowance has been paid, the new carer can apply for half the festival allowance and all gifts purchased for the child should move with them to the new home.

15.3 Holiday Allowance

An amount of £560 will be paid for each child in a financial year (April to March). This will automatically be paid in the first payment fortnight in July (carers do not need to apply). In exceptional circumstances if a child has already had a two-week holiday allowance with a previous carer in that financial year the Head of Service for Children in Care and Young People can give permission for an additional holiday allowance.

Any issues concerning holiday allowances e.g., request to pay before July should be discussed with the Supervising Social Worker.

16. Exceptional Educational (School) Trips/Holidays

16.1 Along with normal clubs and after school activities, the cost of day school trips will be met from the fostering allowance. Residential school trips during term times or in school holidays will be funded through the Pupil Premium with approval from the Virtual School Head Teacher. It is expected that the purpose and desired outcomes of the activity are clearly outlined and agreed at the child's PEP meeting.

17. Long-Term Fostering for a Matched Child or Young Person

17.1 Achieving permanency for children is extremely important and long-term fostering is one way of doing this. For some children, long term fostering will be the best option when returning home is not possible and a legal order such as Special Guardianship or Adoption is not appropriate.

17.2 Where permanency is achieved through long-term fostering the 'permanent' status of the arrangement should be celebrated and marked by the carers with a special event or purchase such as a family meal or outing, formal family photograph, new purchase such as personal furniture/bedding etc.

17.3 Following the approval of a long-term fostering match at Foster Panel, Wiltshire Council will pay the foster carer £100 per child towards the cost of marking this event with the young person. The Supervising Social Worker for the carer should initiate payment via an FE1 following confirmation of the long-term match via the Agency Decision Maker. Carers should record this event in foster carer diary recordings.

18. Refer a Friend Scheme

18.1 The Refer a Friend Scheme is open to anybody over the age of 18 who refers a person who is successfully recruited as a foster carer for Wiltshire's Fostering Service. The referrer is eligible for a £500 incentive payment which will be paid when the person they have referred looks after their first child. The scheme is subject to certain terms and conditions. Further information is available on request from fostering@wiltshire.gov.uk.

19. Fostering Household Extension Scheme

19.1 The Fostering Household Extension Scheme allows for Wiltshire Council approved foster carers to move homes or extend their homes to provide additional

fostering places for children in care. There are a limited number of grants available for this purpose each year. The Scheme is subject to certain terms and conditions. Further information is available on request from your supervising social worker.

20. Temporary Absences

20.1 This section applies to all carers and replaces individual arrangements previously outlined under historic fee level schemes.

Short break arrangements for children to sustain a fostering arrangement (overnight or day care – previously referred to as respite)

20.2 It is recognised that from time to time carers may require a break to continue to look after a child. This should be needs led and planned as part of the placement plan. Agreement should be reached at the time of the child moving in as to the likely frequency of occasional care required by a child or by the carers. This should be written into the child's care plan. Where occasional care is identified as a need after the arrangement has started it must be documented as soon as possible through formal review of the child's care plan.

20.3 Short break arrangements should be reviewed at each review of the child's care plan or statutory review, or more frequently if necessary. They must always be based on the needs of the child to improve placement stability.

20.4 Provided that it is intended the child will return to that foster home, fostering allowances should continue to be paid to the primary carer during break periods unless a single period exceeds 14 nights.

Child's temporary absences from the foster home (not planned breaks)

20.5 Where a child is temporarily absent from the foster home due to circumstances other than a planned break, such as where the child absconds from the foster home, extended family time (contact), hospital admission of the child, school or peer group holiday or as a result of emergencies within the foster home such as family bereavement, illness or hospital admission of the carer, etc. the full allowance will be paid for up to 14 nights, provided that it is intended the child will return to that foster home.

20.6 Where the period of absence exceeds 14 nights, payment will cease at this time unless an exceptional decision is made on a case by case basis by the Head of Service for Children in Care and Young People regarding the fostering allowance to be paid to the carer.

20.7 Where the child attends a residential school, the fostering allowance normally payable to the carer will be made on a pro rata basis for the nights when the child is in the foster home. Where a child is away from the foster home for a significant period

of time on a regular basis, foster carers should discuss who is to take responsibility for buying the child's clothing and providing the child's pocket money with the child's social worker at the placement planning stage. The basic payment for clothing and pocket money can be made to the foster carer during the child's absences if it is agreed that the foster carer will have this responsibility.

Breaks for carers

20.8 It is expected that fostered children and young people will be included in the foster family's social events and holiday arrangements if the child is with the carer at the time of the planning of the holiday, and it is expected that the child will be with them at the time of the holiday. The Fostering Service will take the carers' holiday plans and other planned commitments into account when making arrangements to avoid the need for the child to be looked after elsewhere as it is not ideal for children and unsettling for carers.

20.9 In some circumstances it will not be possible for foster children to be included in carers' holidays or social arrangements. These include:

- Arrangements made after a holiday or event has been planned
- Where it is agreed that the family should have a break without the foster child
- Where the event is unsuitable for children to attend
- Where the child refuses to accompany their carers

20.10 In these circumstances the fostering allowance will continue to be paid for a total of up to 14 nights in a 12-month period (1 April to 31 March) on condition that the child returns to the carers at the end of the break. Carers must request a paid break in advance via their Supervising Social Worker who is responsible for monitoring the number of days taken in a financial year and informing the Finance Team if the period has exceeded two weeks. Fostering allowances will not be paid beyond 14 nights in the 12-month period.

20.11 Carers should give as much notice as possible to the child's social worker and fostering team if a break without the foster child is planned. Unless an emergency, one month's notice is the expected minimum notice period. This is to ensure planning can be undertaken to identify a suitable alternative care arrangement for the child. We are not able to guarantee providing additional short break carers during the school summer holidays, as many carers are away with their children looked after which therefore reduces our pool of available carers at this time.

21. Holding a Vacancy for a Specific Child

21.1 In exceptional circumstances, a retainer may be paid at 50% of the carer's normal allowance with the agreement of the Service Manager or Head of Service for an

agreed period based on the needs of the child. In exception, it may also be necessary to pay the carer where they are having direct contact with the child before the placement commences; for example during a period of introductions. This should be pro-rata and proportionate to the task being undertaken.

22. Payment to carers where children have been removed due to an allegation made against a foster carer or member of their household

22.1 Wiltshire Council acknowledges the difficult task of fostering and that at times allegations are made against foster carers. In some circumstances the allegations are of a nature that it is necessary to remove the children, or young people, from the foster home whilst the allegation is being investigated and a decision is made about the carer's continuing suitability to be a foster carer.

22.2 Arrangements meet guidance set out by the Government and the Fostering Network. The payment will be aligned to the carer's normal fostering allowance for each child removed and will be on a sliding scale decreasing over a 3 month period, or until the outcome of the investigation, whichever is the sooner. Carers will only be paid for the actual children removed not the potential number of children by terms of the carer's approval.

22.3 If at the point of three months the investigation has not been concluded, the Fostering Service will consider the current circumstances of the foster carer, the investigation and its progress, and whether the carer should receive further payments. Any recommendation for further payments will be considered by the Head of Service, Children in Care and Young People.

22.4 Wiltshire Council has the authority to cease these payments at any point, for example where a foster carer has been formally charged by the police.

22.5 The payment structure is as follows:

- Full fostering allowances for each child for 14 nights.
- 75% of fostering allowances for each child for remainder of first month
- 50% of fostering allowance for each child in second month
- 25% of the fostering allowance in the third month

23. Passports and Other Documents

23.1 The cost of obtaining children's birth certificates (and copies), passports and documents (e.g. marriage certificates) required when applying for a passport, including passport photographs, and "life story" books will be met by the Council. Day to day photographs of the child's life with foster carers, which may be included in a life story

book, would be covered by the fostering allowance.

23.2 Carers need to first seek agreement of any potential expenditure in this regard, and where agreed, to make the subsequent claim should complete a Kinship and Fostering Team Claim Form attaching any receipts, as applicable. The form is available from, and is submitted for payment via, their Supervising Social Worker. Any queries please contact Finance administrators by email at fostercarepayments@wiltshire.gov.uk. All approved costs are met by the childcare team for the specific child.

23.3 All claims should be submitted within a month of purchase. Claims made after three months will not be paid.

24. Looked After Young People aged 16 and 17 in Foster Care

24.1 The fostering allowance continues to be paid up to and including the night prior to the young person becoming 18.

24.2 There is an expectation that as young people become older an increasing element of the fostering allowance, including pocket money and clothing elements, will be given to the young person by the carer to aid the young person's transition to independence. In consultation with the carer's Supervising Social Worker, the child's social worker or personal adviser, and the young person, the level of allowance to be given to the young person and what this is to purchase should be agreed and recorded.

Young people employed or on paid Training Schemes

24.3 Where a young person is in employment or on a paid training scheme, the fostering allowance will still be payable to the carer. Where agreed with the child's social worker, a contribution to the foster carer may be agreed.

25. Types of Fostering

25.1 When foster carers are assessed and approved, the assessment will indicate the skills and experience that the carers will bring to the fostering task and it will form part of the recommendation to the Fostering Panel. After their first year, carers who want to progress via their annual reviews will require an assessment of their skills to form part of the review bundle and it will need to be agreed by the Kinship and Fostering Team Manager and Service Manager, who will meet to look at any requests every three months

25.2 Should a carer, in discussion with their Supervising Social Worker, wish to transfer onto a different fostering scheme ahead of their annual review, it may be possible to convene an early review, with the agreement of the Team Manager, for example where a carer would like to provide Specialist fostering.

25.3 Wiltshire Council Fostering Levels with effect from 1 April 2024.

Regulation 24 Connected Person	Temporary approved foster carers caring for specific family members or children with whom they have a pre-existing connection.
Connected Person	Foster carers caring for specific family members or children with whom they have a pre-existing connection.
Home Away from Home Fostering	Everyday foster carers. Includes support from a fostering social worker and mandatory training.
Home Away from Home Fostering - Advanced	HAFH – Advanced foster carers can evidence additional skills and experience of either fostering or working with children and young people and will receive training to additional training to assist them to provide a trauma informed care experience for the child.
Home Away from Home Fostering - Specialist	Highly experienced foster carers, who are asked to care for and support specific children with multiple complex needs, as defined by our set criteria. Agreed Specialist arrangements will mostly be for a limited short-term period, excepting those children with complex and profound health issues / disabilities, eg unable to feed or self-care for themselves. Most Specialist arrangements will be reviewed after 3 months, as they will only be agreed as payable for a limited period, during periods of trauma having a significant impact on behaviour. Specialist foster carers will have relevant experience of providing care in a trauma informed way, and be a key member of the team around the child (TAC).

26. Short Term Emergency Provision Scheme - STEPS

26.1 Wiltshire Fostering Service requires STEPS foster carers to provide short term emergency care for children and young people. These carers will be specifically approved and will form a county-wide Rota, to provide emergency places which can be accessed by the Fostering Team or by Children’s Services out of hours. These households (and placement availability) will be carefully managed by the Fostering Service to ensure we are able to achieve the most amount of safe resource possible. This will be a demanding role for the approved carers; hence the rota ensures carers have a regular period when they are not fostering.

STEPS carers are entitled to 28 days leave a year. Carers will not receive a fee for these days, and dates must be agreed with their supervising social worker, a minimum

of three months before being taken.

26.2 When STEPS carers have a child in their emergency bed, they are paid a higher weekly fee. They are paid a lower weekly fee when they are not providing emergency foster care. Holiday, birthday, and festival allowances are also payable, as relevant. Please refer to the finance section for more specific information, including specific amounts payable.

For full details of STEPS, please see scheme details.

27. Allowances for Supported Lodgings Carers

27.1 Supported Lodgings carers will be paid at the following 2024/25 rates:

Wiltshire Council contribution per week	£233.00
Young Person's contribution per week	£10.00
Total payment to Supported Lodgings Carer	£243.00

28. Transferring from an Independent Fostering Agency (IFA) or Other Local Authority (OLA)

28.1 Foster carers being approved by Wiltshire Council and transferring in from an independent fostering agency (IFA) or other local authority (OLA), where it is agreed that current places for children will continue, and who are being paid more than the Wiltshire Fostering allowance for their assessed level, will initially be paid at the same rate as they receive from their IFA or OLA. Similarly, where they are not looking after a child but where a child subsequently moves in, they will initially be paid the same rates as they were receiving from their IFA or OLA if this is at a higher rate than their Wiltshire Council assessed level. In both situations, six months after approval the difference between their IFA or OLA payment and their Wiltshire payment will be reduced by 50% and after one year, they will be paid the Wiltshire rate.

29. Discretionary Payments for Exceptional Needs

29.1 In general the fostering allowance payment will be expected to meet all the

normal costs of bringing up a foster child. However, sometimes exceptional circumstances will arise and on rare occasions it may be appropriate to make an exceptional payment to a carer in respect of the needs of a child in their care. Such situations should be discussed with the child's social worker to determine whether a discretionary payment may be applicable.

29.2 The application for any additional payments should be made through the child's social worker for consideration and must be authorised by the childcare Team Manager or appropriate Head of Service.

30. Insurance

30.1 Approved foster carers and supported lodgings providers (but not including HMOs) are covered by Wiltshire Council's liability insurance policy for carers. In general terms the policy covers:

- a) Damage to carers' property caused by a foster child
- b) Personal injury to carers caused by a foster child

30.2 The insurance policy does not cover:

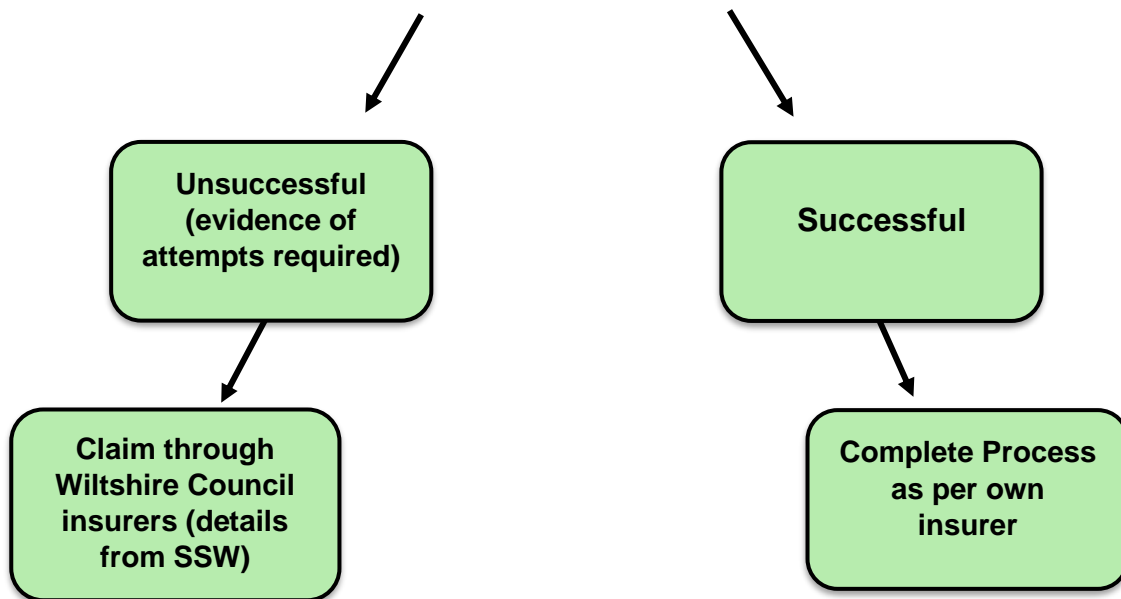
- a. An excess of £100 which will be met by Wiltshire Council
- b. Damage caused by a child's parents, sibling or others during
- c. contact.
- d. Damage caused by any child not currently fostered.
- e. Loss, including theft, of cash (you are therefore advised not to keep large
- f. sums of money in the house and if you occasionally must, you should ensure it is kept safely).
- g. Arson – where the child is already known to have previously behaved in this way

Note: It is the responsibility of the foster carer to inform their insurance company that they are fostering; otherwise, they may invalidate their buildings and contents insurance.

30.3 Carers are required to provide copies of buildings and contents insurance on an annual basis, details of which will be kept on the fostering file.

If a Foster Carer needs to complete a claim;

**Seek to claim
from own
insurance.**



30.4 The insurance cover provided by Wiltshire Council insurers does not cover damage to cars. Carers are advised to take out fully comprehensive car insurance and to inform their insurance company that they are foster carers. A copy of the current car insurance must be passed to the Supervising Social Worker annually.

30.5 Wiltshire Council may make ex-gratia payments to cover those damage costs that are not covered through its insurance policy.

30.6 Membership of Fostering Network gives carers legal insurance cover for issues involving foster care and details can be found in the Fostering Network membership pack. An important leaflet covering this area is Fostering Network's 'Foster Care and Insurance'.

Note: Carers are advised that their car insurance is invalidated if they do not have current car tax and MOT for the vehicle.

31. Fostering Network Membership

31.1 Once approved, a foster carer will automatically become a member of Fostering Network. The Fostering Service will pay the annual subscription fee.

32. Income Tax, National Insurance and Benefits

32.1 Although the council is not in a position to advise individuals on their personal tax position, some general advice on foster carers Income Tax can be provided. The

Fostering Network can also provide information and leaflets to assist foster carers with their tax return. For specific and specialist personal tax questions, external expert advice should always be sought.

32.2 Self Employment

HMR&C normally treat foster carers as **self-employed**. When you register as a new foster carer you must also register with Her Majesty's Revenue and Customs (HMRC) as '[self-employed](#)', and start keeping records of the [children you foster](#), their ages and the dates that you began and ceased looking after them.

Keeping Records

It is very important that carers make it clear to the Inland Revenue what payments they are likely to receive and find out what tax, if any, they are required to pay. Carers are legally obliged to keep their own record of receipts. This is not as onerous as it sounds.

32.3 Self- Assessment Tax Return

You will also have to complete a [Self Assessment](#) tax return each year to declare all of your income from fostering allowance. All self-employed people are registered for Class 2 National Insurance contributions as foster carer you will receive a tax allowance and additional tax relief.

Carers will not necessarily be sent a tax return (this depends on several factors including other income sources) but if they receive one, it should be completed.

32.4 Tax Allowance and Relief

Qualifying care relief comprises a fixed amount of £18,140 for each household for a full year. On top of this, foster carers are provided with a 'qualifying care relief'. The qualifying amount will depend on several factors including how many children you have fostered or are currently fostering, the age of the foster children, and how long you were looking after them during that tax year.

The amount of weekly tax relief for a child under 11 it is £375 a week, for children 11 and over, it is £450.

Foster carers should check with HMRC for updated information using the following link:

[Qualifying Care Relief increase - GOV.UK \(www.gov.uk\)](#)
[HS236 Qualifying care relief: foster carers, adult placement carers, kinship carers and staying put carers \(2024\) - GOV.UK \(www.gov.uk\)](#)

32.5 If total receipts from providing foster care in the year do not exceed the qualifying amount above, receipts will be exempt (free) from income tax for that year. This means that, for taxation purposes, carers will be treated as having no profit or loss from foster

care for the year. This will not affect any other income carers may have (e.g. income from employment, self-employment or savings) which will be taxed in the normal way.

- (1) The actual profit from foster care (total receipts from foster care less allowable expenses and capital allowances): **the profit method**. The profit method gives a smaller profit if your expenses and capital allowances are more than the qualifying amount. But it means carers must keep records and calculate profit.
- (2) Total receipts from foster care less the qualifying amount with no additional relief for allowable expenses or capital allowances: **the simplified method**

32.6 Carers should decide which of the above to follow and different choices can be made for different years. To use the simplified method, carers must notify HMRC. Completing a tax return using the simplified method and submitting it by the filing date will be accepted as notification.

Wiltshire's Foster Carer Tax Letter

32.7 In addition to a carer's own record of receipts from Wiltshire Council, each foster carer will receive an annual letter including exemption details and a summary of fostering allowances paid to you, based on records. These can be cross checked against the carer's own records and will form a basis for providing HMR&C with tax return information using the **simplified method**.

National Insurance

32.8 Foster carers should always make it clear from the time of approval what payments they are likely to receive and find out from the Gov.uk website what National Insurance payments they may be required to pay. All self-employed people are liable to pay Class 4 National Insurance contributions on annual profits above a threshold. If receipts from foster care are exempt, carers will not have to pay Class 4 National Insurance contributions on them as they will have no profit from foster care.

Benefits

32.9 The fostering allowance is designed to reflect the true cost of looking after a child. As a result, allowances may not have any effect upon entitlement to benefits or the amount of benefits paid. However, carers should always make their relevant Benefits Agency aware that they are an approved foster carer.

33. Contact Points for Queries

33.1 There may be occasions when a carer has queries about fostering allowances or

expenses. Payments are made by the Finance Section, Kinship and Fostering Team, County Hall, Bythesea Road, Trowbridge, BA14 8JN. The team can be contacted on or 01249 709480 or at fostercarepayments@wiltshire.gov.uk.

33.2. Staff dealing with fostering payments can only pay with authorisation from the relevant Child Care Team or Fostering Service. The carer should therefore discuss any finance issues with their Supervising Social Worker or the child's Social Worker.

**Kinship and Fostering Team
April 2023**

SECTION FOUR: Learning and Development of foster carers.

Training, Support and Development (TSD) standards

The Department for Education requires that foster carers undertake and complete a set of training, support and development standards within their first year following approval or within 18 months of approval if you are a family and friends (connected) approved foster carer. Your Supervising Social Worker will provide you with information about the TSD Standards and support you to complete them. We also run online support to support foster carers in completing the TSD workbook within the Fostering Training One to One sessions. Dates for the Fostering Training One to One sessions are available through your supervising social worker or by emailing fosteringtraining@wiltshire.gov.uk

Please see the following websites for further information regarding TSD standards:

Link to TSD workbook for Foster carers: **[TSD standards workbook for foster carers - GOV.UK \(www.gov.uk\)](#)**

Link to TSD workbook for Short break carers: **[TSD standards workbook for short break foster carers - GOV.UK \(www.gov.uk\)](#)**

Link to TSD workbook for Connected foster carers (Family and friends foster carers): **[TSD standards workbook for family and friends foster carers - GOV.UK \(www.gov.uk\)](#)**

Training Handbook and Pathways

There is significant provision for the training and support of connected persons carers and foster carers in Wiltshire. As a foster carer for Wiltshire Council, you are required to demonstrate your ongoing commitment to training to develop your skills and knowledge as a foster carer. You will need to complete the relevant Training Pathway for your skills level/approval.

The annual Training Brochure outlines the expectations upon carers regarding mandatory training and timescales for completion, however, your supervising social worker can support you in identifying the training required. In addition, the Training and Development Coordinator runs Fostering Training One to One sessions so can meet with you, to discuss the Training Brochure and the training requirements.

There are training pathways for mainstream carers, connected person's carers, plus several specialist pathways for other schemes. Each of these has been developed to cover all the important areas needed to care for children who are looked after by the Local Authority and completion is essential.

Within six weeks of approval a Personal Development Plan (PDP) will be completed with you, which will identify any training you have already completed, and a plan of the training required and timescales in which to achieve the required certificates.

Booking training courses

In the Training Brochures there are also descriptions, dates and booking instructions for numerous other courses including further training courses and specialist training options, including online eLearning courses.

Training dates and venues are blended, with online and face to face options available, both in the day and evenings.

The Training Brochure is released at the start of the academic year (usually September) and will be sent out to you in time to book courses for the forthcoming year. Please see the current Training Brochure for course information.

You are expected to update your **Personal Development Plan (PDP)** with the courses you have booked and share this with your supervising social worker. Your PDP will also be looked at as part of your annual review.

Sometimes there are one-off courses and workshops run by a variety of agencies such as the Fostering Network. If you have an interest in a particular area or subject, we will try to provide relevant information, which may be articles, books, or DVDs.

We have a dedicated Training and Development Coordinator and a Business Support Officer for foster carer training, who can be contacted for any training requests or with feedback about our courses at: fosteringtraining@wiltshire.gov.uk

Annual Foster Carer Survey

At the end of each year, we send a Foster Carer Survey to all approved connected persons carers and foster carers. This survey seeks feedback on the Fostering Service as a whole and focuses on important topics that have supported you throughout the year. This can include feedback on training, support received from staff, and the services we offer, including your thoughts and suggestions for development of the year ahead.

SECTION FIVE: Fostering a Child

Planning for a child's move

A care plan must be prepared prior to a child becoming 'looked after' and if it is not practicable to do so, within 10 working days of the child's first placement. A care planning meeting may be convened to assist with this process. The care plan will include clear timescales and a statement as to what type of home will best meet the needs of the child. The child's social worker will complete a referral and one page profile.

Placement planning – the care plan and the placement plan

When a suitable placement has been identified for the child the placement plan will set out in detail how the placement is intended to contribute to meeting the child's needs as identified in the care plan. The placement plan is concerned both with what may need to happen in the placement to achieve the permanence plan – for example promoting positive family time to support a return to home or helping the child move to an adoptive family – and with the way in which a child's needs will be met on a day-to-day basis, and it is therefore integral to the care plan.

The social worker for the child completes a referral form and risk assessment. This details the history and needs of the child and any factors that need to be considered in identifying a suitable home for the child, including their likes and dislikes. This will include sufficient balanced information about the child, the care plan, the date by which a foster home is required, the likely length of time for which the foster home is required and the expectation in terms of the arrangements for the child to meet with their parents and family. The social worker should also outline any risks associated with the child moving to a new foster home and other relevant information to allow for matching with foster carers. This form is then passed to the fostering duty worker to formally request a placement with foster carers. If no foster carers can be identified "in house" the form is then sent to Children's Brokerage to search outside of the Local Authority.

The fostering duty worker will check whether there are any Wiltshire Council foster carers available to care for the child. They will consider carers who have the appropriate terms of approval, who are in the correct geographical location for school and to support the child to have family time with birth family, and the skills and experience that appear to be appropriate to meet the child's needs. These are also known as 'in house' placements. Children's Brokerage will follow the same process when considering foster placements outside of the Local Authority.

Finding the right home for a child.

Several areas will be considered to match a child with foster carers and will include:

- The child's age and history - whether they have been in foster care in the past.
- Any health or dietary needs
- The child's need to be placed with or near to siblings.
- The child's educational needs
- Any religious, cultural or language considerations
- Whether keeping a child in their home locality, and therefore, close to friends/school etc. is important.
- Any behaviours which give rise to concern and a risk assessment completed
- Any protection issues e.g., risk if placed in home area.
- The desired outcomes for the child in their new home
- The wishes and feelings of the child and their parent

Carer factors:

- The carer's availability
- Their experience including previous knowledge of the child / young person.
- Any religious, cultural or language considerations which might support matching with the child.
- Their strengths
- The family composition
- Suitability of the home, including number of available bedrooms
- The distance from the foster home to the child's school, family and friends
- The carers ability to meet the transport needs of the child to school, contact and leisure activities.
- The impact on other children living in the foster family.

The fostering duty worker or your supervising social worker will contact you to discuss the referral and ask if you would consider offering a home to the child. It is usual for several foster carers to be approached in the search for the right home for a child. If such a placement or placements are available or if there is a possibility of a placement by the required date, the child's social worker will be advised, and details of all the prospective foster carers passed to them to enable them to decide on the best match for the child. Where there is a child already in the proposed foster placement, the social

worker for the child placed also needs to be consulted and their agreement obtained. This process is known as 'matching'.

Important things to consider prior to agreeing to provide a home for a child.

Foster carers are expected to undertake all the tasks that a parent would undertake in relation to their own child. This includes taking the child to school, to health appointments, on holiday, to clubs and activities, and if they practice a religion, to any religious services. If you have, or think you may have, any issues or difficulties with any of these tasks or if you have any holidays booked or are intending to take a holiday within the next few months this must be raised with the fostering duty social worker at the time you are being asked to consider offering a home to a child.

At this stage, the social worker should discuss the child with the prospective foster carer and share/clarify any risks associated with the placement with the foster carers and the supervising social worker and answer any questions they may have. Any equipment that you already have or may need, for example cots, safety gates, sterilisers should be discussed, and agreement given for you to purchase any items that you may need.

Wherever possible, the child's social worker should visit potential carers and as required consult with other professionals, prior to a decision about the appropriateness of the home for the child.

Accommodation

Each child over the age of three years old should have their own bedroom, or where this is not possible, the local authority must agree to the sharing of the bedroom, and this must therefore be addressed during the matching process. The fostering service will complete a **bedroom sharing risk assessment form** as part of the matching process. Your supervising social worker will be able to discuss this with you.

The NHS guidance and the Lullaby Trust recommend that the safest place for a baby to sleep for at least the first six months of their life is in the same room as you, day, and night. Moses baskets on appropriate stands are also acceptable. The Lullaby Trust recommends that babies sleep on a firm, flat, waterproof mattress. Lullaby Trust [The Lullaby Trust - Safer sleep for babies, Support for families](#)

The Service recommends that babies should be moved out of the carers bedroom by the age of 18 months. Any exception to this must be agreed in consultation with the Fostering Service and the child's social worker. If the plan is for the baby to share a bedroom with their sibling a bedroom sharing risk assessment must be completed **prior** to the move.

Usual fostering limit

Under the Children Act 1989 Schedule 7, the number of children fostered by a foster carer is limited. This is known as the '**Usual Fostering Limit**'. The current usual fostering limit is three children unless the children are all siblings. An exemption to this may be granted. This will be discussed with you by your supervising social worker or the fostering duty worker.

For more information about Children Act 1989 Schedule 7: **Children Act 1989 (legislation.gov.uk)**.

Similarly, it is possible to vary your terms of approval to enable you to provide a home for a child who is otherwise considered to be a good match but is currently outside your terms of approval. For example, your approval may be varied from children aged 0 to 12 to enable you to provide a home for a thirteen-year-old. This will be discussed with you by your supervising social worker or the fostering duty worker.

Planning for the move to your home

Once a home has been identified, the child's social worker will liaise with the foster carer's supervising social worker to agree arrangements for the move. The fostering

duty worker should notify the other foster carers that a home has been identified, and the child will not be placed with them.

Unless a child needs to move on that day, the child's social worker should arrange an introductory visit to your home (as the proposed placement), with the child (if old enough) and parents (if appropriate).

The child's social worker, in collaboration with the child, the parent(s) and the foster carer, is responsible for developing a plan for the placement known as the placement plan. This sets out how the placement will contribute to meeting the child's needs, ensuring that the child's wishes and feelings are given due consideration. If it is not possible to prepare a plan prior to the child moving, the child's social worker must be prepared within five working days of the move to the foster home.

The child's social worker will liaise with you as the foster carer and your supervising social worker to arrange a mutually agreed placement planning meeting. This is to comply with The Care Planning, Placement and Case Review (England) Regulations 2010 which are available here:

[The Care Planning, Placement and Case Review \(England\) Regulations 2010 \(legislation.gov.uk\)](http://legislation.gov.uk)

Placement planning meeting.

A placement planning meeting should take place before a placement is made, or within five working days of the child's arrival.

The **placement planning meeting** will consider the type of introduction process required, for example whether arrangements should be made for the child, parents, and the social worker to visit the foster home and/or whether it may be appropriate to have an introductory overnight stay.

Children should be able to visit the foster home and talk in private with the carer, look around the house and see their bedroom. If this is not possible, arrangements may be made for you, the carers, to visit the child and parents; or for information about the foster carers to be sent to the child and/or the parents. This will include information about the fostering family and the things you like to do as a family, as well as information about routines in the foster home, bedtimes, meals, visitors, privacy, and the overall expectations in relation to behaviour within the home.

The placement planning meeting will usually be held in your home (unless there is a reason not to do so) and participants should include:

- The parent(s)
- The child (if appropriate)

- The child's social worker
- The foster carer
- The supervising social worker
- Any other relevant professionals, e.g., a representative from the child's school, if this is appropriate.
- Anyone else considered appropriate or who will have a role in the placement.

The purpose of the placement planning meeting is to agree the placement plan and should cover the following:

- Why the child is being looked after now and the legal situation - any legal orders.
- The type of accommodation to be provided and the address.
- Any safeguarding concerns, or if the child has been missing in the past.
- The day-to-day arrangements put in place by the appropriate person (placement provider) to keep the child safe.
- The child's personal history, religion, cultural, language and racial origin and how the placement might meet the child's needs as well as any health, disability or dietary needs or allergies.
- The child's family structure: parents/siblings/significant relatives and arrangements for time with family and friends, including the role the foster carer will play in facilitating and/or supervising family time and whether a family time book is to be kept. If there is anyone with whom the child shouldn't have contact.
- The respective responsibilities of the local authority and parents/anyone with parental responsibility.
- Arrangements for education, including whether the child will remain at the current school.
- Any financial matters relating to the child, including clothing allowance and arrangements for the financial support of the child during the placement.
- Delegation of responsibility by parents/anyone with parental responsibility to the Local Authority for the child's day-to-day care, including discussing health consent.
- The expected duration of the arrangements and the steps to bring the arrangements to an end, including arrangements for the child to return to live with parents/anyone with parental responsibility.
- Where the child is aged 16 or over and agrees to being provided with accommodation under Section 20 of Children Act 1989.
- The circumstances in which it is necessary to obtain in advance the local authority's approval for the child to take part in school trips or overnight stays.
- The obligation on you, the carers, to comply with the terms of the foster care

agreement.

- Health matters: if the child is to remain registered with their current GP, or if you as the foster carer should register them as a temporary patient with your GP. Also, when the child last attended a dental/optician appointment, and if you need to make appointments.

The meeting also provides an opportunity to ensure that you have a copy of any relevant court order, and that full information is shared with you about the child's needs and how to support the child when they are finding it difficult to manage their feelings and behaviour.

Depending on the child's age and understanding they should be supported to participate in the meeting, and the child's wishes and feelings should be recorded in the placement plan.

Delegated Authority

Whatever the permanence plan for the child, you should have delegated authority to take day-to-day parenting decisions. This enables you to provide the best possible care for the child.

The **Children Act 1989 guidance and regulations Volume 2**: care planning, placement, and case review states that wherever possible, the most appropriate person to take a decision about the child has the authority to do so, and that there is clarity about who has the authority to decide what.

Who the most appropriate person may be depends primarily on the long-term plan for the child, as set out in the child's permanence plan. For example, where the plan is for the child to return home, the child's parents should have a significant role in decision-making; where the plan is for long term foster care, the foster carer should have a significant say in most decisions about the child's care, including longer term decisions such as which school the child will attend.

In the placement planning meeting, there will be agreement about the roles and responsibilities of all those involved. It is important that foster carers are fully involved in this meeting and agree to the tasks they are asked to undertake, including transport and personal care.

It also provides the opportunity to discuss and agree the arrangements for registering the child with local health professionals (GP, dentist, and optician) and completing any areas of delegated authority with the child and their parents, who should sign the delegated authority form.

Principles of delegated authority:

A Looked After child's placement plan should record who has the authority to take particular decisions about the child. It should also record the reasons where any day-to-day decision is not delegated to the child's carer;

Decisions about delegation of authority should take account of the Looked After child's views, and consideration should be given as to whether a Looked After child is of sufficient age and understanding to take some decisions themselves.

In addition, foster carers should be provided with a signed medical consent form at the earliest opportunity, ideally at the time the child is placed, but if this has not been possible (for example if the child was placed in an emergency) at the placement planning meeting. A copy of medical consent should also be given to any respite carers for the child.

Decisions about the care of a looked after child are likely to fall into three broad areas:

- Day-to-day parenting, e.g., routine decisions about health/hygiene, education, leisure activities.

Authority for day-to-day decision making about a looked after child should be delegated to the child's carer(s) unless there is a valid reason not to do so. However, where appropriate, parents can still be involved in some of the day-to-day decision making for their child. For example, most parents will want to be involved in decisions regarding attendance at a club or joining Scouts if it is possible to keep them involved. Where day-to-day parenting decisions are not delegated to the carers, any exceptions and reasons for this, should be set out in the child's placement plan within their care plan. Reasons not to delegate to the carer may include the child's welfare, if the child's individual needs, past experiences or behaviour are such that some day-to-day decisions require particular expertise and judgement. For example, where a child is especially vulnerable to exploitation by peers or adults, where overnight stays may need to be limited.

- **Routine but longer-term decisions, e.g., school choice;**

This second category of decisions will require skilled partnership work to involve the relevant people. The child's permanence plan will be an important factor in determining who should be involved in the decision. For example, if the plan is for the child to return home, their parents should be involved in a decision about the type of school the child should attend and its location, because ultimately the child will be living with them. Where the plan is for long term foster care, then while the child's parents should be consulted, where possible the school choice should fit with the foster carer's family life as well as be appropriate for the child.

- **Significant events, e.g., surgery.**

The third category of decisions is likely to be more serious and far reaching. Where the child is voluntarily accommodated the child's birth parents or others with parental responsibility (PR) should make these decisions. Where the child is under a care order or emergency protection order, decisions may be made by the birth parents or others with PR, which includes the local authority, depending on the decision and the circumstances. Such decisions should, however, always take account of the wishes and feelings of the child and their carer.

Consent for medical and dental treatment

Details of who may give consent to medical and dental treatment should also be included in the Placement Plan. It should be noted that where the young person has sufficient understanding or is over 16, treatment can only be given with his / her consent. **All information will be recorded on the placement plan and a copy of this given to all relevant parties.**

Decisions about activities where risk assessments have been routinely carried out by those organising / supervising the activity, e.g., school trips or activity breaks, should be delegated to the child's carer. There is no expectation that local authorities should duplicate risk assessments.

There are some decisions where the law prevents authority being delegated to a person without PR. These include applying for a passport (a child aged 16 or over who has the mental capacity to do so can apply for their own passport). Where there is a care order, the child cannot be removed from the UK for more than a month without written consent of everyone with PR or the leave of the Court (where the child is voluntarily accommodated the necessary consents must be obtained as for a child outside the care system). A local authority cannot decide that a child should be known by a different family name or be brought up in a religion other than the one they would have been brought up in had they not become looked after.

Completing the Delegated Authority is especially important if the child is accommodated under Children Act 1989 S20 because the local authority does not hold PR.

Involving the child/young person in decision making

Any decision about delegation of authority must consider the views of the child. In some cases, a child will be of sufficient age and understanding to make decisions themselves. For example, they may have strong views about the often-contentious issue of haircuts, and if the child is of sufficient age and understanding, it may be decided that they should be allowed to make these decisions themselves.

When deciding whether a child has sufficient understanding to make a decision, the following questions should be considered:

- Can the child understand the question being asked of them?
- Do they appreciate the options open to them?
- Can they weigh up the pros and cons of each option?
- Can they express a clear personal view on the matter, as distinct from repeating what someone else thinks they should do?
- Can they be reasonably consistent in their view on the matter, or are they constantly changing their mind?

Regardless of a child's competence, some decisions cannot be made until a child reaches a certain age, for example, tattoos are not permitted for a person under age 18 and certain piercings are not permitted until the child reaches age 16.

The child's move to their new home

Moving to a new and unfamiliar home will be traumatic and distressing for a child, and while you might feel a mixture of nerves and excitement for the move, the child is likely to be anxious and upset.

A child should normally be accompanied by their own social worker when they move to your home and helped to settle in. The important point is that they are made to feel welcome, as are members of their family who may accompany them.

Children should be supported to understand the expectations of living in your home before the move where this is possible and if it isn't too overwhelming for the child. You can draw on the information you have in your Safer Caring Plan to support these discussions, and this can also help you to start to formulate the child's Safer Caring Plan.

When the child moves to live with you, you should be given any additional information about details of the child's day to day needs which are not covered by the placement plan but are important to ensure that you are in the best possible position to help the child settle in your home, for example any fears at night-time or the child's favourite toys.

Your supervising social worker will provide you with the documents you need to help you record the information needed – this will include diary sheets, medication record and incident forms.

The child's social worker must provide the child and their parent with written information about the child becoming looked after, including information on using the complaints procedure. In addition, as indicated above, the social worker should ensure that any other information available about the arrangements for moving to your home, is obtained, and given to the child.

Suitable luggage should be used to transport the child's belongings and **a child's belongings should never be transported in bin-bags or other inappropriate containers.**

Arrangements for school and health

The child's social worker will notify the child's school or nursery that the child has moved and will arrange for a personal education plan (PEP) to be completed. Ideally the request for a PEP should be initiated prior to the start of the placement, or within ten working days if this has not been possible.

The child's social worker will also notify the nurse for looked after children to arrange a health care assessment. **The health care assessment should be completed within 28 days of the child's move to your home.**

Children's clothing and belongings

The clothes and personal belongings which a child brings with them to your home will vary. If a child is placed in an emergency, they may arrive with very little. The child's social worker will work with the child's parents to obtain as many personal items as

possible. A child may not have many of their own belongings, but they may be possessive of them.

It is important that the child's personal belongings are respected and cared for – they may have very few and they may not be in good condition, but these are emotional links with family, friends, and history. Their importance to the child cannot be underestimated. You must make sure they are kept safe and separate from your own stock of clothes. They should not be disposed of without prior discussion and agreement with your supervising social worker, the child, and their family.

The clothing checklist sets out the minimum amount of clothing a child needs when they are placed. This checklist will assist you, your supervising social worker and child's social worker in deciding what, if any, additional clothing a child may need. The child's social worker will then seek agreement from their manager for you to purchase additional items and the budget you have for this. This is referred to as an initial clothing grant and is discussed in the finance procedure (section 3)

Any **additional equipment** needed should be discussed with your supervising social worker. The amount of equipment required will be dependent upon the: age and needs of the child(ren), and number of children you are approved for. Your supervising social worker will seek agreement from their manager for you to purchase any equipment and the budget available. **This must be done prior to purchase.** You will then be reimbursed for the items on the production of a claim form together with the receipt for the items.

Foster carers can make a financial contribution if they wish to purchase an item that costs more than the amount provided by the Fostering Service. Any equipment purchased, or part purchased, by the department remains the property of the department and must be returned when no longer needed or if the foster carer ceases fostering for the service.

Once an item is purchased you are responsible for ensuring that it is kept to a reasonable standard. If there are any issues, such as the equipment being faulty, you must deal directly with the supplier and not the fostering service.

Equipment should be new, purchased from a reputable company and meet European safety standards. Any concerns about equipment should be discussed with your supervising social worker or duty worker.

The need for the replacement of existing equipment or the provision of extra equipment will be decided in discussion with your supervising social worker and following referral to the fostering team manager.

Helping the child to settle in

The child needs to know what is expected of them and the 'norms' of living within your home from the outset, for example, whether you sit down to dinner together or if you eat at a particular time. It is important to explain these to the child so that they are not expected to adapt to these without knowledge of what they are.

The child might want an opportunity to be on their own while they adjust to the move.

It is important to remember that being removed from home, parents, family, and friends, whatever the circumstances, is a traumatic and distressing experience for children.

Children need to be made to feel welcome but not overwhelmed with attention and fuss. They need to be helped to understand why they are not living with their family and to adjust to living with strangers. Children will not necessarily remember all they are told about the move and the new family. They need patience and understanding and the opportunity to come to terms with their changed circumstances.

Looked after children reviews.

The child's social worker will notify the independent reviewing officer because a looked after child review **must** be held within 28 days of the child moving to your home. You and the child will both be invited to attend this meeting.

These reviews are chaired by an Independent Reviewing Officer (IRO). The purpose of reviews is to monitor the progress of achieving the outcomes set out in the care plan and to make decisions to amend the plan as necessary in light of changed information and circumstances. Reviews take place in order to ensure that the child's welfare continues to be safeguarded and promoted in the most effective way throughout the period that s/he is looked after.

Foster carers should always be part of the looked after review meeting and sometimes the meetings are held in their home. On occasions (for example, where the location of your home should not be disclosed) reviews may be held in other settings and foster carers might not attend, however their views should still be sought and represented (usually by their supervising social worker and / or via the consultation document).

The first review meeting is an opportunity for the IRO to establish that you have all the information and documentation you need about the child to provide appropriate care and that you are receiving the support you need.

As part of the review process, the views of all those involved should be sought prior to the meeting. There are specific consultation forms to be completed by the child, their parents and the foster carer, which are sent out prior to the meeting. The views of other professionals/ agencies, such as school, will also normally be sought.

It is important for foster carers to complete the consultation form as it is an opportunity to give their views on how things are for the child who is living with you, as well as you and your family, in advance of the meeting. It is useful for the document to be completed as fully as possible and advice / support in doing so can be provided by their supervising social worker or Statutory childcare reviews (looked after child reviews)

A second looked after child review is held within the next three months and thereafter reviews are held at intervals of no more than six months. These are a minimum requirement but if there is a need for a significant change to the care plan, then the date of the review should be brought forward. Plans to achieve permanence for the child are discussed at the second review meeting, and the steps that need to be taken to achieve this outcome.

In cases where long-term matched placements are settled, secure 'light touch' arrangements may be agreed at the child's review. In these cases, a review may only be held once a year and social work visits to the child can be reduced to 6 monthly. Foster carers will still receive monthly supervision visits.

While it may be useful to make your own notes of meetings you attend, especially if there are actions that you need to complete, a formal record of the minutes of the meeting will be prepared and agreed by the Chair of the meeting and a copy of these will be sent to you. If there are any factual errors in the recording of the information that you have provided, then you must contact the relevant person to advise them of this.

Life story work

For most people information about their family, their experiences and their history is part and parcel of living in and growing up in their family. For children in foster care their 'life story' can be disrupted by their experience in their family and by becoming looked after. Foster carers have an important role in helping children preserve happy memories of childhood and in gathering memories from their time placed with them in a memory box and photo album. These memories are usually of birthdays, Christmas, holidays, sports days and family events, which they can reflect on as adults and with their own children.

Ways in which you might document this history.

- Writing down regularly information about the child's development, when they walked and talked, first words, first foods, what toys they liked etc.
- Taking photographs and/or filming on a regular basis and special occasions. Make a note of the date, location and names of people in the photo. NB. You MUST NEVER take photographs of children naked. Foster carers should not take photographs of children in the bathroom, or without clothing in paddling pools etc. since such photographs are inappropriate.
- Keeping mementos. These offer tangible evidence that the child had many experiences and provides a record of them. These include keeping the drawings and models they bring home from school, and certificates of merit and achievement.
- Carefully recording information – e.g. take the full address of the playgroup or schools he/she attended.
- Recording the time that they have spent with their family and keeping information about their family. This is especially important if the child is not returning home because it will help them understand why this was not possible.

Life Story Book

This information can be gathered and formed into the child's "Life Story Book" which they can help put together. The information book belongs to the child and should go with them when they leave your care. It is probably a good idea therefore, to arrange for a copy of the information to be given to the child's social worker to be kept on the child's file.

In addition to creating life story books, memory boxes and photograph albums of their time in foster carer, foster carers also have an important role to play in supporting children and young people build a strong sense of identity and heal from their previous difficult life experiences.

Foster carers can do this by providing a safe and secure family home environment in which children and young people can talk about their family and their life experiences. Remaining trauma informed and seeking to understand the child and their presenting behaviour can also help a child feel accepted and build a positive sense of self.

It might also include accessing and supporting external Therapeutic Life Story Work intervention. This intervention can support the developing relationship between the foster carer and the child, help the child gain a better understanding of their family, emotionally process their traumatic experiences and help build a positive sense of identity. Please talk with your supervising social worker if you feel your child would benefit from this additional support.

Training in Life Story Work is available and recommended for all foster care

Leaving your care

Planned endings.

A child may leave your home for a variety of reasons, for example, the child may be returning to their parents or to another member of their family, they might be moving to another foster home or to an adoptive home. They may have reached an age at which they wish to live independently or are going to university.

The child's move is likely to be a sad and difficult time for you both, whatever the circumstances which led to the move. Whatever your feelings about the move, you need to be positive and encouraging of the move, and support in explaining to the child the reasons for the move and make constructive contact with the adults who will be taking over the care of the child. This could include information about the daily routines of the child, likes and dislikes and any other information that will help the child and their carers adjust to the move.

The most important person to consider at these times is the child. It is essential that the needs of the child are paramount.

A child should **never** move with their belongings in plastic bags. Each child should be provided with a suitcase or holdall for this purpose. Sometimes, adoptive parents may wish to purchase a new bag for the child, otherwise you should purchase one from your fostering allowance.

Foster carers must be supported to maintain links with children who leave their care whenever this is appropriate.

More information on saying goodbye to children is available here:

[Saying 'goodbye' to children | The Fostering Network](#)

Unplanned endings and stability meetings

Sometimes foster carers no longer feel able to care for a child and there are many possible reasons for this. It is important that whatever the reasons and circumstances, the move is made as positively for the child as possible.

When there are difficulties which affect the stability of a placement, it is important that **a stability meeting** is held to look at what possible support can be actioned to prevent a breakdown. This is an opportunity for all involved to understand and help prevent a potential breakdown.

Where a carer wishes their care of a child to come to an end, they need to discuss this within the Stability Meeting and agree when an ending can take place. **It is expected that a minimum of 28 days' notice will be given in exceptional circumstances such as this. However, if and when a suitably matched home is identified may mean a move sooner or later than the 28 days' notice given.**

Permanence plans

Permanence for a Looked After child means achieving, within a timescale that meets the child's needs, a permanent long-term plan for the child for the child's upbringing.

This is a plan to which everyone is working, including the team around the child, the child, the foster carer and where appropriate, the child's family. The objective of planning for permanence is therefore to ensure that children have a secure, stable, and loving family to support them through childhood and beyond and to give them a sense of security, continuity, commitment, identity and belonging. Every looked after child has a permanence plan to achieve this.

The plan is prepared by the child's social worker on behalf of the local authority and is agreed by the time of the second looked after child review at four months, monitored by the Independent Reviewing Officer who chairs each looked after child review meeting.

There are several possible permanence outcomes that the local authority needs to consider:

- Returning home, known as reunification
- A move to live with family or friends foster carers.
- Adoption
- Fostering for Adoption
- Special Guardianship
- Child Arrangements Orders
- Long-term fostering

A permanency options meeting, also known as POM, should be held to decide the best option. The child's wishes and feelings must be considered in determining the best outcome for the child.

Permanency Options Meetings

When it is not possible for a child to return to the care of their parents or a family member, a permanency options meeting is held to discuss the other options for permanency such as adoption or long-term fostering.

The foster carer's knowledge of the child and experience in caring for them is invaluable in this process, particularly when matches with prospective adopters or permanent foster carers are being considered. Foster carers should discuss their contribution with their supervising social worker and the child's social worker. Carers are asked to provide written information both to inform the matching process and for the benefit of the proposed permanent family of the child. You will initially be asked to complete a carers report form. Later, you may be asked to help in preparing a child profile to be shared with prospective adopters and foster carers; and then to record the child's routines etc.

Long Term Fostering

Long term foster placements are an important option in the permanence planning for looked after children if return to their parents, or wider birth family, or adoption is not a realistic choice for them. The term “long-term foster care” does not refer to a specific duration of time that the child is in foster care, but rather to the care plan and the type of care that will be best for the child. With long-term foster care (sometimes called a permanent placement) a foster carer makes a long-term commitment to a child and the care plan is updated to enable the child to stay with this carer for the rest of their childhood and sometimes beyond, in a ‘staying put’ arrangement.

Where long term foster care is the chosen permanence option, the **2010 Regulations** set out the arrangements for making such a placement regulation2(1). These include:

- That foster care is the “plan for permanence” and is recorded in the child’s care plan regulation 5(a)
- That the foster carer has agreed to act as the child’s foster carer until the child ceases to be looked after and
- That the responsible authority has confirmed the arrangement with the foster carer(s), the birth parents and the child.

Approval as a long-term foster carer

Some foster carers may have already decided that they wish to be ‘long term’ foster carers and their terms of approval reflect this. The fostering team hold regular meetings to discuss finding permanent homes for children whose care plan is long-term fostering, with a view to placing them with foster carers who are approved as long-term foster carers.

When it is agreed that the child is staying with you permanently it is presented to the fostering panel to agree the long-term match. Once this has been approved, permanence for the child in terms of their future care has been achieved through long-term fostering.

Other carers may be approved as ‘short term carers’ but decide that they have built an enduring relationship with a particular child they are caring for ‘short term’ and wish to offer a ‘long term’ home for them. In this case, they will need to be reassessed and returned to fostering panel for their terms of approval to be changed to long term carers. As part of the reassessment the fostering service will request a full medical, updated references, updated health and safety check, updated family and child specific safer caring plans, and the views of your birth children.

The care and permanence plan for every child will be discussed during the looked after child review process and you will be made aware if the plan for the child in your care is to be long term foster care. A planning meeting will be held to discuss this further.

If you feel that you would like to be considered to care for a child on a long-term basis

you should raise this with your supervising social worker and the child's social worker so it can be discussed at this meeting. It may not always be possible for a child to remain with you on a long-term basis, but it is important that your wishes and feelings form part of the decision-making process.

Assessing foster carers for a long-term match

The child's social worker will meet with any prospective long term foster carers for the child to assess their ability to meet the child's long-term needs. Once the child's social worker has identified a suitable carer they will write an updated single assessment for the child, and together with the supervising social worker complete a matching form which will set out the reasons that the carer and child are being 'matched' on a long-term basis.

This will be presented to the fostering panel, usually with the carer's reassessment, for their consideration and recommendation. The carer will be invited to attend. At the fostering panel, panel members will ask the social workers and foster carers relevant questions relating to the documents presented to panel. This is to ensure that they are satisfied of a good match between the child and the foster carers. The agency decision maker will afterwards make a formal decision on behalf of Wiltshire Council, and the foster carers will be notified in writing regarding the outcome of the decision.

Following the panel decision regarding the long-term match

Where a long-term placement match is agreed, and if appropriate, foster families may mark the occasion with the child in the same way that adoptive families might celebrate a child's 'adoption day'.

With long-term foster placements, like other types of foster care, **the child continues to be looked after**. As their foster carer, you would never have parental responsibility for them, and you would still attend regular looked after child reviews, keep records, and be supervised and supported by your supervising social worker, although the visits from the child's social worker might become less frequent. There might be a 'light touch' review, where there is a plan for the child to remain with the foster carer long-term.

As a long-term foster carer you would continue to receive your fostering allowance, and you should have more areas of delegated authority within the child's placement plan, reflecting that the child has a long-term home with you.

Additional information on long-term fostering can be found from the Fostering Network here:

[Long-term fostering in England | The Fostering Network](#)

Transitions

For most looked after children, moving from one family to another will cause distress

and uncertainty and it is important for foster carers to be aware of this impact and aid in reducing the potential trauma as much as possible.

Looked after children have often experienced multiple separations and loss and the associated feelings can emerge when further transitions are experienced. Such feelings may include abandonment, grief, anger, fear, sadness, apprehension, retaliation, and insecurity. It may not be clear to the child why such strong feelings occur, and they may be associated with a loss of trust in the parental figures around them. Looked after children may also respond to transitions by presenting as indifferent or overly excited.

It is always preferable for a child to experience a planned move with an introductory phase that enables as much security and emotional safety for the child as possible. Foster carers will need to be aware of the emotional impact being experienced by the child and respond with a calm, nurturing, supportive approach, regardless of any extreme behaviours which may arise.

Managing these emotions alongside your own can be difficult, and it will help if you can support a child to express these emotions whilst letting them know it is safe to feel sad.

Remaining in contact with the people who are important to the child

Unless it is likely to cause further trauma to a child, continuing to see their birth family is important to reduce as far as possible feelings of loss and discontinuity.

Depending on the care plan for the looked after child, family time will remain consistent and may be reduced gradually. This will work best if there is a constructive relationship maintained by the two families involved.

Some form of post-transition contact between the foster carer and the child is usually considered beneficial, to demonstrate to the child that the foster carer still cares and has not disappeared. This can help the child cope with the loss of this significant relationship.

Adoption

As a foster carer, you may be asked to look after a child where the plan is for them to be adopted. There are many reasons why a child may not be able to live in their family and so require an adoptive family. Your responsibility will be to help prepare the child for adoption, working closely with the child's social worker and others, to make sure that there is a sensitive and carefully constructed introduction and transition plan in place for a child that moves at an appropriate and safe pace for them. You will want to talk to your supervising social worker about the support that you and your family are likely to need at what can be a very challenging and emotional time. Moving a child successfully to their adoptive family is one of the most important things that you will be asked to do.

Transition Planning Meeting

This is the meeting that agrees what needs to happen to move a child from their foster placement to their adoptive placement. It involves the foster carers and the adopters, supported by supervising social worker, adoption social worker and child's social worker. It will draw up a detailed timetable of visits and stays that will allow the child to move safely to the adoptive placement. You can talk to your supervising social worker about these meetings if you need more information.

Completing and storing records

The Data Protection Act 2018 came into force in May 2018 and is the UK's implementation of the General Data Protection Regulation (GDPR). The Data Protection Act 2018 provides a legal framework for all data protection in the UK and has introduced new requirements for how organisations process personal data, as well as expanding the rights of individuals to control how their personal information is collected and processed. Fostering services across the UK must comply with this legislation and National Minimum Standard 26.

More information about Data Protection law and Subject Access Requests via the Information Commissioners Office: [For the public | ICO](#)

The child's file.

An individual case file is maintained for each child on the Wiltshire Council computer system, LCS. This file contains all information about the child, including health assessments and looked after child review reports. A copy of your diary notes will be placed on the child file.

Children have the right to access their file except for third party information and information for which there is no agreement to disclose. This is one reason why it is important for you to keep separate diary notes for each child. The Fostering Service is required, as are all agencies, to make information available under the Freedom of Information Act (2000). This may result in your recordings being made available as part of a Subject Access Request. It is very important to bear in mind when writing

your diary notes that they may be read later by the child or a member of their family and therefore adhere to fact rather than opinion in these records.

Records kept by the Fostering Service

The Fostering Service is required to keep a range of records relating to the functions of the service. There are clear requirements to keep records separate, for safe and confidential storage, and for a policy on who has access to them.

Foster carer file

The service maintains a file for each foster carer on LCS containing information about the carer's assessment including checks and references, approval details, a copy of the foster carer agreement, supervision records, copies of annual reviews, complaints and allegations, reports and minutes of meetings, notes of visits and details of placements.

This information is also subject of Freedom of Information and can be requested under Subject Access Request as mentioned earlier. This request should be made in writing to the fostering team manager.

Recording and storing records in your home

Foster carers must keep their own records in relation to their role as carers for looked after children, including diary notes for each child. Foster carers are in the unique position of having the 24 hour a day care of a child which gives them experience of a child that neither the staff in the childcare team nor the Fostering Service have.

Foster carers must keep diary notes and records of health appointments for each child to inform the care planning and reviewing process and for other purposes such as life story work, or an investigation into an allegation.

The information carers keep on behalf of children such as photographs, school reports, certificates, mementos etc. aid children's future wellbeing and are an integral part of their life story. These should be stored safely and securely within the child's memory box. As a foster carer, you are the custodian of this valuable information for the child and in the future, they may make a request to read what you have written about them. The information you have saved and written will serve as a reminder of their childhood and the time that they spent with you.

Diary notes

Accurate diary notes are an extremely useful tool for foster carers if used appropriately. Diary notes must be used to record any significant event or behaviours that give rise for concern but also to celebrate achievements and success, however small. It may also be particularly useful, in recording daily events, developments or events in the life of a younger child to help them develop a life story and for their future carers to understand their experience and development so far in their life.

For significant events, for example, when a child has disclosed abuse to a foster carer, **it is important to make a written record of what a child has said, in their words where possible. Record as soon as possible after it has been disclosed.**

TIP: use inverted commas to distinguish between the child's words and your own recording of the event. You should sign and date the account. An accurate and well recorded account may be important evidence which could be used in a court case or for a child protection conference.

When recording, it is crucial that foster carers distinguish between fact and opinion to reduce any possible confusion in the future. It is not appropriate to record your thoughts and feelings within your diary notes. Although you may be caring for more than one child, or siblings, it is important that you maintain separate diary notes for each child and maintain the confidentiality of the other children within the notes for each child, perhaps by referring to the other children by their initials. Foster carers can access training courses on recording and writing to the child, which is now required by the Fostering Service.

As an approved foster carer, you may be called by the department to give evidence in court, in relation to your diary notes. Additional advice and guidance will be available to you from the department. If you are approached to give evidence by anyone other than the Legal Department you must not enter discussion with them and should inform your supervising social worker immediately.

Carers may also find a diary useful to record information such as forthcoming social worker visits, dates for family time, medical and education appointments.

In line with the requirements of the Data Protection Act (2018), all personal information regarding looked after children should be securely locked away in a suitable cabinet within the home, to a securely encrypted memory stick or on a password protected computer which is not accessible to others in the home. It is essential that foster carers do not allow any unauthorised access to the child's personal information.

If paper records are still written in respect of the child, then a lockable box should be purchased in which to keep this information.

Messages or emails on mobile phones must be stored on password protected devices and stored securely.

As all records are kept digitally on LCS, it is preferable that diary notes are completed digitally, password protected and emailed directly to both the child's social worker and supervising social worker. Information sent via email should be

anonymized, and any documents which are sent via email should be password protected. There is an expectation that diary sheets are emailed weekly or monthly depending on what is agreed with the child's social worker.

Any written information relating to the child must be kept in a safe and secure place and returned to your supervising social worker after the child leaves the placement. Any third-party information relating to the child must be given to the social worker when the child leaves your home.

Confidentiality

The lives of children who are looked after are subjected to a high level of scrutiny from a range of professionals, and children and young people sometimes feel that information is shared too freely.

It is therefore important that information about a child who is looked after is shared only where it is relevant and in the best interests of the child. No details of the child's background or family or problems arising in placement should be discussed with friends, neighbours, or relatives.

Similarly, information about, or photographs of, any looked after children must not be placed on social media, for example Facebook, unless this has been fully discussed and agreed with your supervising social worker and the child's social worker in advance.

Other records

Foster carers may be asked to keep specific records of individual work with a child. This may be about the time children spent with a parent, their relationship, or the parenting ability of the parents. Foster carers will be given specific details of what is required from the child's social worker and can expect to be supported in this task by their supervising social worker.

Notification of significant events

The Fostering Services (England) Regulations 2011 require that certain matters are monitored by the local authority, and certain events are notified to the relevant agencies, which could include the local authority, the Child Safeguarding Practice Review Panel, Ofsted, the Police or Health. These are listed below:

Events to be notified:

- Death of a child placed with foster carers.
- Serious illness or serious accident of a child placed with foster carers, for example one which required attendance at a minor injuries unit.
- Outbreak at a foster home of any infectious disease which in the opinion of a general practitioner attending the home is sufficiently serious to be so notified.
- Allegation that a child placed with foster parents has committed a serious offence.
- Involvement or suspected involvement of a child placed with foster parents in sexual exploitation.
- Serious incident relating to a child placed with foster parents necessitating calling the police to the foster parent's home.
- A child placed with foster parents is missing from the placement.
- Any serious complaint about any foster parent approved by the fostering agency
- Investigation and outcome of any child protection enquiry involving a child placed with foster parents.

Should a notifiable event occur, the foster carer must advise the child's social worker or duty worker, or the emergency duty service in the first instance and seek advice and guidance, followed by your supervising social worker or fostering duty social worker.

In the case of serious accident, injury, or illness you must notify the child social worker, duty social worker or EDS at the earliest opportunity so that the child's parents can be informed.

In the event of the death of a foster child in your care you must:

- Contact the relevant emergency services first – doctor, ambulance, and police. Dependent upon the action they take; ensure that you know where the child is being taken.
- Immediately notify the child's social worker by speaking to them personally. If they are not available to speak to their supervisor or a Duty Officer. Do not leave a message – insist on speaking to someone as a matter of urgency.

If the death occurs out of normal working hours, you should immediately notify the Emergency Duty Service.

- The Social Worker will take responsibility for informing the child's parents and anyone with parental responsibility. They will also notify senior management.
- The social worker will discuss with the parents the arrangements they wish to make regarding a funeral if the child has died.
- Following the death of a child any legal order that the child is no longer in place and the responsibility returns to the parents. This is a distressing time and sometimes parents and carers can disagree about funeral arrangements. It is the parents right to make decisions on these matters.
- Depending upon the parent's wishes, you may be involved in the arrangements for the funeral.
- The Department will make a worker available to offer you and your family support and keep you informed of the procedures and the arrangements. This will usually be your supervising social worker.
- The Department has a legal responsibility to inform the Secretary of State in writing of the child's death. They may request further information, and it may be necessary to conduct a formal review of events before the child's death.
- In the event of a sudden death there is likely to be an inquest, which you may be required to attend.

Any accident or injury that results in a mark or bruise to a child should be recorded within your diary notes as soon as possible, together with any first aid administered.

Any accident or injury that requires medical attention at a minor injuries unit must also be recorded on an incident notification form and is considered a significant event.

- In the case of medication being administered, including both prescription and over the counter drugs, a medication form must be completed and kept with your diary notes for the child.
- You must complete an Incident Notification Form in addition to recording the event in your diary notes and pass these to your supervising social worker.

Matters to be monitored:

- Any non-compliance with the placement agreement or the child's care plan
- All accidents, injuries and illnesses of children placed with foster carers.
- Complaints in relation to children placed with foster carers and their outcomes.
- Any allegation or suspicions of abuse in respect of children placed with foster carers and the outcome of any investigation.

- Any child absent from a foster home without permission.
- Use of any measures of control, restraint or discipline in respect of children in a foster home.
- Medication, medical treatment and first aid administered to any child placed with foster carers.

Any matters to be monitored must be recorded in your diary notes and raised with your supervising social worker at the earliest opportunity.

SECTION SIX: Caring for a child in your home.

Caring for a child as a member of the household.

Foster carers are expected to undertake all the tasks that a parent would undertake in relation to their own child. This includes taking the child to school, to health appointments, on holiday, to clubs and activities, adapting meals to meet religious or cultural needs, and if they practice a religion, take them to any religious services. However, this must be viewed in the context that you are caring for the child on behalf of the local authority. The local authority, therefore, has the responsibility to provide you with the necessary support to fulfil this task whilst you maintain your responsibilities towards your own family. As a foster carer, you must never treat a looked after child less favourably, or provide them with fewer opportunities, than you would your own child.

Trauma informed parenting using DDP and PACE

All of our foster carers are offered training through the Dyadic Developmental Psychotherapy/Parenting (DDP) Network which supports them to parent in a trauma informed way using PACE (Playfulness, Acceptance, Curiosity and Empathy).

More information about PACE is available here: **[What is meant by PACE? - DDP Network](#)**

Using PACE and trauma informed parenting enables foster carers to empathise, tune in and do their best to understand children's feelings and experiences. Parenting in this way will enable you to build connections with children and demonstrate that you are listening to children and that children's views and feelings are accepted, respected and valid.

Children need the structure and stability of routines and to know your expectations. This needs to be explained to them in a way they can easily understand, and they might need help to remember these expectations, Children will also need you to model positive ways of relating to them and to others, and demonstrate that relationships can be repaired, and trust rebuilt; they may also need your help to repair their relationship with others.

Caring for a child who has experienced trauma and abuse.

Children become looked after for a variety of reasons – not always, but often because they have been abused or neglected. When a child moves to live with you, foster carers must be provided with the available information about any abuse a child has experienced including when it is suspected, but not proven. Often the extent of the abuse or neglect a child has experienced will not be known fully and this may become known as the placement progresses and the child feels safe in your care. It is essential that any additional information is shared, as this will help all involved with a child to understand what care and / or specialist help is needed for the child and for you as the carer.

The nature of the trauma a child has experienced may be shocking and give rise to anger at those who harmed the child, or it is suspected have caused the harm. Carers

may still be expected to meet with birth parents and family members who have or suspected to have harmed the child. It is essential that carers do not make judgements, criticise, or condemn the parents or others. Children may return to live with their birth parent(s) or another family member, and the existing relationships and links need to be encouraged and maintained whilst investigations take place and decisions are made about a child's future.

Physical abuse

When the child moves to live with you it may be obvious from bruising or other injuries that they have been physically harmed. Foster carers may be asked to take the child to health appointments.

Sexual abuse

Some of the children who are placed in foster care will have been sexually abused at some point in their lives. When this is known, the child's social worker will make foster carers aware of this history so that foster carers can provide appropriate care and protection to a child and support the child in a trauma informed way. **It is therefore important that foster carers, and their children, always practice 'safer caring' with all children they foster.**

Foster carers may not know the circumstances of the abuse and, therefore, cannot prepare themselves for the 'triggers' that will bring back traumatic memories or perhaps prompt sexualised or emotional responses from the child. However, if an action elicits a response from a child that is unexpected or disproportionate, this should be treated sensitively, noted in the diary, and discussed with the child social worker and your supervising social worker.

Harmful sexual behaviour (HSB)

Children and young people typically display a range of sexualised behaviours as they grow up. However, some may display problematic or abusive sexualised behaviour. This is harmful to the children who display it as well as the people it's directed toward (NSPCC 2023)

Peer-on-peer sexual abuse is a form of HSB where sexual abuse takes place between children of a similar age or stage of development. Child-on-child sexual abuse is a form of HSB that takes place between children of any age or stage of development.

Problematic sexual behaviour (PSB) is developmentally inappropriate or socially unexpected, sexualised behaviour which doesn't have an overt element of victimisation or abuse (NSPCC 2023)

Both HSB and PSB might be as a result of the trauma and abuse that children have experienced, but both must be considered as part of a safer caring plan. Any concerns about sexualised behaviour should be discussed with your supervising social worker and the child's social worker.

NSPCC link to understand more: [Understanding sexualised behaviour in children | NSPCC Learning](#)

Neglect

Neglect will often be a feature in the lives of children who have been physically or sexually abused. However, a child may have been neglected without being subject to any other form of abuse. Serious long-term neglect of children may result in delayed development, health problems, learning difficulties, poor personal hygiene, limited socialisation, poor behaviour management etc. Foster carers need to know the details of the neglect and how this has affected a child, in order that they can provide the care and encouragement a child needs, to begin to counter the impact of the neglect.

Babies and young children who have been neglected will often have delayed physical and emotional development. Careful medical attention and monitoring of weight and growth will often be needed, and foster carers will need to work closely with health staff in managing these. However, as with other forms of abuse, the degree, and details of the neglect a child has experienced may not be known at the point of placement.

Emotional abuse

A child will always experience emotional harm when subjected to other forms of abuse. However, a child's emotional and behavioural development will be adversely affected by persistent or severe emotional ill-treatment or rejection without any other form of abuse. Such a child may be developmentally delayed or may fail to thrive.

Behaviours may include wetting, soiling, self-harm, aggression, attention seeking. Understanding the emotional harm that a child has experienced will inevitably help carers to deal with these sorts of behaviours. Carers should seek as much information as possible about the child's previous experiences.

Contextual Safeguarding – risks outside of the home (NSPCC 2023)

County lines is a form of **criminal exploitation** where urban gangs persuade, coerce or force children and young people to store drugs and money and/or transport them to suburban areas, market towns and coastal towns (Home Office, 2018). It can happen in any part of the UK and is against the law and a form of child abuse.

Children and young people may be criminally exploited in multiple ways. Other forms of criminal exploitation include child sexual exploitation, trafficking, gang, and knife crime.

Trafficking and missing children - young people can be trafficked to locations far away from where they live for long periods of time by a county lines gang. They may end up staying in unsuitable accommodation in an area that is unknown to them. This might include short term holiday lets or budget hotels.

Child sexual exploitation (CSE) is a type of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity.

Children and young people in sexually exploitative situations are persuaded or forced to perform sexual activities or have sexual activities performed on them in return for

gifts, drugs, money or affection.

CSE can take place in person, online, or using a combination of both.

Managing disclosures or concerns that a child or young person is being abused.

Any child placed with a foster carer must be protected from abuse and harm whilst in their care. In addition, every child's wellbeing, in terms of their emotional and psychological functioning and their health, education, social and personal development should be actively promoted.

Once a child becomes looked after, they may start to feel sufficiently safe and protected to give more information about the circumstances of their abuse to the foster carer or to someone else, for example, another child in the family.

Children and young people who disclose abuse usually do so to someone with whom they have built up some trust, and it is vital to maintain this trust by telling the child or young person that you will need to share what the child has told you with Children's Services.

If a child or young person tells you that they have been abused, it is important that you **LISTEN** sensitively and **communicate to the child that what they are saying is being taken seriously and that they have done the right thing in telling someone.** It is important that carers give some **REASSURANCE** that they will support the child or young person but avoid giving any false or unrealistic likelihoods about possible outcomes. With older children, it will be useful for them to know something about the likelihood that children's services and the police would both be involved in any investigation.

Foster carers should listen and be supportive of the child but must not be tempted to ask questions or interview the child, as this may compromise any later investigation. Interviewing will be the responsibility of the Police and Children's Services.

You should **RECORD** what the child has said immediately, **in their words** since this could potentially be needed as evidence, signing and dating the record. Do not be tempted to include your thoughts and opinions. Foster carers must not agree to keep this information a secret and must let the child know that they will pass it on to their social worker.

REPORT - It is important that the child's social worker (or the emergency duty social worker) is made aware of any allegations as soon as possible, and the supervising social worker also needs to be informed. The social work team will decide what response needs to be taken.

In some circumstances a child or young person may need medical treatment urgently, and it may also be necessary for forensic evidence to be collected. It is children's services' responsibility to liaise with the police and health professionals over any action that may be needed.

If you are concerned that a child is being abused, for example, if a child is seen to have an injury, bruising or unexplained marks following family time or after going

missing, it is essential that you immediately inform the child's social worker (or the emergency duty service).

Where there are suspicious circumstances and concern that injuries may be non-accidental or following a disclosure of abuse, the responsible team will consider whether a strategy discussion and investigation under S47 Children Act 1989 is required. In such circumstances the responsible team may arrange for a child to be medically examined by a specialist who can give an opinion about the cause of any injuries.

The police may decide to pursue a criminal prosecution in respect of alleged physical abuse and your recording could be used as evidence, highlighting the need for clearly written, contemporaneous recording of diary sheets.

A child protection conference could follow, dependent on the outcome of the investigation. The responsible team may need to consider whether any legal action is necessary to adequately protect a child who has been abused.

It is important to recognise that not all children and young people will feel able or ready to disclose abuse that has occurred, but they may be exhibiting sexualised behaviours or other worrying behaviours or symptoms that may be linked to their abuse. It is important to keep a record of any signs, symptoms or comments which foster carers feel may be of concern and let a child's social worker know of these concerns. Social workers will be able to provide more detailed advice about handling such behaviours and can arrange more specialised help where this is needed. If you are ever in any doubt that a behaviour is 'sexualised' you must inform the social worker.

Foster carers should listen to what their own children tell them if a foster child's behaviour is making them feel uncomfortable.

Child protection conferences

Following an investigation into an allegation that a child is suffering from neglect or physical, sexual, or emotional harm (sometimes referred to as a Section 47 enquiry) a child protection conference may be convened. The purpose of such meetings is to enable all professionals/agencies involved with a child and their family to share all relevant information to enable a decision to be made as to whether there are sufficient concerns to warrant the child being made subject of a child protection plan.

If a child protection plan is agreed, you may be asked to contribute to these plans, and this might include attending the core group. This is a group who meet regularly with the parents / family members, to monitor the progress of the protection plan and the level of perceived risk to the child. Several professionals will attend the conference to provide information about the child and family, who are subject of the conference and to give their views, and some of these will also be part the core group.

If it is not appropriate for you to attend the core group, then your supervising social worker may attend. Any actions relating to your care of the child will be shared with you and you will be asked for regular updates to inform the core group meeting.

Who is invited to a child protection conference:

- The child or young person
- Parents/carers of the child
- The child's social worker and the social work manager
- The child's GP / health visitor / school nurse
- School representatives, including teachers, designated safeguarding leads, and the Education Welfare Officer
- Local authority's legal advisor
- Police
- Children's residential home manager
- Designated safeguarding lead in a nursery or pre-school
- Supervising social worker and foster carer

After a child, has been made subject of a child protection plan, a review meeting must be held after three months and subsequently at least every six months. These reviews will discuss the progress of the child protection plan and decide whether the child needs to remain subject of a plan.

Some or all of those who attended the initial conference will be invited to attend and / or provide information to the review meetings. Both conferences and reviews are chaired by an independent chair.

Advice for carers giving information at meetings.

The following guidance will help you make your views known in a professional manner. It is good practice for foster carers to prepare in advance for any meetings by writing down key points, for example:

- How a child has settled in.
- Any change in behaviour whether positive or negative.
- Particular incidents.
- How a child behaves in the foster home and when out with carers.
- Any issues around time spend with family, peer relationships, education or health.
- Dates and outcomes of any health appointments.

If foster carers feel that there may be some contentious issues or difficult areas to address, then they should discuss this with their supervising social worker prior to the meeting.

Contributing to meetings

The chair of any meeting will ask all participants to be involved and contribute, and as a foster carer, you will have valuable information about the child in your care which can assist in care planning or in safeguarding the child.

It is important that all participants can give their contribution without interruption. If you believe another participant has provided incorrect information it may be appropriate to provide the correct information when you are invited to speak or, depending on the circumstance, to raise this with the chair following the meeting.

When making a verbal contribution, it is best to be as concise as possible, particularly in large meetings (such as the child protection conferences) where there is a lot of information to be shared and analysed. If further information is needed, the chair can ask questions or ask foster carers to elaborate. Overall, it is important that information shared is factual, where you give an opinion, make it clear that is what you are doing.

Foster carers need to be clear when they are giving an opinion, impression or feeling about a child.

It is important not to use language or terminology which could be construed as offensive or judgemental to anyone else in the meeting. It should be acknowledged that everyone's contribution is valid and should be respected.

If foster carers feel that their views have not been sufficiently listened to or considered during the meeting, then they can speak to the Chair at the end of the meeting and / or put their comments in writing. Your supervising social worker could assist with this.

While it may be useful to make your own notes of meetings you attend, especially if there are actions that you need to complete, a formal record of the minutes of the meeting will be prepared and agreed by the Chair of the meeting and a copy of these will be sent to you. If there are any factual errors in the recording of the information that you have provided, then you must contact the Chair or relevant person to advise them of this within the specified timescales.

Valuing diversity and identity

Before a child with different ethnic, religious, linguistic, cultural, or other needs is placed, every attempt will be made to seek carers with a similar cultural, language, or religious background or relevant knowledge and experience as part of the 'matching' process.

The foster carer's unconditional acceptance of the child's difference is essential for their wellbeing and sense of identity and belonging. Other family members need to be included in the preparation for a placement and any concerns arising from inappropriate attitudes or language must be discussed and tackled before the child is placed. Foster carers must voice their anxieties about their ability to meet any needs and ensure that the appropriate support is provided.

To minimise the losses that children placed away from home may have already experienced, it is important that foster carers help children to value and maintain connections to their identity through recognition of their different cultural, religious, and racial backgrounds.

For children placed who are of a different cultural, religious, or ethnic background to the foster carer, as their foster carer you should help them to understand and take pride in all aspects of their identity and cultural heritage and to feel comfortable about their origins. You can expect help and support in this task, and there are additional training courses available.

With the help of the team around the child, you can learn more about the child's religion and culture and the way these are reflected in their daily life, including any help the child will need to maintain these links. Even where the child does not have a formal religion, they may have needs for a spiritual dimension to their life and should be supported and encouraged to develop it.

These experiences contribute to the child's sense of identity. There may be profound differences between you and the child's birth family in matters such as religious observance, dress codes and diet. These issues should be treated sensitively and arrangements to preserve and strengthen the child's links with the religious and cultural practices of their birth family agreed.

A significant aspect of a child's identity is their name. Section 33(7) of the Children Act 1989 prohibits anyone from causing a child to be known by a new surname if they are subject to a Care Order. Clearly this would also apply to a child who is accommodated under Section 20. Foster carers are strongly advised to call any child by their given name and should never initiate a name change. Young people can choose if they wish to call themselves by a different name and may decide to change their name by deed poll. This must be discussed with their social worker.

Promoting a positive identity and positive attitudes to birth parents

It is important to promote positivity regarding a child's identity including demonstrating acceptance and understanding of a young person's sexual, romantic or gender identity, or when working with family members who are gay or transgender.

Furthermore, foster carers must maintain a positive attitude towards the child's birth parents and their wider family, supporting and promoting family time, and refraining from judging the child's home environment, to support children in maintaining a positive view of themselves. There may be occasions when this is complicated by extreme behaviours or distress from the birth family and this expectation does not imply that the reality of the parent's behaviour should be concealed from the child. The child will often be aware that something difficult has happened and may need your acceptance and support to discuss their feelings about this. So a non-judgemental attitude should be maintained as far as possible.

Discrimination

Foster carers need to be aware of the effect of discrimination, bullying, racial harassment and isolation arising from any 'difference' and how this might impact on a child's emotional well-being and behaviour. The foster carer also needs to be mindful that the child and their family may have experienced prejudice and discrimination prior to the child becoming looked after. Strategies for dealing with any forms of discrimination should be discussed and agreed as part of the placement planning process and recorded in the Placement Plan. Please see the Equality Statement at the beginning of this Foster Carer Handbook.

Involving children and young people and promoting participation

The views and opinions of children and their families must be taken into consideration in all aspects of our care and support. Foster carers are in a unique position in caring for a child in their home, so you will have opportunities to listen, understand, elicit, and respond to the child's views.

In addition, children and young people should be supported to participate in other ways if they wish, for example, through involvement with Youth Voice and the Children in Care Council – see below for more information.

Foster carers should not take for granted the views and opinions of children in relation to all matters affecting them, including day-to-day matters. Their views and opinions should be sought on a regular and frequent basis and where appropriate, acted upon.

The views and wishes of a child in relation to care planning matters should be recorded and passed to the child's social worker. This is a continuous process and should not be confined to the consultation that takes place in preparation for the child's review.

Children and young people also can give their views on their foster home as part of the foster carers annual review process.

You may need to request assistance to help you to ascertain the views of children who, due to their age, disability, or language, may require additional support to communicate their views. It is essential that you ensure that children you care for know how to raise any concerns or complaints and that they receive prompt feedback when these issues are raised.

Mind Of My Own

Mind of my own is an amazing tool that allows young people who receive support from Children's Services to express their views anytime. As a foster carer, you should actively encourage and support children to use the app to express their views More information is available here: **[Home - Mind Of My Own](#)**

Wiltshire's Child and Youth Voice Team

Children in Care Council:

This is an opportunity for young people to share their views on what matters to them the most. This is also an opportunity to build friendships and create lifelong memories with other children in care. The Children in Care Council run youth club-based sessions monthly where young people can feedback their thoughts and have an important say in decision making processes. In addition, they offer fun activity sessions during the school holidays and residential weekends.

For more information, please follow the weblink here: Children in Care Council

[What we do - Have your say! - Wiltshire's Children in Care Council - WPC](#)
[\(wiltshireparentcarercouncil.co.uk\)](#)

To express interest and/or for more information please contact
childandyouthvoice@wiltshire.gov.uk

Voice Consultants

Wiltshire's Child and Youth Voice Team are recruiting young people to help with interview panels, reviewing documents, and deliver training. This opportunity is open to any young people who have had social care involvement. Opportunities include interviewing applicant foster carers and social workers. There are lots of benefits to being a Youth Consultant! Young people are paid for giving up their time to complete this role. Young people can also expect to gain experience of the workplace, which means that they will be developing their skills and they can put on this on their CV.

Young Pioneers:

Young Pioneers are working with Wiltshire Centre for Independent Living (CIL) to ensure young people are represented and have a say in what is delivered through the SEND and Inclusion strategy.

Young Pioneers is a campaign that empowers young people living in Wiltshire to speak up and lead their good lives. We believe young people with physical, mental health or learning disabilities have the right to grow up and live independently, working together to reach their future goals. This could be anything a Young Pioneer decides, from going to town to learning to drive.

If the child is between the ages of 12 to 25 and has a physical, mental health or learning disability they can get involved.

The child will receive a welcome email and postcard, telling them about the exciting campaigns they can get involved in. The team can also arrange to meet them in a group or independently (in person or via zoom), finding out about their strengths, interests and what they want for the future.

If this is something your young person would like to get involved with, please see additional detail below:

[Young People Pioneers – Wiltshire Center for Independent Living \(wiltshirecil.org.uk\)](http://wiltshirecil.org.uk)

Wiltshire Centre for Independent Living (CIL) is a user led organisation which means they are managed by local disabled people. Wiltshire CIL's core work is to support disabled people across Wiltshire to actively experience choice, control and independence.

Children in Care Awards (Star Awards)

This annual award scheme is open to all looked after children. It provides an opportunity for young people to be publicly recognized for their achievements, no matter how small those achievements may be. Foster carers are encouraged to nominate children and young people in their care.

Attached below is a weblink to Coram Voice, which is a website dedicated to children and young people's participation:

Home Page - Coram Voice

Independent Visitor Scheme

Some children in care are provided with an independent visitor by the local authority. This person will maintain regular contact with the child, spending positive time with them and being an advocate for them. An independent visitor is appointed where there is limited or no contact for a child with their family. You can talk to your supervising social worker if you need more information or visit the information page on the Wiltshire Council website.

SECTION SEVEN: Safer caring and health and safety

The National Minimum Standards (NMS) require that children's safety and welfare is promoted in all fostering placements and that foster carers are trained in safer-care practice (NMS4). In addition, NMS10 requires that children live in foster homes which provide adequate space, are a suitable standard and that foster carers are trained in health and safety issues and have guidelines on their health and safety responsibilities.

Health and Safety Checks

Your assessing social worker will have completed a health and safety check of your home before your approval as a foster carer because any home that accommodates looked after children must meet basic safety requirements. These requirements extend to second homes and caravans. These include the use of safety glass in accessible areas, having well-lit stairways, securing free standing cabinets/bookcases so that they can't fall over and stair bannisters with a maximum four-inch gap between rails.

A further health and safety check will be completed at least once every year; but more frequently if there are any changes, such as a change to your terms of approval, or if building work is taking place. You must notify your supervising social worker in advance if you are intending to have any significant building work or home improvements completed on your home to enable an appropriate risk assessment to be carried out. Any work completed must be compliant with the appropriate planning and building regulations in force at the time the work is completed, and the department will ask to see the appropriate compliance paperwork.

Any hazards or risks need to be removed or managed (for example, covering a fishpond in the garden so that it is safe), and you will need to agree this with your supervising social worker and record this in your safer caring plan.

As part of your annual health and safety check, your supervising social worker may complete an online check via the government website or ask to see evidence of the currency of a MOT certificate and tax for all vehicles registered to you. They will also check driving licences and car insurance cover for all vehicles used to transport children and young people who are looked after.

It is useful to prepare for a Health and Safety check by ensuring quick access to your driving licence, home insurance, car insurance, MOT certificate and boiler certificate. as part of your annual health and safety check.

Insurance cover

Car insurance

Foster carers must be adequately insured to drive any vehicle in which you transport looked after children and young people. You must have a **fully comprehensive motor insurance** policy, but you do not necessarily need a business use policy. You must advise your insurance provider that you are a foster carer and check with your insurer as to their specific requirements.

Buildings and home contents insurance

Foster carers are expected to have their own insurance cover for loss or damage to their personal effects or property. It is your responsibility to inform your insurance provider that you have become a foster carer to ensure that you do not invalidate your buildings and contents insurance.

Foster carers are strongly advised not to keep large amounts of cash or valuables within areas of their home that can be accessed by looked after children. Foster carers should consider purchasing a home safe or lockable cabinet. If you have reason to believe a looked after child has taken valuable items, this must be reported to your supervising social worker and the child's social worker at the first opportunity. They will seek to resolve the situation at the lowest level possible. However, consideration will be given to reporting the incident to the police, as this may be a requirement for you to make a claim under your household insurance policy.

Wiltshire Council has an insurance policy in place which is operative when damage arises due to the actions of foster children residing with the foster carer, and where there is no other insurance in force in respect of damage. An excess will apply, and you can request further information regarding the excess from your Supervising Social Worker. Wiltshire Council and/or their Insurer may request to see written confirmation that the claim has been rejected by your insurance provider.

Wiltshire Council's public liability insurance policy indemnifies foster carers approved by Wiltshire Council in respect of legal liability arising out of the fostering of children in the care of Wiltshire Council. The cover is operative when damage arises due to the actions of foster children residing with the foster carer and where there is no other insurance in force in respect of the damage.

If you want to know more about insurance or you need to make a claim, please contact your supervising social worker.

Safer caring plans

One of the most important responsibilities of a foster carer is to keep children and young people safe. At the same time, foster carers must keep themselves and their families safe from any harm that could arise through fostering, including the risk of complaints or allegations.

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

*Children and young people in care are often particularly vulnerable due to their previous life experiences, **so foster carers need to understand and manage the risks they may face while helping children to have as normal a childhood as they can.*** (Fostering Network 2023)

Family Safer Caring Plans

Your family safer caring plan supports the provision of a safe environment for the child who is fostered, you and your family by **managing and reducing risks**. Any risks and the needs of the child should be identified in the Care Plan and the Placement Plan and considered as part of your safer caring planning and plans.

In addition, you need to understand your family, your values and how you operate as a family or household. The whole family need to be involved in developing a family safer caring plan which outlines how everyone will behave in certain circumstances. Eventually the plans assimilate into the family's fostering practice and family values.

Your supervising social worker will provide you with a copy of a generic family safer caring plan for you to personalise and make specific to your family and to the child you are looking after. This should be discussed upon your approval and reviewed and updated **at least annually** and the plans **must be amended when there are any changes to your household or home**.

Connected foster carers.

Connected foster carers do not need a separate Family Safer Caring plan, but do need to incorporate consideration for family safety into the child specific safer caring plan(s)

Child Safer caring plans

It is your responsibility to draft a safer caring plan **specific to each child that is placed with you**, which should then be agreed with your supervising social worker. This should cover any points to address the child's individual needs and behaviours (e.g. managing behaviour which is challenging/ sexualised or sexually harmful behaviour), identifying any specific needs regarding intimate care.

Connected foster carers – you do not need a separate Family Safer Caring plan, but do need to incorporate consideration for family safety into the child specific safer caring plan(s)

Training on safer caring plans is included within the safer caring training. This is mandatory training and should be completed as soon as possible following your approval as a foster carer, and then refreshed at least every three years.

Additional information can be found in '*Safer Caring, a new approach*' by Jacky Slade published by the Fostering Network and there is also additional information on Safer Caring on the Fostering Network website.

Links to Safer Caring on the Fostering Network website: **[Safer caring | The Fostering Network](#)**

[Safer Caring: A New Approach– supplementary resources | The Fostering Network](#)

Safer caring: some guidelines for safe care.

Maintaining appropriate boundaries and having **clear expectations around behaviour** and family 'rules' within the home will be important.

As a rule, everyone within the home should always be appropriately clothed. Children who are old enough and able to bath themselves, should have privacy in the bathroom. If a child is old enough to be left alone but still needs some bath time supervision, it is preferable to leave the bathroom door unlocked and slightly ajar. Foster carers need to be aware that bath times may have been when sexual or physical abuse occurred, and this could result in what appears on the surface as unreasonable fear or anxiety about this activity. Carers will need to be very sensitive in dealing with this and provide the child with reassurance and clear messages that this is a safe activity.

Allowing children to share the foster carer's bed is an unsafe practice, as it may give the wrong message or trigger memories of past abuse. It is safer to provide a child with a period of warmth and affection before bedtime, for example reading a bedtime story or having a chat over a hot drink.

Children who have been sexually abused may interpret physical affection from carers in the wrong way based on their experiences, so considering how to manage the child's needs for affection and care, without the child feeling a sense of rejection will be important. It is important therefore, that foster carers are aware of the potential risk that some demonstrations of physical affection could be misunderstood by children. Some carers make a point of asking a child whether they would like a hug or a cuddle before doing so. Foster carers should avoid games that involve wrestling or tickling as this could be misinterpreted by some children.

Safer caring: caring for babies.

As a foster carer for a small baby, you will need to consider:

- the management of intimate care and who will be responsible for this.
- making your home safe and thinking about changes needed as the baby gets older, for example, when your baby starts to crawl.
- Managing feeds, including where a mother wishes to continue to breastfeed her child.
- Sleepless nights, and the importance of identifying sources of support.
- Managing the significant commitment to family time required for small babies, including time required for travel and how you will safely transport the baby to family time.
- Safely managing transitions for babies, for example, a baby moving to adoption or to another foster placement. This might require overnight stays, managing travel to another part of the country or potentially overseas travel.

The NHS website and the Lullaby Trust have the most up to date advice and guidance to support you in caring for babies.

Sleeping

Babies need a lot of sleep during the first few months of their lives so it's important to ensure that they are sleeping as safely as possible.

Sudden Infant Death Syndrome (SIDS) /cot death

Cot death is a term commonly used to describe a sudden and unexpected infant death (SIDS) that is initially unexplained. The equivalent medical term is 'sudden unexpected death in infancy' (SUDI). Some sudden and unexpected infant deaths can be explained by a thorough post-mortem examination and other investigations. Cot deaths that remain unexplained after a thorough examination are usually registered as sudden infant death syndrome (SIDS). Sometimes other terms like sudden infant death, sudden unexpected death in infancy (SUDI) or unascertained may be used.

- Babies should always sleep in the same room as you, day and night, for the first six months (or longer if only a cot space in their home) because this is the safest place for a baby to sleep (NHS and Lullaby Trust 2023).
- Night feeds need to be in a chair by the bed or similar.
- The safest sleeping position for a baby is on their back – not on their front or side. Sleeping a baby on their front or side greatly increases the chance of SIDS.
- The chance of SIDS is particularly high for babies who are sometimes placed on their front or side.

- Babies should be placed to sleep in a Moses basket or cot, depending on their size, both during the night and for naps during the day. Give your baby a clear, flat, separate, sleep space in the same room as you. Mattresses should be in good condition and preferably have a waterproof cover because this can be wiped down. The mattress must be the correct size for the cot or Moses basket. Cots and Moses baskets must be in good condition. Damaged mattresses must be replaced immediately. Waterproof mattresses should be thoroughly disinfected before being used for another baby. Non-waterproof / fabric mattresses must be replaced. Babies under the age of one must not sleep on a fabric mattress that has been used by another child. We also recommend that mattresses are changed after each baby.
- Do not incline, tilt or prop the mattress, cot or baby. Doing so will not help with reflux and is unlikely to improve cold symptoms.
- You must ensure that the cot or Moses basket is positioned in the room, clear of any blind and curtain cords. To avoid a baby becoming entangled in the cord, do not hang anything from a cot. To avoid accidents, cot bumpers and soft toys, nappy sacks etc. should be removed from the area around the cot before each sleep period.
- Babies should be placed in the 'feet-to-foot' position in the cot (feet at the bottom of the cot so they can't wriggle down under the blankets). Firmly tucked in sheets and blankets, not above shoulder height, or a baby sleeping bag are safe for a baby to sleep in. Most sleep bag manufacturers will recommend a sleep bag is used when baby is a certain weight (usually around 4kg or 8.8lb) rather than age, so make sure to check the product guidance before using it. Bottom sheets should be the correct size for the mattress, the mattress should not curl upwards at the corners. Soft or bulky bedding quilts, duvets, pillows should not be used for babies under one year.
- Avoid letting the baby get too hot. A room temperature of 16-20°C is ideal, with light bedding or a lightweight well-fitting baby sleep bag that is comfortable and safe for sleeping babies. Sleeping bags should come with instructions for how many layers of clothing are appropriate for use with the sleeping bag. It can be difficult to judge the temperature in the room, so use a room thermometer in the rooms where the baby sleeps and plays. Babies who are unwell need fewer, not more bedclothes. You must never co-sleep with a baby.
- Babies often fall asleep in their car seat or pram while on journeys outside the home. Car seats and prams should be reclined to allow the baby to sleep as flat on their back as possible, so their airway and diaphragm is not restricted. Once home, the baby should be removed and placed to sleep in their cot or Moses basket, even if it means disturbing them to do so. Babies should not be allowed to sleep in bouncy chairs and babies should not be left sleeping in the car seat when not travelling in the car.

- Babies who are exposed to tobacco smoke before or after birth have a much greater chance of SIDS than babies who are kept smoke free. You may not be aware whether the child has been exposed to tobacco smoke in utero or prior to coming to your home, but you can ensure that the child remains in a smoke free environment while they are looked after.
- Never sleep with the baby on a sofa or armchair

Some babies who require special care or who have particular medical problems may need to be nursed on their tummies. Your doctor or health visitor will explain why.

Additional information and advice is available from the Lullaby Trust:

Safer sleep for babies online videos : **[Safer Sleep for babies presentations - The Lullaby Trust](#)**

Safer Sleep Advice from the Lullaby Trust: **[How to reduce the risk of SIDS for your baby - The Lullaby Trust](#)**

Safer sleep for twins: **[Safer sleep for twins - The Lullaby Trust](#)**

Overheating

Babies and young children are unable to regulate their body temperature as adults can. Babies lose heat through their heads to cool down, so if they are too hot, wearing a hat will prevent them from doing this. As a rule, babies need to be dressed in one extra layer of clothing to what you are feeling comfortable in. Nappies and car seats can be as warm as a duvet. It may be more appropriate to take a baby's coat off while they are in the car seat and cover them with a light blanket instead. Swaddling describes the practice of wrapping babies from the neck downwards in a cloth or blanket. As a Service, we do not recommend carers swaddle any babies or infants as there is a risk of overheating

Feeding and weaning

Advice and guidance in this area is subject to change in line with the most recent research findings available. The most up to date information and guidance on feeding, sterilizing bottles and making up infant formula can be found on the NHS website or from your Health Visitor.

Information relating to caring for babies can be found here:

How to make up baby formula: **[How to make up baby formula - NHS \(www.nhs.uk\)](#)**

Sterilising bottles: **[Sterilising baby bottles - NHS \(www.nhs.uk\)](#)**

Baby clothes – what you'll need for your baby **[What you'll need for your baby - NHS \(www.nhs.uk\)](#)**

The NHS Start for Life website provides information about weaning, however, the

Health Visitor can also give advice and support with this

[Weaning | Start 4 Life \(www.nhs.uk\)](http://www.nhs.uk)

[Weaning and feeding - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Bathing

Ensure you have everything you need before you begin bathing the baby. Never leave a baby or young child alone in the bath, even for a moment.

The use of bath seats is not recommended based on advice from RoSPA (2023)

Advice and guidance in this area is subject to change in line with the most recent research findings available but RoSPA and the NHS will both offer the most up to date advice.

RoSPA advice regarding bath time is here: [Bath time - RoSPA](#)

Information relating to washing a baby can be found here: **[Washing and bathing your baby - NHS \(www.nhs.uk\)](#)**

Baby equipment and toys

Baby equipment and toys must carry the CE mark and be in good condition. A CE mark confirms the product has been made to current European standards, or a bright red and yellow lion mark (which goes beyond a CE mark and means the British Toy & Hobby Association have classified it as safe. Remember: 'novelties' (which are often sold at Christmas) are not sold as toys and not made to the same standards (RoSPA 2023)

Baby walkers

The use of baby walkers is not recommended. RoSPA (2023) actively discourages the use of baby walkers because of the high number of accidents associated with their use and the lack of any evidence that they assist a baby's development.

While baby walkers continue to be marketed, RoSPA supports the requirement that they must satisfy all aspects of the British Standard as a minimum requirement.

RoSPA (2023) also identify that 'The Chartered Society of Physiotherapists (CSP) called for a ban on baby walkers at their annual conference 2000. Physiotherapists blame baby walkers for 4000 injuries per year and also claim that baby walkers disrupt the ability of children to develop walking and visual skills and stop them from properly exploring their surroundings'.

Advice and information from RoSPA : [Child safety - RoSPA](#)

Home safety advice from RoSPA: [Home safety - RoSPA](#)

Accidents to children: [Accidents to children - RoSPA](#)

Slings and baby carriers

“Attachment parenting” or “Babywearing” helps to develop and promote secure attachments between the child and their caregivers. The benefits are overwhelming and when carried out safely it is valuable skill to have (RoSPA 2023)

Slings and baby-carriers are useful for holding a baby hands-free; however, they are not always used safely. There have been several deaths worldwide where infants have suffered a fatal accident from the use of a sling. These accidents are particularly due to suffocation, and particularly in young infants. The risk appears to be greatest when a baby’s airway is obstructed either by their chin resting on their chest or their mouth and nose being covered by a parent / carer’s skin or clothing. The safest baby carrier to use will keep the infant firmly in an upright position where a parent / carer can always see their baby’s face, and ensure their airways are clear.

A sling's fabric can press against a baby's nose and mouth, blocking the baby's airways and causing suffocation within a minute or two. And suffocation can occur where the baby is cradled in a curved or "C-like" position in a sling, nestling below the parent's chest or near their stomach. Because babies do not have strong neck control, this means that their heads are more likely to flop forward, chin-to-chest, restricting the infant's ability to breathe.

ROSPA advocates products that keep babies upright and allow carers to see their baby and to ensure that the face isn't restricted. Not all slings are dangerous. A carrier that keeps the new-born baby solidly against the parent's body, in an upright position, is the safest method. Carers should ensure that they keep their baby's chin off their chest, keeping the airways clear for breathing.

The Consortium of UK Sling Manufacturers and Retailers provides the following advice to baby sling wearers: Keep your baby close and keep your baby safe. When you're wearing a sling or carrier, don't forget the T.I.C.K.S acronym:

- Tight
- In view at all times
- Close enough to kiss
- Keep chin off the chest
- Supported back.

More information on baby slings is available here: [**Baby slings - RoSPA**](#)

Car seats, babies and children

Car seats are designed to keep babies safe while travelling, not as a main sleeping place. Car seats should only be used for transport and not as an alternative for cots or highchairs. It's OK for your baby to fall asleep in a car seat when travelling, but they should be taken out as soon as you get to your destination, and placed onto a firm, flat surface to sleep (Lullaby Trust 2023)

Avoid travelling in cars with pre-term and young babies for long distances. Research published in 2016 by the University of Bristol looked at the health impact on babies travelling in cars in infant car seats and found pre-term and young babies may be at risk of breathing difficulties if travelling in an upright position in car seats for a long period of time.

The NCT website advises not to use car seats for longer than 30 minutes for babies younger than four weeks and not using car seats for more than two hours in one go for babies of all ages, so please seek advice from your supervising social worker to consider how to safely manage travel with the baby.

The use of car seats must conform to safety standards and legal requirements for all children. Make sure you have the right car seat for your baby's weight, and it is fitted properly (many shops will help with this).

Children must use a child car seat from birth until 12 years old, or 135 cm tall, whichever comes first. Children must use a rear-facing seat until they are 15 months old. Never fit a rear-facing child seat in the front if there is an active airbag on the passenger side of the car. Rearward-facing seats provide greater protection for the baby's head, neck and spine than forward-facing seats.

The RAC have useful information on their website, including advice on what to look for when buying a car seat: [Car seat laws: everything you need to know | RAC Drive](#)

If you are the driver of the car, then you are responsible for the safety of all of the passengers in your car. Government legislation is identified here: [Child car seats: the law: Using a child car seat or booster seat - GOV.UK \(www.gov.uk\)](#)

Babies that get too hot are at a greater risk of SIDS. The Lullaby Trust advise removing any hats or outdoor clothing such as snowsuits and coats once your baby is in the car. The best way to check your baby isn't getting too hot is to feel their tummy or back of their neck. If their skin feels clammy or sweaty, they are too hot, so remove a layer of clothing.

Lullaby Trust advice on car seats and SIDS: [Car seats and SIDS - The Lullaby Trust](#)

Supervision of a looked after child by another delegated person/babysitting

There is no law in the UK that states how old a babysitter must be, however, the NSPCC recommend that babysitters should be at least 16 years old. Young people below this age may not be mature enough, or have the authority, to care for younger children.

The department does not recommend leaving a looked after child in the care of anyone under the age of 18, including your birth children if they themselves are under the age of 18. A looked after child must never be placed in the position of babysitting or caring for, or being cared for, by another looked after child.

There are several things to consider when using a babysitter:

- If they are looking after more than one child or a child with complex needs, consider whether they can handle this.
- Ask them how they would deal with situations like your child refusing to go to bed.
- Get them together with your child and see whether they hit it off well and afterwards ask your child how they feel about the sitter.
- Ask the babysitter if they've looked after children often and whether they would mind you speaking to other people they sit for.
- If you have any doubts at all about a possible babysitter, it's always best to find someone else.

If someone in your support network and who is not approved as a foster carer is providing regular care for a child who is looked after, then the supervising social worker will complete a Support Carers Assessment. This will include completing a disclosure and barring service check (DBS) a health and safety assessment, and meeting with the additional carer and the foster carer(s). They might also suggest that the additional carer attends First Aid or Safer Caring training, to offer them the support and guidance they need in their role as carer.

You must record within your diary notes any instances when children are cared for by anyone other than you.

Some children who have been abused or children with a disability may be particularly vulnerable to further abuse. **Foster carers must ensure that they are especially careful about the adults they introduce to children who are looked after because of their increased vulnerability.** Foster carers need to agree with their supervising social worker and the child's social worker satisfactory arrangements for the care of foster children when they go out without them. Reciprocal planned arrangements with other foster carers are encouraged.

Overnight visits

Children and young people who are looked after should have the same opportunities to socialise, including making visits to homes of their friends, as any child has, and to balance this with appropriate safeguards.

In most situations, you can make your own assessment, based on good parenting principles and as you would for your own child, regarding the appropriateness of overnight stays with children's friends or members of their own support network.

However, the placement plan, or any other written plan setting out the day-to-day care arrangements, should state where there are risks or safeguarding concerns which require agreement with the child's social worker, or the supervising social worker.

In such situations, the foster carer's contribution to the assessment of the suitability of overnight stays with a friend which has been agreed in principle would be to:

- Obtain the address and telephone number of where the child is to stay.
- Speak with the friend's parents and determine who would be the adult responsible for the child during the stay.
- Check the age of the friend – that they are of similar age.
- Determine what the sleeping arrangements are, and if they are suitable.
- Ensure that any health needs would be met, e.g., medication.
- Advise the friend's parents of who to contact in the event of an emergency.
- Check how the child will get there and return and be clear about what time they are expected home.
- Provide the child with telephone numbers and make sure that they know they can change their mind if they want to come back earlier than expected.

These specific arrangements should be reviewed periodically and relaxed as soon as it is safe to do so.

Foster carers are expected to remain available and contactable in case of an emergency. If you are planning to go away yourself, you must advise your supervising social worker in advance. In some cases, it may be more appropriate to arrange respite for the child or young person or nominate another foster carer who can provide care for the child in your absence should it become necessary.

Leaving children unsupervised

There is no set age for leaving children home alone. The law says that you should not leave a child alone if they will be at risk under the Children and Young Persons (England and Wales) Act 1933, the Children and Young Persons (Scotland) Act 1937 and the Children and Young Persons (Northern Ireland) Act 1968.; parents and carers can be prosecuted for neglect. This means that you can be fined or sent to prison if you are judged to have placed a child at risk of harm by leaving them at home alone, regardless of where in the UK the child lives.

- Parents and carers can be prosecuted for neglect if it is judged that they placed a child at risk by leaving them at home alone.
- A child should never be left at home alone if they do not feel comfortable with this, regardless of their age.
- If a child has additional needs, these should be considered when leaving them at home alone.

The NSPCC website provides helpful advice and guidance on leaving children unsupervised including information regarding discussing ‘ground rules’ for when children are home alone:

- Infants and young children aged 0-3 years old should never be left alone – even for 15 minutes while you pop down the road. This applies not just to leaving them home alone but also in your car while you run into the shops.
- While every child is different, the NSPCC wouldn't recommend leaving a child under 12 years old home alone, particularly for longer periods of time.
- Children in primary school aged 6-12 are usually too young to walk home from school alone, babysit or cook for themselves without adult supervision.
- Secondary age: Whether they're 12 years old or almost 18 years old, there might be reasons that children don't feel safe in the house alone. Just because your child is older doesn't necessarily mean they are ready to look after themselves or know what to do in an emergency. It can help to go over this and remind them how to stay safe at home.

Remember – you should never leave a child home alone if they don't feel ready, or if you don't feel they're ready.

NSPCC home alone advice is available here: [Leaving Your Child Home Alone - Advice | NSPCC](#)

Some principles to consider before leaving the child home alone:

- Consider the child's emotional age, rather than their chronological age. Is the child responsible and mature for their age?
- Would they be able to fix themselves something to eat and drink and would you be happy with them using the cooker or microwave?

- Can you imagine how they'd cope in an emergency like a power cut or a flooded bathroom?
- Would they know what to do if the phone rang or someone came to the door?
- Would they know how to contact you or another family member or friend if they needed to? Do they have these contact numbers to hand?
- How would they feel about being left alone – pleased to be given the responsibility or scared by the thought of it?

If you are planning to be away from home overnight, then you must advise your supervising social worker and the child's social worker in advance so that appropriate alternative care for the child or young person can be arranged. This may include them having a sleepover at a friend's home, or with a member of your support network, but this must be agreed in advance to enable any appropriate checks to be carried out, and arrangements put in place in case of emergencies.

Hobbies, Sports and Leisure Activities

Children who are looked after will have had varying amounts of encouragement and opportunities to pursue hobbies, sports, cultural and leisure activities. These activities are important for the social, physical and emotional development of children.

Involvement in a range of activities provides children with opportunities to achieve, to develop skills and to mix with other children in the community.

As part of the Placement Plan, existing interests and activities should be identified and discussion about how you can continue to facilitate the child's involvement in this activity.

Some children will have had little or no opportunities to take up hobbies or become interested in sports or leisure activities provided through schools. Foster carers will need to be alert to opportunities offered through schools and encourage a child's involvement in after school and extra-curricular activities.

During their time with you, a skill or interest may be noticed. Foster carers should, in discussion with the social worker and/or parents, pursue opportunities to follow these. Membership of a sports facility or a club could be explored, and additional finance requested if necessary to support an interest.

In addition, the Wiltshire Council website and the Fostering Newsletter contain information about regular activities taking place throughout the year, and additional ones during school holidays. There is also discounted membership to leisure centres.

Family Time and meeting with friends

The importance of seeing family and friends

Many children who are looked after by the local authority return to the care of their birth parents or extended family. It is, therefore, crucial for the success of rehabilitation plans that positive and regular time with family is maintained throughout a child's stay in foster care. Such contact should aim to maintain attachments and ensure a child's continuing sense of identity and belonging with their birth family.

Types of family time

Family time will normally be face-to-face and might take place in a centre, the foster carers home, the parent's home or that of a family member or at a venue arranged by the child's social worker. Other forms of family time could include telephone calls, letters, cards, Zoom/Teams, or video or audio-taped messages. Some children will need to be supported and encouraged by their foster carers to maintain their contact with their family.

Planning for the child to spend time with family and friends.

Arrangements for time spent with family and friends will be discussed initially as part of the matching and preparation for the child moving to your home. Clear plans, including your role in facilitating family time, will be discussed, and agreed and written into the Placement Plan. Any changes to these arrangements will be discussed with the foster carer and any changes to their involvement agreed. **Foster carers are not able to make any changes to family time arrangements without prior agreement of the child social worker, nor must they discourage or prevent contact.**

Supervising family time

There will be occasions when foster carers are ideally placed to supervise the time that children spend with their parents or other family members. This may simply be to provide reassurance to the child but could be part of an assessment of the relationship between parent and child and / or of parenting abilities. Foster carers need to make sure that they understand what is being asked of them and what records they are to keep, be confident of their ability to undertake the task and ask for the support they need. It is recommended that foster carers attend Family Time training to support their knowledge and skills in managing this important time for children.

Family time books

When young children are spending time regularly with their birth family at family time, it is important to have a clear line of communication between you and the birth family and for this, it is useful to keep a book which will be passed to the family at the child's family time session.

Whether a family time book will be needed should be discussed at the initial Placement Planning Meeting when a child is placed in your care. This will give you an opportunity to discuss with the child's social worker the type of information requested, in relation to the child's age and amount of time spent with family.

For pre-verbal children, a family time book ensures the child receives consistent care around their basic needs, such as diet, routines, illness, likes and dislikes. The book can also act as an aid to avoid any misunderstandings or anxiety around bumps and scrapes by recording a brief explanation of what happened. For emotional understanding it may also be helpful to note down any important changes or conversations which have taken place so that birth family can be sensitive and aware of events happening in the child's life. If you are uncertain of whether you should include something or not, seek advice from your supervising social worker.

The information in the family time book is not to replace diary sheets, and the information will not need to be as extensive. The family time book only needs to contain short pieces of information necessary for birth family to offer a smooth transition of care and understanding for the child.

The parent should already be made aware of significant changes, for example, A&E admission or a change of school but some (not exhaustive) examples of what may be included in the family time book, depending on the age of the child:

- The time that a baby was last fed or changed, or a request to change a nappy/apply nappy rash cream.
- An explanation of a scratch/bruise/bump.
- Last health visitor appointment and recent weight gain.
- New abilities/development progress, for example, first words or steps.
- A holiday recently taken or planned.
- A significant outburst/upset by the child.
- Recent illness, for example, if the child is recovering from a cold.

Maintaining links with family and friends

For some children, the plan will be to be cared for permanently outside of their family and this might be with an adoptive family or permanent foster care.

Maintaining links, directly or indirectly, with their past and with family and friends remain important for most children. Foster carers should ensure that they do not let these links lapse or wither and should encourage any arrangements for children to

maintain links with their family, including the exchange of information, or simply allow the child to talk about their family and friends.

Although the emphasis on family time planning and arrangements tends to focus on family members, it is important that children in foster care are encouraged and supported in maintaining contact and links with friends, both old and new.

Encouragement includes helping children to make telephone calls to friends, write letters, and send cards on birthdays. It is also important that children who are looked after are given 'permission' to invite friends to visit to spend time together or have a meal with the foster family.

As with any responsible parent, foster carers will form a view about the suitability of a child's friendship network. If a carer considers that a friend or group of friends are having a negative influence on a child, it is advisable to speak to the supervising social worker and the child's social worker for advice about how to best manage this situation.

Recognising bullying

Foster carers need to be alert to the signs of bullying both between children within their home and outside of the home, as well as online bullying. Sometimes the evidence will be obvious such as injuries, damaged clothing or belongings or the disappearance of possessions.

Sudden changes of behaviour such as increased anxiety, keeping close to adults, social withdrawal, or a reluctance to attend school are just some of the possible indications that a child is being bullied.

Responding to bullying

Foster carers need to sensitively explore their concerns with the child to try to determine the cause and source of the behaviour. They may wish to discuss their concerns with the child's social worker or their supervising social worker. Those involved in the child's care will agree what action needs to be taken and who will be responsible for the actions. This agreement should be recorded in the child's placement plan and, where of an age and understanding, agreed with the child.

Recording incidents of bullying

The fostering service is required by the fostering minimum standards to maintain records of incidents of bullying of children placed in foster care. Foster carers must inform their supervising social worker of all such incidents. These should also be recorded within your diary notes.

More information about how to recognise and respond to bullying is available here:

[What is bullying? \(anti-bullyingalliance.org.uk\)](http://anti-bullyingalliance.org.uk) and includes free CPD (Continuing Professional Development) training:

[Free CPD online training \(anti-bullyingalliance.org.uk\)](http://anti-bullyingalliance.org.uk)

Managing Behaviour

It is essential that foster carers are provided with full information about a child to enable them to parent safely and in a trauma informed way. To understand a child's behaviour, you will need to be made aware of the available information about the child's previous experiences, their strengths, and any difficulties currently being experienced, and this should include any behaviour which is challenging to manage, or any sexualised behaviour. This information should be contained within the Care Plan and discussed as part of the Placement Planning meeting at the outset of the placement. Discussion about how carers will respond to any needs, risks or behaviour and agreed strategies included in the plan for the child. These strategies should be recorded within your child specific safer caring plan.

Trauma informed parenting and PACE

‘From the very beginning everything was scarily wrong. Nobody seemed to care. So Boy built a wall, to protect himself. At first, he just hid behind it. But as Boy grew, his will became stronger and cleverer’.

“Then she made a few holes in the wall and whispered sweet songs through them. This made Boy angry. How dare Someone Kind break his wall! He put his fingers in the holes and screamed at her to leave.”

‘The Boy Who Built A Wall Around Himself’ by Ali Redford 2015)

All children exhibit behaviour which can be challenging, for example, when they are tired or hungry, but for children who have experienced abuse and trauma, it may also be a way to communicate their distress. Unacceptable behaviour is often a means of communicating fear and anxiety and it is important to remember that children might be triggered into earlier forms of survival state (fight, flight, freeze) due to their anxiety.

To promote feelings of safety, the child needs to know that you and others within the home are consistent, reliable, and predictable; remember that the child may not have experienced this before due to their earlier experiences of being parented. This can be achieved through clear structures/boundaries, including around bedtime routines, TV, gaming, and mobile use, with expectations based on developmental age, rather than biological age.

Providing sufficient stimulation will be important for most children and can help in reducing behaviour difficulties, but for some children over stimulation will feel too overwhelming.

Success and achievements, however small these might be, should be acknowledged and celebrated through praise, individual attention, and reward. Filling up their ‘self-worth tank’ when things are going well will increase feelings of joy, self-worth and will strengthen your relationship.

Incorporating PACE into your day-to-day parenting, takes practice and your supervising social worker can support you with this or direct you to a group or consultation session to help you.

It is important to empathise with how the child is feeling, be curious and try to understand the reasons for a child's behaviour; this will show the child that you are doing the best that you can to help them, while staying calm and emotionally regulated yourself, even though this might be hard sometimes. If you remain calm then it is more likely that the child will remain calm – the child will know that you are there for them and that you want to help the child manage how they are feeling, despite the difficulties being experienced between you both.

Foster carers are asked to manage behaviour in a way which is empathic and understanding of the child's needs and feelings – this does not mean that you are accepting the behaviour, but that there is unconditional acceptance of the child and their feelings. This can be challenging because you will be also managing your own needs and feelings in a situation which is likely to be difficult for you both.

Foster carers need to be aware of their own behaviour in the presence of children and be mindful that raising your voice might be a trigger to a traumatic past experience. Children who have experienced trauma and abuse will be tuned into the behaviour of adults, often because this is something they have previously needed to do to keep themselves safe.

While there needs to be understanding of how the child is feeling, there is an acceptance that some behaviour may need consequences which can be discussed with the child when the situation is calmer and both adult and child have reconnected.

The child may need your help to repair relationships but will need you, as the adult, to take the lead and also to say sorry when you have made a mistake – this behaviour models to the child that you can accept responsibility for your actions.

Strategies for managing behaviour.

Children and young people must be aware of what is expected of them and the boundaries that have been agreed together as part of your safer caring plan. Depending on their age and understanding, children and young people should be involved in discussions about positive rewards, as well as the consequences for when they have not been able to manage how they are feeling.

Managing consequences

Never decide on a consequence while you are dysregulated and don't try to discuss consequences while the child or young person is still dysregulated.

Natural consequences are things that happen automatically and do not need an additional consequence, for example, if a child refuses to wear a coat, then they will get wet.

Logical consequences enable the child to understand the link between the behaviour and the consequence and this becomes a learning experience for the child - if there is a specific issue then you can relate the consequence to the issue so that it is clear to the child how the two link together. For example, if the child breaks something in the home, then they can help to clean it up or repair it.

Most children will be able to think of an appropriate consequence and consequences work best when they are agreed in collaboration with the child.

Consequences might act as a trigger for some children but remaining consistent and maintaining the boundary will be important, while accepting and validating how they feel about the consequence.

If a child or young person exhibits behaviours which feels threatening:

- Distract the child where possible, for example, going out for a walk with the dog or diffusing the situation in a playful way and if appropriate.
- **Use empathy** and your skills in PACE to de-escalate.
- Remain calm.
- The child may be dysregulated so do not attempt to reason or rationalise with the child, because the child is stressed and may not be able to respond to you in a way that is helpful to the situation. You will need to remain present (physically and emotionally but only if it is safe to do so), and let the child know you are there for them through your expressions & tone – the child will be looking for the non-verbal signals from you as well as what you say.
- If the situation escalates and feels unsafe remove yourself / others from the situation.

If you do not feel confident about handling the situation, you should make the situation as safe as possible (e.g., removing yourself and others). You should call your supervising social worker, the child's social worker, the out of hours service or the emergency duty service for advice.

If a child becomes destructive or violent it may be necessary to call for assistance from the police. Carers are encouraged to seek advice about taking this step from the supervising social worker, the child's social worker, the out of hours service or the emergency duty team.

Any form of physical intervention should not be used unless it is a last resort, and to keep the child safe. If a situation has arisen where you had to prevent a child / young person from harming you, themselves, or property you must notify the department immediately and complete an incident report form. The incident should also be recorded more fully within your diary notes.

If you are struggling to manage the behaviour of a child, you must discuss this with your supervising social worker and the child's social worker so that they can consider additional support for you. This might involve a referral to the Placement Therapist for support, attending a consultation session, and/or completing a positive handling plan in collaboration with the team around the child. There must be a clear plan if there is an identified need to help manage behaviour. Your child specific safer caring plan will need to be reviewed and updated.

Repairing your relationship with the child

Reconnecting with the child and repairing relationships is crucial for building trust and maintaining safety and the building of attachment relationships. The foster carer, as the adult, should initiate repairing the relationship but only when the child is ready to do so.

Assaults on foster carers

A key task for foster carers is to manage difficult behaviour which is often as a result of the child's experience of trauma and abuse and unfortunately there is always a small possibility that a member of a fostering household is hurt by the child.

A child/young person should never be hit in retaliation. When the situation is calm and you have repaired the relationship with the child, the child/young person should, if possible, be made aware of the consequences of his / her action – i.e., that physical violence is not acceptable, and the outcome could be a report to the police. Children / young people need to know that foster carers also have rights and that while you are keen to help and support them in managing their emotions, physical violence is not acceptable.

Any assault should be immediately notified to your supervising social worker or the Fostering Duty Worker. If it is out of hours, then you must advise the Emergency Duty Service.

Children missing from care and education.

Children and young people might not return to the foster home when expected for a number of reasons. Not all occasions will mean that the child has run away from their foster home, however, the child or young person may still be at risk (for example, the child might be at risk of being sexually or criminally exploited)

To assist foster carers and staff, a Children Missing from Care, Home, and Education Protocol has been developed to support effective collaborative safeguarding response from all agencies involved when a child / young person goes missing.

The protocol is available here **[Children Missing from Care, Home and Education \(proceduresonline.com\)](http://proceduresonline.com)** or on the Wiltshire Safeguarding Vulnerable People Partnership procedures page. The protocol covers all children and young people under 18 years old who go missing from home or care, including children who are forced out of the family home and children missing from education.

Running away is often a symptom of wider problems in a child / young person's life. Children or young people who decide to run away are unhappy, vulnerable and in danger. They may be 'pushed away' or 'pulled away' from the foster home and research indicates that children who go missing are more vulnerable to child criminal and sexual exploitation, substance misuse and involvement in crime.

Planning and preparation when a child is at risk of going missing.

It is important that any history or high risk of going missing is discussed and recorded in the placement planning meeting and placement plan prior to the child moving to live with you. Strategies for preventing this and responding within the protocols should be agreed and recorded. Parents or carers should be asked if the child / young person has ever run away or stayed in unknown, possibly unsafe, places. **Foster carers must be mindful of the link between a young person who is missing and risks outside of the home (ROTH) for example, child sexual or criminal exploitation (CSE and CE).**

When a child or young person goes missing

Most young people will have a mobile telephone. This can be a crucial link to the child should they go missing. Efforts should be made by foster carers to obtain the numbers of all mobiles held by the child. Children should also be encouraged to register their phone details at '**www.immobilise.com**' in case the phone is stolen.

Child or young person whereabouts known / unauthorised absence.

Where a child in care's whereabouts is known, or thought to be known but unconfirmed, they are not missing and may instead be considered as absent without authorisation from their placement.

Sometimes children stay out longer than agreed, either on purpose to test boundaries, or accidentally. Examples of situations where unauthorised absence will apply are:

- Running away after a dispute.
- Failing to return on time.
- Staying at a known location with a friend.

Some children / young people absent themselves from home or care for a short period and then return. Their whereabouts:

- Are known to the carer.
- Can be established through contact with family or friends.
- Are unknown, but the child / young person is not considered to be at risk.

The person, usually you as the foster carer, who discovers that a child / young person is missing or absent without permission from a foster home must immediately inform the child / young person's social worker.

If the social worker is unavailable, you must inform the childcare team duty social worker. If it is outside office hours, you must inform the emergency duty service. You should then make your supervising social worker or the fostering duty social worker aware. Initial notification is likely to be by phone, but it will be helpful to follow this up by email / written confirmation.

Where, initially, the assessment indicates an unauthorised absence all involved professionals, including the foster carer, should take all reasonable and practical steps which a good parent would take to secure the safe and speedy return of the child/ young person. For example:

- searching the local area which the child is known to frequent
- trying to contact the child directly.
- Telephoning around known friends and associates or family if appropriate.
- Visiting addresses where the child / young person might be, where it is safe to do so, and without putting other children in the household at risk.
- Make a careful assessment as to whether the child is absent without authorisation or missing.

- Continually assess risk whilst they remain absent.

During their absence, circumstances may change, and the social worker / emergency duty service and the foster carer need to be able to respond accordingly.

If the child's whereabouts are known or suspected, Children's Services will decide whether to allow the child to remain at that location, albeit temporarily, or to arrange for their return to the foster home. If the decision is to arrange their return and there is reason to believe that there may be issues of safety or public order difficulties, the police will assist in appropriate circumstances.

Any unauthorised absence must be carefully monitored as the child / young person may subsequently become a missing person.

Foster carers should always start a dated / timed record of their contacts, risk assessment and decisions throughout the episode from the point that they are aware of the child's absence in case the level of risk changes and the decisions are auditable.

Even if the assessment by the carer is that there is no apparent risk for the child / young person's immediate safety, but they are away from home without permission, it is important that foster carers record these incidences as unauthorised absence in the child's diary notes.

An Incident Report Form must also be completed and passed to your supervising social worker as soon as possible, as this is an event that must be monitored by and notified to the local authority.

Instances of unauthorised absences should NOT be reported to the police. The responsibility for managing unauthorised absence lies with the social worker and foster carer, in consultation with the relevant children's services department or the Emergency Duty Service. It is not the responsibility of Wiltshire Police to influence or determine the decision of whether a person is missing or absent without authorisation. Unless previously agreed with Wiltshire Police as part of the child's care plan or risk management plan, or in emergency situations, no child in care will be reported missing until consultation has been undertaken by the foster carer with the relevant children services department (or relevant emergency duty service if out of hours).

Foster carers should liaise with the child's social worker or emergency duty service staff. The situation should be kept under constant review and changes in circumstances considered.

A child or young person who is missing.

The police definition of 'missing' within the Pan Wiltshire Missing from Home, Care and Education Protocol is:

“Anyone whose whereabouts cannot be established will be considered as missing until located and their well-being or otherwise confirmed”.

All children under the age of 18 and/or missing under these circumstances must be reported to the police immediately.

Where young people are missing from their foster home it is important for all involved professionals to work closely together to respond to the incident in a timely manner and follow agreed procedures to locate the young person as quickly as possible to ensure their safety. In these circumstances all reasonable enquiries to trace the missing child should be undertaken before they are reported as missing to Police.

If the foster carer assesses that the child is at risk due to any factor(s) known to the carer (e.g., age, disability, risk outside of the home) then the child should be reported missing without delay and the assessed risk communicated to the police and the relevant children services department/emergency duty service.

It is important that the foster carer makes all necessary checks including talking to birth children and other foster children within the home, this can include but is not limited to, looking on social media for status updates or location 'check in', and calling known friends, prior to calling Police.

Carers should continue to make appropriate enquiries with all persons who may be able to assist with the investigation unless they are requested not to do so by the police. All information gleaned from these enquiries should be passed to the Police.

It is important that the foster carer makes it clear to the police that they are reporting the child as missing. The carer should always ask for, and record, a police log reference number.

How to Report a Child Missing:

Reporting a young person missing involves providing detailed information to the police either by telephone or personal attendance at a police station. The relevant telephone numbers are:

- Non-emergency reports 101
- Emergency reports 999

The person reporting the child missing will ensure that the fullest possible information is provided to the police and record what has been shared, including:

- The child's name/s; date of birth; status; responsible authority;
- What was the child wearing plus any belongings such as bags, phone

etc.

- Description and recent photo. The photograph must be a good likeness of the child. Most commonly the photograph will be used by local police officers to help them recognise the child when patrolling or when actively looking for the child at relevant locations. In very serious cases, where the child is believed to be at severe risk, the police and local authority may decide to use the photograph more widely and even involve publishing the photograph to local or national media (see information below regarding who should inform the media)
- Medical history, if relevant and if the child requires specific medication.
- Details of family, friends, and associates.
- The date, time and location the child goes missing from
- Any relevant circumstances, incidents or identified risks
- Action taken to locate or contact the child.
- Date and time of when reported to the police and the log number
- Details of any conversations and agreed actions taken with social workers and police.
- If the child was in the company of others, including their details and descriptions.

Every effort is to be made to ensure the accuracy and relevance of the information. Normally this will have been previously agreed as part of the Care Plan or during a Review for Looked After Children because of the child's vulnerability.

Foster Carers are responsible for liaising with the police and the child's social worker/Emergency Duty Service, taking an active interest in the investigation and passing on all information which may help to inform the investigation and assist in protecting the child while absent.

Informing the media

For high-risk missing children, the police may consider using media coverage to increase the chances of quickly locating the missing child. This will be discussed with parents/carers and social workers in advance. If you are approached by a member of the media to give an interview, comment or similar you must advise them that you are unable to comment and inform the Fostering Service that you have been approached by the media.

Where a child is accommodated by Children's Social Care, this decision will be taken jointly by the Director of Children's Social Care, following consultation with

the allocated social worker and their manager, the police, and the child's parents.

If the child is on a Care Order, the Director of Children's Social Care will make the decision to inform the media but will inform parents in advance where this is in the child's best interests.

Children living outside of Swindon/Wiltshire

Children Looked After who are living far away from their home local authority are more likely to be at risk of Child Exploitation (including Child Sexual Exploitation and Criminal Exploitation), substance misuse and involvement in criminal activity than those who are living closer to home. It is important that their vulnerability be recognised when planning for placements and that Social Workers remain vigilant to the increased risks during placement.

A Notification of Placement form is to be shared with Wiltshire police, health and education (this will be arranged by Children's Services)

Children's Social Care staff involved in commissioning and choosing placements for Children Looked After who are living out of the area must contact receiving local authorities to get information about the local area and whether there will be any increased risks to the child, especially where the child has a history of going missing.

Although carers and workers in the host authority will follow their own local procedures, this protocol applies to all children who are looked after by Swindon/Wiltshire regardless of where they are placed to live.

Offending / Police Involvement

Some children who are placed in foster care will already have been involved with the Youth Justice Service (YJS). It is important that foster carers are given full information about the offending history of young people they care for and understand the purpose and the form of involvement with Youth Justice Service staff. This information should be provided to foster carers before the child moves to their home and details of the role of the YJS clearly detailed in the Care Plan and if appropriate, as part of the risk assessment.

Children who have absconded (young people on bail or subject to an order from the criminal court)

If a child or young person is on bail or is the subject of a criminal court order requiring them to remain at a particular address and they are missing from that address, this will be a criminal matter and **the child must be reported as missing to the police immediately**. The Police must be made aware of the order and the expiry date of the order so that they can determine whether the young person has 'absconded' or is missing. If the Police determine that the young person has absconded, they could be arrested. If the expiry date of the order is not known, the child will be classified as a 'missing person', not an absconder. Relevant paperwork must be made available to the police.

If a child has been Remanded to Local Authority Accommodation with no conditions the Police will return them to the address to which they were remanded once found. If the Remand to Local Authority Accommodation has conditions attached, and these conditions have been breached, then once they are found they will be held in custody for the next available court.

In a small number of cases, young people become 'children in care' because they

have been remanded to local authority accommodation by the youth court, having been charged with a criminal offence. This is known as remanded to local authority accommodation (RLAA). The child may be placed in secure accommodation but may also be placed in a foster placement. A child who goes missing when RLAA is unlawfully at large, and in legal terms, has escaped custody.

The Local Authority will ensure that sufficient knowledge and information about the child is recorded to enable carers to provide police with the fullest possible background and enable the completion of a dynamic risk assessment in consultation with the relevant children's services (or emergency duty service if out-of-hours) should the child go missing.

In deciding the category of absence, everyone must consider the circumstances of the child and their absence. This will include detailed consideration of;

- The circumstances of the absence.
- The child's care plan.
- The age of the child.
- The maturity of the child.
- Any physical or cognitive disability of the child.
- Any continuing or urgent need for the child to have medication or other medical treatment.
- The legal status of the child.
- Previous behaviour and history of the child.
- Danger posed by the child to themselves or others.
- General vulnerability of the child.
- Any drug / substance abuse.
- Whether the child is perceived as running to, or running from, someone or something.
- Any circumstances within the placement, say with carers or other residents that may be relevant to the absence.
- The risk of offending.
- The influence of peer groups, families or friends.
- Any risks outside of the home (ROTH), including risk of criminal and sexual exploitation.
- Any known risk of abduction.
- Environmental factors including weather, time of year, community events or tensions.

The fact that the child may have gone missing on several previous occasions does not reduce the risk and may actually increase the child's vulnerability. Children who are described as "streetwise" can be groomed and exploited by others, and it is important that the risk to these young people is not minimised.

Returning a child to the foster home

If a child / young person is '*missing*' the social worker, foster carer, police and parents commence contingency planning for when the child / young person is located.

Plans should include:

- Will the child/young person return to the placement/home address?
- Are they safe in the location where they are found?
- Should they be placed elsewhere?
- If the child / young person is to return, how will s/he be conveyed to their placement?
- Do the police wish to interview the child / young person where they are located or after they have returned to their placement?
- Who will be an appropriate 'independent person' to talk to the child / young person when s/he is located / returned?

It is the responsibility of the foster carer / social worker to contact the police and confirm that the missing child has returned. It is also important that the child's social worker or the Emergency Duty Service is informed when the child has been found.

Normally the foster carer or social worker / emergency duty service (out of hours) should plan for the transportation of a child / young person to their foster home.

In exceptional circumstances, in the interests of the safe and speedy return of the child, the police may agree to requests from carers to assist. The police should not unreasonably withhold assistance in cases involving local recovery and transport missions for vulnerable children.

Whilst the police have the power to take a child into police protection under Section 46 of the 1989 Children Act they have no power *to use force* to do this. There will be occasions when a child / young person is found in a location that may be considered unsuitable, but where there would be no legal grounds for taking them into police protection or to do so would be unsustainable because of the child / young person's refusal to leave.

In these cases, the police and the responsible childcare manager will need to liaise to discuss what steps may be necessary to safeguard the child / young person's welfare.

Where issues external to the foster home are trigger factors in a child / young person

going missing, foster carers need to continue to offer them warm and consistent care when they return. It will be counter-productive and detrimental to the child / young person's wellbeing to use their absence as a reason for ending the placement.

What happens after the child returns home.

The child or young person should be welcomed back into your home and provided with food, a drink and a change of clothes as needed. If it is apparent, on the return of a child, that they have been the victim of a crime whilst absent, or that they may be in danger or at risk from any person arising out of circumstances that have occurred whilst they were absent, then the police will instigate further enquiries. This is vital for the protection of the child and for the speedy recovery of evidence. Please be mindful that if the child has experienced any abuse/harm while they have been missing, the missing child's clothing, mobile phone and trace evidence from their body, fingernails or hair may be crucial to aid the Police in an investigation. In cases of sexual abuse, the child should be discouraged from washing and immediate advice sought from the police.

The child's social worker should advise the child / young person's parents / carers of the child's return without delay unless there are safeguarding concerns which prevent this. If parents are not informed, the reasons for not informing should be clearly recorded on the child / young person's file by the social worker.

Prevention Interview

Once a child returns home, the police will conduct a Prevention Interview to establish what has happened to the child whilst missing and check their general welfare. This will also look at whether the child:

- has suffered any harm.
- has been the victim of any offence.
- has committed any offence.

If the child is returning home, the police should also establish whether there are any child protection issues, and if it is safe for the child to return there. As a result of these checks, the police will decide if a referral needs to be submitted to Children's Social Care.

Return Home Interview

A Return Home Interview (RHI) should be offered to all children within 72 hours of their return, unless it is assessed and recorded by the Social Worker that it is not appropriate. An example of this would be that one parent has agreed for a child to stay out but not communicated this to the other parent.

The purpose of the RHI is to give the child an opportunity to speak to someone about why they go missing – known as the 'push and pull factors' - and explore what help and support they need, address their reasons for going missing, and provide

them with information on how to stay safe.

It is important that the interview is in depth and carried out by someone independent of the child's care but also someone that the child has a good relationship with and feels comfortable talking to. Children should always be given the opportunity to speak without the presence of a parent or carer, but the RHI should, where possible, include the views of the parent/carer.

Where a young person declines to engage in a RHI, they should be offered the opportunity to talk to another trusted adult. The individual responsible for the RHI should obtain relevant information from the parents or carers. Information from the RHI should be used to inform case planning and future risk assessment.

RHIs will be shared with the police when consent to do so is given by the child. If any safeguarding concerns are identified during the RHI, they should be referred into MASH.

Where the child has gone missing from placement, their Social Worker and their Independent Reviewing Officer will discuss the Care Plan and whether any adjustments are needed to manage the child's vulnerabilities related to going missing.

They may convene a Child Looked After review to discuss what support is needed to avoid further missing episodes.

It is acknowledged that a returning child may well share different parts of their experience with different people. Foster carers must pass on any information to the child's social worker because this will help to manage risk and aims to prevent the child going missing.

If you become aware of the location of a scene of any crime committed against the child, or of the location of any crucial evidence (e.g., clothing), you must notify the police without delay. This will enable the police to take steps to secure and preserve evidence and significantly assist the investigation.

Risk will be discussed in the Child Looked After review in order to plan what actions to take, support for the child and actions to reduce the risk of further missing episodes.

Safety planning should be discussed and, as far as possible, agreed with the child / young person. It should also include detailed information about the responsibilities of all parties, the child's social worker and other staff in the local authority, the placement provider, the child, their parents, and other adults in the child's family network plus other agencies.

The Pan Wilts protocol requires that 'Where the child is looked after by Swindon or Wiltshire, a care leaver (under 18) or living in Swindon/Wiltshire young person's supporting housing (under 18), their foster carer, residential worker or housing support worker must:

- Contribute to any plans designed to reduce the risk of going missing.
- Respond to missing incidents in line with this protocol.
- If a child goes missing, notify Wiltshire Police, Swindon/Wiltshire Children's Social Care or Emergency Duty Service and parents where appropriate.
- Provide relevant information when reporting a child missing to inform the police risk assessment.
- Carry out joint risk assessments with Social Workers of children missing from placements.
- Work with the police and Children's Social Care to ensure the child's safe return to their placement.
- Provide accurate and timely records of incidents to inform data gathering on individual and group patterns of running away

Children at risk of Child Exploitation

Unauthorised absences, returning home or to placements late, and going missing on a frequent basis are all possible indicators of sexual and criminal exploitation. Patterns and frequency of absence or going missing may increase as the child becomes more involved in exploitation.

Trafficked children

The illegal and secretive nature of trafficking can mean that traffickers may take all possible steps to stop the child from coming into contact with agencies and professionals in an effort to hide their activities and maintain control over the child.

One method of achieving this is to move the child on quickly. Trafficked children may also be moved on because the nature or location of the exploitation changes over time. As a result, a national approach is needed to ensure that information is shared across the country if necessary.

Radicalisation

Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is in itself a form of harm. Going missing may be a sign that a child has been radicalised.

It is important to identify young people at risk of radicalisation or extremism and complete training to support this. If you are concerned that a child or young person may be at risk of radicalisation, you should treat this as you would any other safeguarding issue and speak to the child's social worker and your supervising social worker.

There is more about Radicalisation on the NSPCC website which is here: [Radicalisation and child protection | NSPCC Learning](#) and also the Prevent Duty here: [Revised Prevent duty guidance: for England and Wales - GOV.UK \(www.gov.uk\)](#)

When a child commits an offence

The Police might contact a foster carer because a child or young person has come to their attention, and it is vital to let the child's social worker and YJS worker know of this. If the police want to interview a young person an 'appropriate adult' must be present.

Depending upon circumstances it may be a parent, social worker, youth offending service worker who is trained in police procedures under PACE (Police and Criminal Evidence procedures).

Foster carers should contact the young person's social worker (or Emergency Duty Service). It is essential that a child is made fully aware of their rights to legal advice and representation.

Offending in the foster home

There may be occasions when a child steals from the foster carer or damages property or the home. Involving the police at an early stage could have undesirable consequences for a child such as acquiring a criminal record which could influence prospects of employment and family relationships, the imposition of bail conditions that may mean moving the child from their foster home or permanently damaging the relationship with the foster family. In most situations, foster carers should contact the child's social worker, Emergency Duty Service and / or their supervising social worker for advice.

Involving the Police

There may be situations to protect children, carers, the community, or property when police involvement will be necessary, and they need to be contacted without prior reference to Children's Services. Any decision to involve the police must consider the circumstances of the individual young person, their offending history, background, age and legal status.

Parental demands to remove children from your home.

There may be rare occasions when a parent demands to remove a child from a foster carer's care.

If the child is 'voluntarily accommodated' or 'accommodated under Section 20' of the Children Act 1989, parents (or someone with parental responsibility) have a legal right to remove their child from the foster carer at any time. Returning home may not be in the best interest of the child and is likely to mean that the child leaves in an unplanned and often unsafe way. In the case of section 20, carers could ask parents for their co-operation in ending a placement in a planned way to minimise distress to the child, or ask parents if they can wait, while the carer speaks with the child's social worker. Foster carers must immediately inform the child's social worker or duty social worker (or the emergency duty team) when a child is removed in an

unplanned way or there are threats to remove a child in an unplanned way.

If the child is the subject of:

- **Interim Care Order (Section 38 of the Children Act 1989), or**
- **Care Order (Section 31), or**
- **Emergency Protection Order (EPO), or**
- **Police Protection Order (PPO)**

Parents may not remove the child without the agreement of children's services.

In the first instance foster carers should refuse to hand over a child to a parent until they have sought the advice of the child's social worker, duty social worker or the emergency duty service. You will be advised about what course of action you should take.

If a carer had serious concerns due to a parent's mood or their current ability to care for a child, it would be essential to inform the social worker or Emergency Duty Service without delay and to try and persuade the parent to wait and speak to the social worker. In serious circumstances, where a child or other person may be in danger, it would be appropriate to telephone the police for immediate assistance.

CCTV

All foster carers have the right to protect their property, and this can be done by using a CCTV system as a security measure. This can only be directed to the security external to your home. Although this seems a reasonable use, there have been several complaints to the police, Information Commissioners Office (ICO) and the Surveillance Camera Commissioner (SCC) from neighbours and other members of the public using pavements in the vicinity who believe that cameras are being used to spy on them and their families.

You also need to be aware that if your camera(s) captures images outside the confines of your household, those images are subject to General Data Protection Regulations and the Data Protection Act – more information on this is available on the Information Commissioner's Office website, which is here:

[Domestic CCTV systems | ICO](#)

If you already have a CCTV system installed, you should check that:

- Your system is needed and only covers areas external to your home, for security purposes.
- Your cameras do not intrude on your neighbour's property as this could mean that you will not be complying with the Data Protection Act.
- You regularly delete any recordings and do not keep these for longer that is necessary for the protection of your property.
- The information is not used for any other purpose than protecting your property.
- The external system does not capture any images from the inside of your home.

The Information Commissioner's Office (ICO) regulates and enforces the General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA) which covers images being recorded by CCTV cameras.

Further information can be found on the ICO website. **[Guidance on the use of domestic CCTV - GOV.UK \(www.gov.uk\)](#)**

and the government website: **[CCTV guidance - GOV.UK \(www.gov.uk\)](#)**

Internal Security and Pet Cameras

The use of Internal CCTV I.e. Pet Cameras and smart interactive devices I.e. Amazon Show, Ring doorbells etc, is becoming more common, especially to monitor visitors at the door and pets who are left unattended.

Foster carers must inform their supervising social worker if they have any form of camera/video or microphone device in the home and if this is ever changed I.e. if cameras or microphones are ever added or removed.

If foster carers have one of these devices, (that record picture and/or sound), the

impact on everyone in the fostering household, including children and young people needs to be assessed. Each individuals' circumstances will be assessed with consideration of the following;

- a) Anyone who uses CCTV/Smart products must have a clear purpose for needing the equipment.
- b) The use of cameras and/or microphones must be proportionate (balanced) with the situation.
- c) Consider if any equally effective alternatives be used – for example, would better lighting or an alarm system be as effective as cameras and microphones.
- d) Everyone living in the foster home, including children and young people, should know if cameras and microphones are in place, where they are, and the reasons why.
- e) It should also be clear who has responsibility for the equipment, and what happens to the video and/or audio that is recorded, including how long this footage will be kept for, where it is stored and who can access it.
- f) Pet cameras must only be used and directed on the pet areas, when no one is present in the home.

Remember, CCTV covers any equipment that can record video and/or sound, so equipment like Ring doorbells, Amazon Alexa and Echo Show are also included.

The use of baby monitors, with or without cameras is supported, when these are specifically used to help to keep a sleeping baby safe.

CCTV cannot be used for any purpose other than protecting the property from crime, and that no cameras or microphones (including pet cameras) can be used internally when members of the household including children and young people are present.

There must not be cameras or microphones in children's bedrooms or in any toilet or bathrooms under any circumstances. CCTV cannot be used for supervising and monitoring children who live in the foster home.

If any cameras and microphones at the foster home are connected to the internet, or upload data to the Cloud or any other third-party site, you are required to have robust security measures in place (for example, strong passwords and/or two-factor authentication) to prevent them from being hacked. Supervising social workers may include restrictions on who has access to any footage.

Foster carers should also expect supervising social workers to ask them about any cameras and microphones in the foster home at regular intervals.

If you have, or are planning to install both external or internal systems/cameras, this will need to be discussed with your supervising social worker and be included in your health and safety check. This will be discussed with the child's social worker and, if

appropriate the child or young person.

Mobile phones

Most young people wish to own and use a mobile phone, and often negotiate their preferred handset with their carer.

Young people should only be provided with 'pay as you go' phone handsets. Foster Carers must not enter mobile phone contracts on behalf of the young person in their care. If the young person should move placement, incur disproportionate charges, or dispose of the phone the contract remains the responsibility of the person who entered the agreement.

Carers need to consider the implementation of appropriate house rules, within their safer caring policy, to manage the use of mobile phones, for example when a young person wants to use the device in their bedroom or at times that may be inappropriate.

Internet and social media use

The internet offers a way for children and young people to develop and learn, play games, and keep in touch with their friends. However, children and foster carers need to be aware of the risks of internet use, including coerced online child sexual abuse, grooming, cyberflashing, misinformation, online bullying, accessing inappropriate material including pornography and sexting. According to the child's age, specific reference to use of the internet and social media should be included in safer caring plans and you might consider the use of an internet family agreement which extends to others in the household.

Advice by age is available here: **[Internet safety advice and information | Internet Matters](#)**

CEOP also **publish useful videos intended for children and according to age:**

4- 7 year olds: [CEOP Education 4-7s website \(thinkuknow.co.uk\)](http://thinkuknow.co.uk)

8 – 10 year olds: [Band Runner game and website for 8-10 year olds \(thinkuknow.co.uk\)](http://thinkuknow.co.uk)

There are also useful guides to family internet agreements on the Childnet which is available here: **[Family Agreement | Childnet](#)**

Internet Matters have a useful step-by-step guide to setting controls on popular entertainment and search engines and there is a search bar which allows you to search for social media sites – the link to the site and other useful information is here:

Entertainment and search engine safety:

[Entertainment & Search Engines Safety - Internet Matters](#)

Social media guides:

[Social media guides - UK Safer Internet Centre](#)

Parent and carer toolkit :

Parents and Carers Toolkit | Childnet

Parental controls:

Parental controls - UK Safer Internet Centre

Talking to your child about online sexual harassment: a guide for parents: **Talking to your child about online sexual harassment: A guide for parents | Children's Commissioner for England (childrenscommissioner.gov.uk)**

UK Safer Internet Centre and Childnet also provide advice on:

- Smart speakers
- Gaming
- Online bullying
- Livestreaming
- Online challenges
- Sexting, cyberflashing and pornography
- Smartphone use
- Screen time

Screen Time Guidance for Parents and Carers | Childnet

- Connecting with birth family

Foster carers and adoptive parents - UK Safer Internet Centre

ROSPA

It is well evidenced that many accidents take place in the home and that most of these are avoidable. Information on reducing risk can be found on The Royal Society for the Prevention of Accidents (ROSPA) website. The website contains useful advice, information and recommendations in relation to safety for children and young people in their home and environment.

The department is guided by the advice and recommendations made by The Royal Society for the Prevention of Accidents (ROSPA) in relation to all aspects of child and home safety. Links to their website is here:

<http://www.rospa.com/home-safety/resources/policy-statements/child-safety/>

Keeping Kids Safe - RoSPA

Additional advice and guidance are also available on the NHS website.

Baby and toddler safety is available here: **[Baby and toddler safety - NHS \(www.nhs.uk\)](#)**

BabyCentre advice is available here: **[Toddler safety at home - BabyCentre UK](#)**

Fire safety

You must draw up a fire escape plan, as part of completing your Training Support and Development Standards and ensure everyone in the home is aware of this.

The Dorset and Wiltshire Fire Service will carry out a free home safety check through their Safe and Well service, and in some cases, can install smoke alarms for you. They will also help you to make a fire safety plan and an exit strategy should a fire occur. For foster carers living outside of Dorset or Wiltshire, your supervising social worker will support you in finding a similar service in your local area.

More information about Dorset and Wiltshire Fire Service Safe and Well service is available here:

[Dorset & Wiltshire Fire Service | What is Safe and Well? \(dwfire.org.uk\)](#)

[Dorset & Wiltshire Fire Service | Free downloadable leaflets \(dwfire.org.uk\)](#)

- Electrical appliances such as dishwashers, washing machines and tumble dryers should not be left running after you have gone to bed.
- Adaptable plug sockets should be sensibly loaded.
- Electrical equipment should be maintained, with wiring checked regularly for signs of damage.
- Downstairs doors should be kept closed at night to help delay a fire spreading. Window and door keys should be easily accessible in the event of a fire.
- Foster carers should ensure that they have sufficient and well-maintained fire safety equipment in the home. Such equipment will include smoke alarms, carbon monoxide detectors and fire / radiator guards. Having the equipment is

not sufficient in itself.

- Foster carers must ensure that they know how to use any equipment accurately and safely. Advice may be sought from the Fire Service or the shop where they are purchased. If you have a fire extinguisher it is your responsibility to ensure that it has not expired.
- Remember to keep things that can cause fires out of children's reach
- If your children are charging electrical devices, make sure they use a hard, flat surface and never charge on bedding or under pillows.
- Position lighted candles and tea lights out of reach of children.
- Only buy child resistant lighters and match boxes.
- Teach children not to poke anything, including fingers, into sockets.
- Consider getting plug guards to cover sockets.
- Make sure electrical appliances (TVs and computers) in children's bedrooms are switched off at night.
- As kitchens can be dangerous places for children, avoid leaving them unsupervised.
- Avoid using the front of the hob when small children are around. Make sure that saucepan handles don't stick out to avoid them being knocked off.
- Consider fitting safety catchers on low cupboard doors to keep dangerous items such as cleaning products and other flammable materials away from children.
- Ensure you have at least one smoke alarm on every level of your home and that you test them at least monthly.
- Please be aware that some children may not be woken by smoke alarms.
- Fit a childproof guard in front of open fires or heaters – the best ones can be fixed to the wall.
- Make sure children don't play near fires or heaters to avoid them getting burnt
- During your annual health and safety check you will be asked to provide proof that your gas boiler (if you have one) is serviced annually by an approved GASSAFE engineer.

Foster carers should ensure that all children are aware of fire safety and advise against activities that are fire risks, e.g., cooking chips, playing with matches, smoking etc.

Window restrictors

RoSPA recommends that windows above the ground floor are fitted with restrictors

to prevent children falling out. Child safety window barriers can also provide children with a similar level of protection from falls from windows.

RoSPA recommends that restrictors incorporating a child safety catch are best. This avoids the complications of having to find keys in an emergency situation because if there is a fire, there needs to be access to an escape route. Window locks/restrictors can be discussed as part of a Fire Safe and Well check – see above.

Hazards in the home

Dangerous substances

Any home will contain a variety of chemicals that are potentially dangerous to children, for example, bleaches, cleaning products and weed killer etc. Foster carers must ensure these substances are stored securely and out of reach of small children.

Stair and safety gates

Foster carers approved to care for babies and young children must use safety gates that meet current European safety standards, and that are correctly fitted in line with manufacturer's instructions. These may also be appropriate for older children who have a disability which would increase their risk of using a staircase without the appropriate support.

Electrical equipment

Electric equipment such should be out of reach of children and have no trailing leads that can be pulled or tripped over. Flat screen TV's should be appropriately secured to prevent them falling over.

Bunk beds

RoSPA recommends that children under the age of six years do not use bunk beds because young children may become trapped. Most accidents involving bunk beds occur when children are playing on them. Children should be encouraged not to play on bunk beds.

Pets

Having a pet in your home can bring so much to not only you and your family, but also the children you are caring for. The warmth, support and lessons pets can provide and teach children is well known; however, some unfortunately can also pose a risk to children. The Fostering Team, together with foster carers, work hard to protect children from harm, and therefore we need to consider the potential risks any pets pose.

Your assessing social worker will have completed a pet and dog owner questionnaire, if applicable, with you before your approval as a foster carer. If you are considering acquiring any additional pets or animals, you should discuss this with your supervising

social worker before you go ahead, as a new pet and/or dog owner questionnaire will and any additional risk assessment might be required.

Responsibility is always on the Foster Carer to ensure that their household (and other households they visit) remain safe, especially relating to unknown pets. For example, you may be looking after a friend or family members' dog.

Applications to foster will not be considered from anyone who owns any dog breed registered or required to be registered under the Dangerous Dogs Act 1991/1997. These are:-

- Pit Bull Terriers
- Japanese Tosa
- Dogo Argentines
- Fila Brasileiros
- XL Bully

Please see details of the ban here - [Controlling your dog in public: Banned dogs - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/news/controlling-your-dog-in-public-banned-dogs).

You can find guidance from The Blue Cross relating to the changes in the law relating to the Dangerous Dogs Act, and the addition of the XL Bully here [XL Bully Ban in UK Explained | Blue Cross](#)

Any Foster Carer who currently has any breed of dog that is registered or required to be registered under the Dangerous Dogs Act will require all legal obligations, including having them neutered and having third party liability insurance, to be completed within the timeframes set by this Act.

For any XL Bully's that foster carers have prior to the law changes, a Declaration form, provided by your supervising social worker, will be required to be completed at their next visit, confirming information about your dog, and signing that you are abiding by these laws. This Declaration will be saved to your fostering records.

The addition of XL Bully's to the Dangerous Dog Act includes care and handling of the dog which foster carers will be expected to be familiar with, including that no child under the age of 16 is allowed to walk an XL Bully.

First aid supplies and training

Foster carers are expected to have a first aid box and appropriate supplies. Information and advice on the contents of this is provided during first aid training. Foster carers must attend mandatory paediatric first aid training as soon as possible after they have been approved, and then every three years.

NHS recommendations for a First Aid kit are below, however, please check the labels of any creams or medication to ensure they are appropriate for the child.

What should I keep in my first aid kit? - NHS (www.nhs.uk)

Firearms, guns, weapons, archery and martial arts equipment

If you have (or intend to hold in your possession or allow to be held in your home) any item that can be defined as a weapon, firearm, gun, air weapon, imitation firearm, or ammunition, then you must make yourself aware of, and comply with, any current legislation in relation to the ownership, transport and storage of this item.

This applies if the item belongs to, is hired by, or is loaned to you, a member of your household (either adult or child), a child/young person in your care, or a visitor to your home. It is your responsibility as a foster carer to ensure this.

The Home Office has issued a Firearms Security Handbook 2020 setting out the measures that must be taken.

[Firearms security handbook 2020 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

If in doubt, advice and guidance must be obtained from the police who act as the licensing authority. Wiltshire Police Firearm Licensing Department offers information and advice on their website and they can also be contacted via this link

[Firearms licensing | Wiltshire Police](#)

You must also advise your supervising social worker and discuss and agree with them suitable storage arrangements for firearms.

The current legislation (April 2023) relating to guns:

- The Firearms Act (1968) **[Firearms Act 1968 \(legislation.gov.uk\)](http://legislation.gov.uk)**
- and the Firearms (Amendment) Regulations (2010) **[The Firearms \(Amendment\) Regulations 2010 \(legislation.gov.uk\)](http://legislation.gov.uk)**
- and the Firearms (Amendment) Rules 2021 **[The Firearms \(Amendment\) Rules 2021 \(legislation.gov.uk\)](http://legislation.gov.uk)**
- Firearms licensing law – consolidated guidance provided by the government **[Firearms licensing law - GOV.UK \(www.gov.uk\)](http://www.gov.uk)**
- Air gun owners: legislation **[Air gun owners: legislation - GOV.UK \(www.gov.uk\)](http://www.gov.uk)**

You must not purchase knives or weapons on behalf of a looked after child. There must be a legitimate reason for them wishing to possess such an item.

If a child or young person in your care expresses a wish to participate in shooting activities, or be present while others participate, this must be discussed with your supervising social worker and written permission sought from the child's social worker, with an appropriate risk assessment being completed. Carers should not purchase any toy that could be an imitation firearm.

Guide on Firearms Licensing law (Home Office – November 2022)

Section 57 of the principal Act (as amended) defines a 'firearm' as (i) a lethal barrelled weapon of any description from which any shot, bullet or other missile can be discharged with kinetic energy of more than one joule at the muzzle of the weapon (ii) a prohibited weapon (iii) any relevant component part (see below and Chapter 12) of such a lethal barrelled or prohibited weapon, and (iv) any accessory to a lethal barrelled or prohibited weapon designed or adapted to diminish the noise or flash caused by firing the weapon.

More information on this is available on the government website here:

[Guide on firearms licensing law \(accessible version\) - GOV.UK \(www.gov.uk\)](#)

The Guide on Firearms Licensing Law (Home Office, 2015) states that broadly you must be aged fourteen or over to have a firearm certificate. A person under fourteen may not be granted a firearm certificate in any circumstances. However, there may be occasions where a parent / carer is granted such a certificate, or an existing certificate is varied, in respect of a child under fourteen, for example, where the child will be participating in competitive target shooting. In these instances, the child would be expected to provide the primary "good reason" for the possession of the firearm. Both the parent/carers and the child would be subject to the necessary background checks.

Further details relating to legislation and guidance for the following, can be found within the link above;

- Air Weapons
- Storage of Air Weapons
- BB/Airsoft Weapons
- Imitation Firearms

Gardens and Outside areas

Carers need to make themselves aware of any hazards in their own garden, and in the gardens of friends and neighbours that the child may visit.

Garden fences and gates must be in good condition and secure. Any areas of the garden with drops must be securely fenced or railed. Greenhouses and cold frames must be fenced off.

Swings and slides must be securely fixed, in good condition and cleaned regularly. Sandpits must be covered when not in use. Areas of the garden where children play must be kept free from animal litter. Children and adults can catch a variety of serious illnesses such as toxoplasmosis from cats and salmonella from chickens.

Use of barbeques

Information on BBQ safety from RoSPA - [Barbecue safety - RoSPA](#)

BBQ food safety - [BBQ food safety | Food Standards Agency](#)

Water Features

Water holds a fascination for young children. Although the number of drownings in and around the home are low, they affect the most vulnerable within our families. RoSPA (Royal Society for the Prevention of Accidents) 2023 consider children under the age of 6 and the elderly to be the two key at risk groups. On average, 5 under-6s drown every year in garden ponds in the UK (RoSPA 2023)

Children aged between one and two are particularly at risk. As the child increases in age, the risk decreases. There are three main reasons for this profile:

- Between the ages of one and two, infant's mobility increases at a terrific, but irregular rate, such that they can escape parents' supervision and get into difficulties unexpectedly quickly.
- Whilst mobility may increase, stability and co-ordination remain poor.
- It is not until the age of four or five that children begin to understand the concept of danger, and begin to heed warnings given to them.

Whether the water is held in a garden pond, a rainwater butt, a paddling pool, a bucket, or a hot tub a young child will invariably investigate. It is impossible for any parent / carer to supervise a toddler one hundred percent of the time so it is essential that steps be taken to reduce the risk of drowning within the garden where the child will play (ROSPA, 2015).

Even the shallowest of ponds can be lethal. From a child's perspective, a 500mm deep pond is equivalent to an adult falling into 1800mm of water – the child being unable to climb out of the water.

Foster carers should check the garden regularly. Containers holding rainwater should be emptied or sealed to prevent children gaining access, and paddling pools

should always be emptied and turned upside down after use. ROSPA advises parents of children aged under 6 years old to temporarily fill in garden ponds.

Almost all child drowning incidents in the back garden or garden pond occurred after a break down in supervision. If carers with children under the age of 6 choose to maintain a garden pond they must be aware that they need to constantly supervise these children in the garden. They also need to ensure that the pond is inaccessible to the child who may escape supervision. ROSPA provide guidance on the type of barriers that must be erected.

Rigid mesh or a grille can also be used to create a secure cover for a garden pond. ROSPA provides helpful advice and guidance on the factors to consider in having a grille installed on your pond.

RoSPA advice on water safety is available here:

<http://www.rospa.com/leisure-safety/water/advice/pond-garden-water/>

Hot tub safety (ROSPA 2023)

- Buy a hot tub with a solid and lockable cover - one that a child can only open with adult help.
- Make sure your hot tub is covered when not in use
- Supervise – always ensure children are supervised when around an open hot tub
- Store chemicals safely – ensure they are stored out of reach of young children
- Children under five should not go in a hot tub.
- Buy from a reputable source and always follow the manufacturer's instructions
- Make sure your hot tub meets BS EN 17125:2018, BS EN 60335-2-60

Hot tub safety from RoSPA is available here: **Hot Tub Safety: Keep everybody safe - RoSPA**

Poisonous Plants

Foster carers should be aware that some of the plants in their garden and home are potentially harmful. It is your responsibility to ensure there are no toxic or harmful plants in the areas of your garden that are accessible to children. If you are weeding or pruning its best to wear gloves so that the sap doesn't get onto the skin, and to dispose of garden waste carefully.

Foster Carers are responsible for ensuring, as far as possible, that children in their care are not exposed to risks. This includes risks from hazardous plants, bulbs, shrubs, trees and fungi. Foster carers should be advised that many common plants in the garden and the countryside could be poisonous. They can cause discomfort and illness, rashes and scratches and some can be highly dangerous. Children may think they are eating a food or wish to experiment. Berries particularly can be an attraction to children.

Foster carers should be advised to consider avoiding having the more dangerous plants in parts of their garden that children can easily access and to always check for dangers when buying new plants.

Foster carers must always seek immediate medical help if they think a child has ingested any part of a hazardous plant.

More information regarding poisonous plants can be found at:

[Real Gardeners - Poisonous Plants](#) - - (Hyperlink to page)

Vehicle safety

Most foster carers will use their own vehicle/s to carry looked after children. During your annual health and safety check you will be asked to provide a current MOT certificate (if applicable), and proof of tax and insurance for any vehicle that you use to transport children and young people. These documents will be checked as part of your annual health and safety check.

The following basic safety measures must be always strictly followed.

- Foster carers must ensure that their vehicles are in a roadworthy condition and are safe.
- You must have a valid driving licence.
- You must notify the department if you receive points on your license, or if you are involved in an accident.
- You must inform your insurance provider that you are a foster carer and regularly transport looked after children.
- Foster carers must not carry more passengers in their car than it is designed to carry.
- You must comply with the current legislation in relation to the use of car seats.
- All car restraint equipment must meet European safety standards, be undamaged and appropriate for the age and size of the individual child.
- Rear facing car seats must not be placed on the front seat of a car with a front passenger air bag.
- Under no circumstances must a baby or child be carried on a passenger's lap
- The driver of the vehicle transporting children should not use a mobile phone unless it is fitted with a hands-free facility, and then only when absolutely necessary.

Car seats

The law requires that all children travelling in the front or rear seat of any car, van or goods vehicle must use the correct child car seat until they are either 135 cm in height or 12 years old (which ever they reach first). After this they must use an adult seat belt. There are very few exceptions. It is the driver's responsibility to ensure that children under the age of 14 years are restrained correctly in accordance with the law.

More information on baby car seats is available on the NHS website here:

[Choosing a baby car seat - NHS \(www.nhs.uk\)](#) - (Hyperlink to page)

Organisations or individuals who carry other people's children in cars, vans and other goods vehicles have a legal duty to ensure they carry them safely. They must make sure they use appropriate child car seats for each child carried until s/he can use a seat belt on their own. It is illegal to carry a child in a rearward-facing child seat in the front if there is an active front passenger airbag. The airbag must be deactivated, or the rearward-facing child seat must be placed in the rear.

The most up to date advice and information can be found on the ROSPA website and child car seat websites which is available here:

<http://www.childcarseats.org.uk/>

Car travel and safer care

Children who have been abused may feel unsafe travelling alone with an adult carer, for example, if the abuse they have experienced relates to sexual abuse from an adult male, then a child might be frightened of being alone with another adult male. In these situations, carers may wish to avoid situations where the male carer would travel alone with a child or young person. Where possible children / young people should travel in the rear passenger seats.

SECTION EIGHT: Health Care

Although many children and young people who are in foster care would have the same health issues as their peers, the extent of these is often greater because of their past, including non-engagement with health professionals, missing immunisations and other health surveillance checks, poor parenting, families with chaotic lifestyles.

Some children in care have been exposed to toxic substances even before they were born (in utero), this may lead to the potential health problems, affecting child's behaviour and development. Many have identified health needs when they enter foster care, and they are more likely to experience problems including:

- eye and sight problems speech and language problems
- bed wetting.
- Poor diet.
- Poor sleep – which may lead to behavioural issues, mental health/emotional health difficulties.
- Eating problems - (overweight, obesity, anorexia, eating disorders, food hoarding)
- Mental Health issues
- Missing episodes
- Vulnerability to CSE and criminal exploitation
- Smoking, alcohol misuse of drugs

BANES, Swindon, and Wiltshire Integrated Care Service (BSW ICS) commissions a service to meet the needs of Children in Care, assisted by the Designated Doctor and Designated Nurse.

The Child in Care Health Team

This is a specialist health service for looked after children and young people:

- A service which keeps the child at the centre and recognises children and young people in care as unique individuals.
- A quality service which is consistent for the child and the carers.
- A flexible, dynamic, and proactive service responsive to the child's needs
- Work in partnership with colleagues and other agencies –and contribute to care planning, to ensure that health needs are met in a timely way.
- They provide up to date, accessible, informative, and appropriate training, which is evidence based, to staff and Foster Carers.

- A service which works alongside other practitioners to provide support and advice.
- They aim to complete short term intervention work and to make appropriate referrals to other services.

The service works with children of all ages and abilities including children with complex health needs and disabilities.

Child's health assessment

Initial Health Assessment - Wiltshire Children's Services **(wiltshirechildrensservices.co.uk)**

When a child enters foster care, they are seen by a Community Children's Doctor/Paediatrician and an Initial Health assessment (IHA) is completed – this is arranged by the child's social worker. This should be carried out within 28 days of entering care.

Carers are responsible for registering the child with a GP, dentist, and optician following agreement at the Placement Planning Meeting. They are also responsible to follow up any missed scheduled immunisations which may have been identified at the IHA.

Both the **Initial Health assessment (IHA)** and **Review Health assessment (RHA)** are statutory health assessments. The initial Health Assessment should provide family health history along with birth and child history. A comprehensive health assessment forms the basis of the child's health and development as appropriate for their age. Both the IHA and RHA creates an opportunity to get to know the child and, for older children and young people, to discuss their health concerns independently.

Consent for completion of the assessment: unless the child has capacity to give his/her own consent, should be obtained from:

- a birth parent with parental responsibility/ies; or
- another adult with parental responsibility/ies; or
- an authorised representative of any agency holding parental responsibility/ies.

The child with capacity to consent may do so by signing the consent section.

Review Health Assessments: These are carried out for all children who are placed in care:

- **Under 5 years** should be carried out every 6 months by a Health Visitor.
- **Children aged 5 years – 10 years** – the school nurse will complete the RHA annually.
- **Children aged 11 years plus** - completed by the Specialist Nurse CiC Team annually.

Discussions around the child's health as part of the review considers:

- Physical health.
- Sleep routine,
- Feeding and diet.
- Social and emotional health,
- Development and education
- Disabilities
- Any Health diagnosis
- Updates from any other Professionals involved with the child – i.e., Speech and
- Language Therapy.
- Contact arrangements with birth family.
- Sexual health and relationship
- Misuse of drugs and alcohol / risk taking behaviours
- Smoking
- Bullying issues
- School issues
- Health Promotion
- Feelings around living in care.
- Exposure to sexual exploitation and criminal exploitation.
- Dates for dental and vision tests will be requested.
- Height Weight and BMI is recorded and monitored.

The foster carer should usually be present at the health assessment unless there are specific reasons why this is not appropriate.

Similarly, the child's parents should also be offered the opportunity to attend.

School may be asked to contribute towards the review health assessment.

The Health Reviews are also an opportunity for the child to have their 'voice' heard around any worries they may have about their health, where they are living etc. Children are offered appointments, wherever possible, where they prefer to be seen, this may be at the foster home or school. The child with capacity to consent may do so by signing the consent section on the assessment form.

The RHA should reflect the child's health, updating any diagnosis and any referrals

that have been made to other services to support them. Form RHA-C (CoramBAAF Health assessment form for looked after children) is completed as part of the health assessment.

Health care plans

A comprehensive health care plan is written at the end of the RHA, and this contributes to care planning.

The Independent Reviewing Officer (IRO) should monitor both the quality of the care plan and monitor outcomes throughout the child's care journey.

Emotional Health - is everyone's responsibility, (Team Around the Child) to consider the impact of emotional wellbeing as an essential part of being healthy. For every year the child is in care – (for children aged 4years -18 years) a **SDQ – Strength and Difficulty Questionnaire** is completed. This is an emotional screening tool that looks at five areas that impact on emotional health:

- Emotional Health
- Conduct problems.
- Hyperactivity and inattention
- Peers' relationships and friendships
- Prosocial behaviour

Delays in identifying and meeting the needs of the child, including that of emotional well-being and mental health needs can impact on their placement, education, friendships, and relationships. This may have far reaching effects on all aspects of their life, including meeting their full potential and to leading happy healthy lives as adults if left untreated.

Early engagement with children and young people is a strength within the health team. In addition, the CiC Specialist Nurses can provide advice around 'keep safe' work, contraception, sexual health, health promotion, and signpost to other services including the drugs and alcohol service.

Unaccompanied Asylum-Seeking Children:

Asylum Seekers are vulnerable group of young people. It is important that these young people are seen regularly and wherever possible seen with an interpreter. Follow up visits from their IHA and RHA will made to ensure health access is being maintained: for example:

- have access to the accelerated immunisations programme,
- screening for blood borne viruses,

- dental health,
- vision,
- cultural and religion needs.

It is important to consider what may be happening in the young person's country of origin, including war and conflict, torture, cultural issues, religious beliefs, separation and loss, the impact of being displaced, emotional and sexual trauma as these may impact on both physical and emotional health.

Care Experienced Young People:

Care Experienced Young People, formally referred to as Care Leavers remain a national priority as well as local priority.

The Children In Care (CiC) Health Team is currently commissioned to provide a specialist Nursing service for children aged 0- 18 years. The Care Experienced young persons last Review Health Assessment (RHA) is often completed at the age of 17 years/ 18 years of age.

Our visits are mainly carried out with face-to-face appointments; however, some may be offered an online review or a telephone consultation if they decline a face to face visit.

If a young person declines a health review, we may send a health questionnaire and ask them to complete so that we can address any health needs they may have. The Child/ Young Person is informed that Part C which forms the health care plan is shared with, Social Worker, IRO, GP, SCHN and CiC Nurse.

The Health Passport:

A 'Health Passport' is given to the young person at the age of 15 years, and it contains information including:

- The child's NHS number
- Immunisations received
- GP contact details
- Dental information
- Optical information
- Nearest minor injuries unit / A&E department to where the young person lives
- Emotional Health advice
- Healthy eating advice
- Ramadan information
- Drug and alcohol misuse information/support

Any health recommendations made in the care plans should be clearly identified and person responsible to ensure that these needs are met are recorded.

It is an expectation of the Children In Care (CiC) Health Team, that they should be updated when any actions, appointments, and any outstanding issues have been met either by carers and or social care.

Children will have ongoing reviews by their social worker and IRO and any health needs should be addressed here.

The assessment and plan will address the physical, emotional and mental health needs of the child and how to promote their health.

For young children, the child's health record 'red book' should accompany the child. Foster carers should keep this up to date with information about the child's development, immunisations, health needs and treatment.

All foster carers should have written information from the Authority indicating when they are allowed to give consent for medical treatment. This form is called the "Consent to Medical Treatment Form" and all carers must hold a signed copy of this form. This form should be completed at the Placement Agreement Meeting

More information about the Health Care Resourcing Group (HCRG) Looked After Children's Service is available here: [Looked After Children's Service \(LAC\) - Wiltshire Children's Services \(wiltshirechildrensservices.co.uk\)](http://wiltshirechildrensservices.co.uk)

Emergency treatment and consent to treatment

In the case of emergencies, in the first instance you must seek appropriate medical attention for the child or young person. When this has been done, at the first opportunity you must contact the child's social worker, duty worker or if outside normal working hours the emergency duty service, who will attempt to inform the child's parents and if necessary, seek to obtain parental consent to specific medical treatments. Hospital doctors will undertake treatment if the alternative is to place the child's life at risk.

The administration of medicines

Foster carers will frequently be required to manage medications in respect of children and young people within their care. This guidance is to enable carers to achieve this in a safe and professional manner, whilst maintaining the respect and dignity of children and young people.

Wiltshire Council has an insurance policy that in place which provides cover for you in your role as a foster carer.

Children may need medication in the following circumstances:

- During a short-term illness or condition, such as the requirement to take a course of antibiotics
- For treatment of a long-term medical condition which may require

regular medicines to keep them well.

- Medication in particular circumstances, such as children with severe allergies who may need an emergency treatment such as adrenaline injection.
- Daily medication for a condition such as asthma, where children may have the need for daily inhalers (and, potentially additional assistance during an asthma attack).

During the placement planning meeting, or as soon as the child moves to your home, information must be sought from the child if appropriate, their parents and / or the child's social worker about health conditions or allergies the child or young person may have, including to medication, and any regular prescribed medication that they take.

A supply of this medication must be available for the social worker to bring with the child's belongings, or arrangements made for the foster carer to collect it. This is especially important if the child has been prescribed an epi-pen in the case of anaphylactic shock, insulin for diabetes, or Ventolin for asthma.

Similarly, permission should be obtained from the child's parents at the placement planning meeting, as to what medication or treatments may be given to the child, such as paracetamol, ibuprofen, hayfever/allergy medication, eczema cream, treatment for headlice. Carers must take care to follow any instructions as to dosage and administration and ensure that any medication they provide is within date and suitable for the child, including age suitability.

The storage of medication

Medication and drugs should be kept 'out of sight and reach' in a childproof lockable medical cabinet. This includes both prescribed and over the counter medication. Medicines must be kept in their original containers, clearly labelled. The child must not take other people's medication or let others take theirs. Return leftover medicine to the pharmacist for destruction. Medicine cupboard/cabinets must be of a suitable size to store all medication, and have a quality lock fitted where this is assessed as required. The medication storage container must be secured to a wall and where portable storage device is used it must be secured to a wall when not in use. The medicine cupboard should be reserved for medicines and dressings only – this is the health service advice from the last section of the handbook so not sure whether the latter is correct (eg secured to a wall)

Self-management of medication

It is good practice to support and encourage children, who are able, to take responsibility for managing their own medicines from a relatively early age where this is appropriate. Older children with a long- term illness should, whenever possible, assume complete responsibility under the supervision of their carer. The age at which children are ready to take care of, and be responsible for, their own medicines vary. There is no set age when this transition should be made, and there may be circumstances where it is not appropriate for a child of any age to self-manage. This should be discussed in the health care assessment and review and also identified in

the safer caring plan. Health professionals need to assess, with carers and children, the appropriate time to make this transition to ensure that the child/young person fully understands the importance of their medication to promote compliance.

If children can take their medicines themselves, carers may still be required to supervise, and suitable storage arrangements must still be provided.

Medication form

A medication form must be completed every time a child or young person is administered medication, whether this is prescribed by a GP or over the counter medication. This is to help you ensure you give the correct dose of the correct medication to the correct child at the correct time.

If in any doubt about whether it is appropriate or safe to give a medicine (e.g., if the young person is under the influence of alcohol or other substance), advice should be sought from the Community Pharmacist/GP/NHS Direct.

Health concerns – links to websites for advice

The NHS website has a comprehensive list of health conditions, including information about acid reflux in babies, chickenpox, coeliac disease, colds, cough, croup, diabetes etc... The A-Z can be found here:

[Health A to Z - NHS \(www.nhs.uk\)](http://www.nhs.uk)

There is helpful information on the most common health conditions in children.

[Is my child too ill for school? - NHS \(www.nhs.uk\)](http://www.nhs.uk)

There is also useful information regarding food allergies and intolerances on the Food Standards Agency website as well as the NHS website.

[Food allergies and intolerance - Food allergy and intolerance | Food Standards Agency](#)

[Food allergy - NHS \(www.nhs.uk\)](http://www.nhs.uk)

If you are worried about a child's health and you are unable to get an urgent medical appointment for the child, then we would ask that you seek advice from the NHS Helpline on 111 or visit their website which is:

[Get help for your symptoms - NHS 111](http://www.nhs.uk)

Developing an Individual Healthcare Plan

Not all children who have medical needs will require an individual plan. The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed, who will carry out that support and how the setting will deal with any problems or emergencies.

The individual healthcare plan may also include individual risk assessments which have taken place as decisions have been made about the child's medication or care. An individual health care plan clarifies for the team around the child the help that can

be provided.

Medication management and specialist health provision training

If foster carers need more specialist support with medication management, for example, safe practice in the storage and administering of medication, can be provided. The health care planning meeting may identify the need for a foster carer to have further information about a medical condition or specific training, for example, in administering a particular type of medication or in dealing with emergencies. The supervising social worker should arrange appropriate training in collaboration with local health services and the Training Coordinator if appropriate. All such training must be recorded.

Over the Counter (OTC) Medicines

Occasionally carers or children themselves may wish to use over the counter remedies to treat minor symptoms to short periods but you should refer to the delegated authority/health consent to ensure you have agreement for particular treatments. If a child's symptoms continue and you are concerned about the child's health advice should be sought from the child's GP, the pharmacist (who might prescribe an alternative medication/treatment) or by consulting with 111. When purchasing over the counter medication **advice must be sought from the pharmacist about any potential interactions between the non-prescribed medicine and the child's regular medication.** The same procedure must be followed for recording the administration of OTC remedies as is required for prescribed medication and should be entered on the medication record and stored securely. All over the counter medication should be checked to ensure they have not expired and supervising social workers should be made aware of their use.

Foster carers must never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions without confirmation from the original prescriber.

Medicines must always be provided in the original container **as originally dispensed** by the pharmacist. This should be clearly marked with the young person's name, date of dispensing and the name of medication, and include the prescriber's instructions for administration. The label on the container supplied by the pharmacist must not be altered under any circumstances.

Administering Medicines - General Principles

- A young person's privacy and dignity is paramount, and medicines should always be administered in an area where this will not be compromised.
- Under no circumstances must medicines prescribed be given to anybody except the person for whom it was prescribed.
- Medicines should be administered directly from the dispensed container. However, medication can be placed in a small pot after removing it from the dispensed container as a way of hygienically handing it to the child if necessary.
- Medication must never be secondary dispensed for someone else to administer to the child at a later time or date.
- The medication should be administered as prescribed, including frequency and course length identified.
- All medication should be reviewed by the prescribing GP at least every 6 to 12 months.
- Crushing or dissolving medication can destroy the medication properties reducing its effectiveness. Crushing or dissolving of medication is not permitted unless a child or young person's health or wellbeing would be detrimentally affected.
- Medication must not be given to young people covertly (e.g., hiding in food) without consultation with GP/social worker and the agreement documented.
- In all circumstances the medication administered must be recorded.
- If medication is not taken by the child for any reason, this should be identified on the form with an explanation why it has not been given and advice sought from the child's social worker.

Management of Errors/Incidents in Administration of Medicines

In the event that medication has been administered incorrectly or the procedures have not been correctly followed, then the foster carer must first ensure the safety of the child or young person through normal first aid procedures or phoning the GP/Pharmacist or calling for an ambulance if you are concerned for the child's health.

- Document any immediate adverse reactions and record the incident using the Fostering Incident Report Form. The medication administration record sheet should reflect the error.
- Contact your supervising social worker or report to the out of hour's service as soon as possible.

It is recognised that despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every carer has a duty and responsibility to report any errors as stated above.

Oral health

MAINTAINING ORAL HEALTH DENTAL HEALTH CARE FOR CHILDREN LOOKED AFTER.

The dental health care for children looked after (CLA) is as important as undertaking the Statutory Health Assessments (IHA and RHA). There has been some confusion over the last few years as to the exact process to meet statutory dental requirements for CLA and the program recommendations by the Department of Health.

Guidance has been sought to assist you in ensuring that the children and young people in your care have the opportunity to have access to good dental health care. A dental consultant in Public Health has given their expert advice and alongside published national guidance (Delivering better oral health: an evidence-based toolkit for prevention: 2017) and a programme that has been drawn up (see overleaf).

For Children Services Department (CSD) and carers who are responsible for CLA the following process for dentist access should be followed.

1. If the child/young person who comes into care already attends a **NHS** dentist all efforts should be made to continue attendance at that practice.
2. If the child/ young person is not able to remain at their original dentist or has never been to a dentist the child/young person should be taken to a **NHS** dentist. This can be arranged by the carer but must be with a **NHS** Dentist as private dental costs will not be paid for by either the NHS or CSD.
3. If unable to find a NHS dentist contact with the NHS Choices should assist in finding a NHS dentist – the link is here: [Find a dentist - NHS \(www.nhs.uk\)](http://www.nhs.uk)
4. In extreme cases in which no NHS dentist can be found a discussion with the Specialist Nurse for Children Looked After for the area that they live may be able to assist in accessing the community dental service. This would only happen if it can be evidenced that all the previous steps have been taken (1, 2 and 3.).
5. All dental contacts **MUST** be recorded on the child's Children Services Care record with date as soon as the contact with dental service has happened. This ensures that CSD has an accurate recording of the contact and meets their statutory requirement as corporate parents.

As you will see from the “Maintaining Oral Health” programme overleaf relationship with a dental practice is encouraged between 0- 3 years of age and visiting as often as advised. As soon as teeth erupt one visit should occur and then annually thereafter or as advised.

If you have any questions in relation to this please speak to the Specialist Nurses for your area who will be happy to offer guidance and support on this.

Designated Nurses for Children Looked After,

Age Group	Self Care	Professional Care
0-3 year olds	<ul style="list-style-type: none"> • From 6 months infants should be introduced to drinking from a free-flow cup and from age 1 drinking from a bottle discouraged • Sugar should not be added to weaning foods or drinks • As soon as teeth erupt in the mouth brush them twice daily with a fluoridated toothpaste – last thing at night and one other occasion • Toothpaste should contain no less than 1,000ppm fluoride – use only a smear of toothpaste • Toothbrushing should be supervised • Use sugar free medicines • Minimise the frequency and amount of sugary foods and drinks, to mealtimes 	<ul style="list-style-type: none"> • Develop a relationship with the dental practice, visiting as often as advised • See a dentist as often as advised once teeth erupt, with at least one visit by the age of 12 months and at least one visit every 12 months thereafter
All 3-6 year olds	<ul style="list-style-type: none"> • Brush teeth twice daily with a fluoridated toothpaste – last thing at night and one other occasion • Toothpaste should contain no less than 1,000ppm fluoride – use a pea size amount of toothpaste • Spit out after brushing and do not rinse • Toothbrushing should be supervised • Use sugar free medicines • Minimise the frequency & amount of sugary foods & drinks to mealtimes 	<ul style="list-style-type: none"> • See a dentist as often as advised, but at least once every 12 months • Receive fluoride varnish to teeth two times per year
3-6 year olds at risk of oral disease	<p>As above plus</p> <ul style="list-style-type: none"> • Use toothpaste with 1,350-1,500ppm fluoride • Review diet 	<p>As above plus</p> <ul style="list-style-type: none"> • Receive fluoride varnish to teeth two or more times per year
All 7 – Young Adults	<ul style="list-style-type: none"> • Brush teeth twice daily with a fluoridated toothpaste – last thing at night and one other occasion • Toothpaste should contain 1,350-1,500ppm fluoride • Spit out after brushing and do not rinse • Minimise the frequency & amount of sugary foods & drinks to mealtimes • Eat a healthy diet with at least 5 portions of fruit and vegetables • Do not smoke 	<ul style="list-style-type: none"> • See a dentist as often as advised, but at least once every 12 months and follow advice received • Receive fluoride varnish to teeth two times per year
7 – Young Adults at risk of oral disease	<p>As above plus</p> <ul style="list-style-type: none"> • Use a fluoride mouth rinse daily at a different time to brushing • Review diet 	<p>As above plus</p> <ul style="list-style-type: none"> • Receive treatment to fissure seal permanent molars • Apply fluoride varnish two or more times per year • Receive toothpaste with a higher content of fluoride
All Adults (18 years plus)	<ul style="list-style-type: none"> • Brush teeth twice daily with a fluoridated toothpaste – last thing at night and one other occasion 	<ul style="list-style-type: none"> • See a dentist as often as advised, but at least once every 24 months and follow advice received

	<ul style="list-style-type: none"> • Toothpaste should contain at least 1,350ppm fluoride • Spit out after brushing and do not rinse • Minimise the frequency and amount of sugary foods and drinks to mealtimes • Eat a healthy diet with at least 5 portions of fruit and vegetables • Do not smoke 	
Adults at risk of oral disease (As above plus)	<ul style="list-style-type: none"> • Use a fluoride mouth rinse daily at a different time to brushing • Review diet 	<ul style="list-style-type: none"> • Receive fluoride varnish to teeth two times per year • Receive toothpaste with a higher content of fluoride

NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSWCCG)
July 2021.

Smoking and vaping

Children's operational services operates a "No Smoking" policy. Unless within the context of an approved connected person's placement whereby special dispensation has been agreed, no child under the age of five years will be placed with a foster carer or a member of their household who smokes. Children with identified breathing conditions such as asthma should not be placed with a carer who smokes unless there are exceptional circumstances.

Regardless of the age of the child, foster carers or members of their household or visitors to the home must not smoke within the home, and when outside the home

not in front of any child in placement. Since 1 October 2015 it is illegal to smoke in a car or other vehicle with anyone present who is under the age of 18.

The law changed to protect children and young people from the dangers of second-hand smoke. Every time a child breathes in second hand smoke, they breathe in thousands of chemicals. This puts them at risk of serious conditions including meningitis, cancer, bronchitis and pneumonia. It can also make asthma worse.

You must advise the department if you, or a member of your household start smoking, as your terms of approval may need to be reviewed and changed.

Foster carers should support children and young people to understand the harm associated with smoking and vaping. A website created by DHI in Wiltshire offers young people information and advice about nicotine, including the risks associated with nicotine use is available here:

[The Wrap | Nicotine \(cigarettes, vaping, puff bars\) \(thewrapdhi.org.uk\)](http://thewrapdhi.org.uk)

The latest public health research concludes that e-cigarettes are safer than smoked tobacco however 'vaping' models smoking behaviour and should be avoided around Looked After Children.

More information is available here: [E-cigarettes: an evidence update - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/e-cigarettes-an-evidence-update)

Smoking cessation advice and support is available for foster carers, please ask your Supervising Social Worker for support with this as required.

Drugs, alcohol, and substance misuse

Use of alcohol and / or experimentation with drugs is part of normal growing up for many young people. Looked after young people may be vulnerable to drug and alcohol misuse. To help you minimise the risks to young people's welfare, foster carers need to be informed about the facts and supported by other people working with the young person in their care.

If you have any reason to believe that a child or young person placed with you is taking drugs, alcohol, or other substances, you must inform the child's social worker of your concerns.

If you are concerned about the immediate effect of drug and alcohol use, for example, if you are aware that a child has taken drugs or alcohol and this has made them unwell, please seek medical assistance or call NHS 111.

If you feel confident and comfortable discussing substance use and misuse, you could be effective in meeting some of the needs of looked after young people.

With the support of training and other professionals you can play a key role in:

- Supporting young people to be informed about drugs and other substances and behave sensibly in relation to drugs and other substances.
- Identifying when a young person's substance use is becoming a problem and that they may need more specialist help.
- Helping young people access medical assistance in an emergency and providing a safe, understanding home for young people suffering the effects of substance use.
- Providing opportunities for young people to talk about negative experiences of drug use within birth families/peer groups.
- Supporting the young person to discuss their substance misuse at key meetings such as looked after children reviews.
- Establishing ground rules and open communication with the young people in your care, including rules around substance use in your home.
- Liaising with school and ensuring a consistent approach is adopted.

Foster carers should be aware that many children and young people in care have had negative experiences of alcohol, including experiencing trauma, violence and abuse associated with alcohol or drug use. You therefore need to be sensitive to the young person's perceptions of adult drinking patterns and behaviours.

Wiltshire Council's policy is that the consumption of alcohol by children and young people must be actively discouraged, and it is illegal to buy or give alcohol to anyone under the age of 18.

There is an expectation that foster carers will act as good role models in the responsible use of alcohol, and you must ensure that while caring for a child your parenting capacity is not impaired by alcohol. Such conduct would lead to concerns or complaints about a foster carer's suitability to foster.

Wiltshire Council has practice guidance for foster carers in relation to alcohol which is available here:

Consumption of Alcohol by Foster Carers and Children and Young People in Foster Care (proceduresonline.com)

You must advise the department if you or any member of your household are

- drinking more than the current weekly recommended units of alcohol
Alcohol units - NHS (www.nhs.uk)
- misusing drugs whether prescription or non-prescription medication
- if there are any changes to your health conditions or use of medication which may affect your ability to foster.

Substance misuse and the law

The Misuse of Drugs Act (MUDA) 1971 covers the control, dispensing and classification of drugs and is concerned with:

- The classification of illegal drugs into A, B, and C categories according to current knowledge about potential harm (alcohol, tobacco and solvents are legal to purchase from shops at certain ages.)
- Sentences and penalties for supply, cultivation and possession of drugs in each category.
- Possession and supply. Supply means giving or selling, not just selling.
- Police have a right to stop and search if they suspect that a person has drugs, stolen goods or weapons on them.
- House search with owner's permission, although a warrant could be sought.
- If the police find drugs that include Class B drugs like cannabis, they can arrest a young person between 10-17 years old and their parents or carers will be contacted.

If you find drugs, associated equipment or other suspicious substances you should seek advice from the child's social worker, supervising social worker or the Emergency Duty Service. You should keep a record of your observations of the young person's behaviour if you have any suspicions but have no proof.

There are many websites that contain additional useful advice and information. This includes the NHS Website and Talk to FRANK

Talk to FRANK - [Honest information about drugs | FRANK \(talktofrank.com\)](http://Honest information about drugs | FRANK (talktofrank.com))

[Talking to your teenager - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Further information can also be obtained from your supervising social worker or the child's social worker.

Children and young people's mental health

Any child or young person can develop mental health issues, but research has shown that there are some factors that are associated with children and young people's long-term mental health. The traumatic impact of abuse and neglect increases the likelihood of children developing a range of mental health issues – both during childhood and in later life and children in care are more likely than their peers to have a mental health difficulty (NSPCC, 2019c). These include anxiety, depression, eating disorders and post-traumatic stress disorder (PTSD) (Norman et al, 2012; Spatz Widom, 1999 in NSPCC 2023).

Links to information and advice websites regarding mental health are available below:

Children's mental health: [Children's mental health - Every Mind Matters - NHS \(www.nhs.uk\)](https://www.nhs.uk/childrens-mental-health/)

[Children and young people's mental health services \(CYPMHS\) information for parents and carers - NHS \(www.nhs.uk\)](https://www.nhs.uk/childrens-mental-health/cypmhs/)

Gender identity and mental health: [Parents and carers - Gender Identity Development Service \(gids.nhs.uk\)](https://www.nhs.uk/gids/parents-and-carers/)

LGBTQI+ mental health guidance from the Anna Freud Centre: [LGBTQI+ mental health \(annafreud.org\)](https://www.annafreud.org/mental-health/lgbtqi/)

Parents A-Z of mental health guide is available here: [Parents' A-Z Mental Health Guide | Mental Health Advice | YoungMinds](https://www.youngminds.org.uk/parents-a-z-mental-health-guide/)

Racism and mental health guide: [Racism & Mental Health | Guide For Parents | YoungMinds](https://www.youngminds.org.uk/racism-mental-health-guide/)

Depression: [Depression in children and young people - NHS \(www.nhs.uk\)](https://www.nhs.uk/mental-health/children-and-young-people/depression/)

Foster carers can also access a 2-day Youth Mental Health First Aid course via the training team at fostercarertraining@wiltshire.gov.uk which is run by Mental Health First Aid England accredited trainers.

Self-harm

Self-harm is when someone hurts themselves on purpose as a way of trying to manage distressing or overwhelming feelings and experiences. Someone who is self-harming might be dealing with lots of intense thoughts and feelings, and hurting themselves may feel like the only way to cope, or they might feel numb and hurt themselves to feel something.

Self-harm is usually a way of trying to manage very difficult feelings. People often self-harm when life feels hard to cope with – when lots of distressing feelings have built up and it's become overwhelming. In the moment, the sensation of self-harming and experiencing some physical pain can feel easier than feeling out of control emotionally.

If a young person is self-harming, it's often a sign that something in their life isn't quite right or has become too much to deal with. It can be understood as an

important message about how a young person is feeling – one that needs to be noticed with care by the adults around them.

You must inform the child's social worker and your supervising social worker at the first opportunity if an incident of self-harming occurs. This must also be clearly recorded in your diary notes.

Some ways that young people self-harm include:

- cutting themselves
- scratching skin with fingernails
- burning skin
- biting skin
- hitting themselves, or banging their head or another part of their body on a wall
- pulling hair out from their head, eyebrows or eyelashes
- inserting objects into their body

If you are worried your child may be self-harming, here are some things to look out for:

- unexplained cuts, burns, bite marks, bruises or bald patches
- keeping themselves covered, for example wearing long sleeves or trousers even during hot weather, not wanting to change clothes around others or avoiding activities like swimming
- bloody tissues in waste bins
- seeming low or depressed, for example withdrawing from friends and family
- blaming themselves for problems or expressing feelings of failure, uselessness or hopelessness
- outbursts of anger or argumentative

(Young Minds 2023)

Healthy eating and lifestyle

Foster carers should provide children with a nutritious, balanced, and varied diet and their likes and dislikes sought. Children should be provided with fresh fruit and vegetables every day and sugary and fatty foods should be avoided. This may mean trying to change established eating habits and tastes.

Find out what the child's eating habits and preferences are and only introduce new eating experiences gradually, at the child's own pace. This is especially important for children with disabilities who may need special diets or help with eating.

Some children you will care for may need different diets for religious, medical or cultural reasons and it is important that foster carers observe these requirements, for example, by buying halal meat.

Carers should also ensure that children have opportunities for exercise and rest.

You may need specialist advice; this can be obtained from your health visitor, nurse for looked after children or social worker.

[Fussy eaters - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[What to feed young children - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Personal hygiene and health promotion

Some children will have had little guidance on personal hygiene and will need sensitive and practical help in establishing practices to maintain a good standard of personal hygiene. It is the carer's responsibility to ensure that personal hygiene and health is promoted in a positive way. Foster carers should accept the importance of their role as advocates for children in ensuring their health needs are met and in promoting good health practices.

Sexual health

It is important that foster carers support children with their sexual health, identity, and relationships. Conversations about sex and relationships should be a normal part of the discussions that foster carers have with children and young people, as part of promoting the overall health and development of children they care for. The sexual health needs of a young person will be addressed in the health care planning process.

Start Talking project is a free resource from the Fostering Network to support foster carers to talk with young people about their relationships and sexual education.

More information about Start Talking is available here: [**Start Talking: Better Sexual and Reproductive Health for Children in Foster Care | The Fostering Network**](#)

SECTION NINE: Education

Promoting and valuing education

Foster carers should champion education for all of the children in their care, including having high aspirations for now and in the future. They should establish clear expectations about good school attendance (over 98%) supporting this by a willingness to book appointments outside the school day, where possible, and limit holidays to the school holiday period. It may also mean that the carer needs to assist with transport and personally take the child into the school building, if needed, to ensure they arrive. Carers should respond promptly if a child starts to refuse to attend school.

Carers should support education at home through showing an interest in the child's day and what they are learning, promoting the completing of homework, coursework and revision, and by providing an appropriate space for the child to do this.

Supporting the child in school

It is expected that foster carers will liaise with schools through the Designated Teacher for Children Looked After, a statutory role, and any other key personnel in the child's school. Carers should attend school open evenings, consultation appointments and PEPs, and encourage extra-curricular activities through attending sports events, plays and concerts etc.

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

The Virtual School

Every Local Authority must have a Virtual School Head (VSH) Teacher who works to promote the best outcomes for their children looked after.

In Wiltshire the VSH is supported by Virtual School Officers (VSOs) who support the educational progress of children looked after. Every child looked after will have a named VSO. They can be contacted on individual emails or via our business support team virtualschool@wiltshire.gov.uk They will work to:

- Promote the educational progress of children looked after by Wiltshire Council by supporting and challenging schools, carers and all relevant partners to ensure children achieve the best possible educational outcomes and life chances.

- Implement and review Personal Education Plans (PEPs) to raise achievement and improve education experiences
- Promote individual achievement and wellbeing by ensuring education is a priority within the lives of children looked after
- Ensure our children and young people attend the best possible education establishments to meet their individual needs, support their wellbeing and recognise their success
- Track and monitor attendance, exclusions, progress and personal achievements
- Work with schools to ensure Pupil Premium Plus is used effectively
- Provide children looked after and their carers with educational advice and guidance
- Ensure intervention where it is needed to enable each young person to reach their full potential
- Provide care leavers with professional advice and guidance on education, training and employment
- Provide advice and guidance on the education of children previously looked after
- Deliver training for designated teachers for children looked after

Each school has a Designated Teacher for children who are looked after and the VSO will work closely with them to support outcomes.

Pupil Premium plus is the fund provided to the Virtual School for every child who is looked after of statutory school age. The allocated sum is governed by a clear policy and should be spent to improve educational outcomes; this will be agreed in the child's PEP meeting.

Education planning

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

Personal Education Plan (PEP)

A Personal Education Plan (PEP) is a school-based meeting to plan for the education of a child in care. The government have made PEPs a statutory requirement for children in care to help track and promote their achievements.

A PEP provides the opportunity to meet, share information and plan for your child's education to have the greatest positive impact. Your child's out of school activities will also be discussed as these activities are an important part of your child's school

identity, education and their social development.

When do children need a PEP and how often should they take place?

Children in care should have a PEP in the term in which they turn 2 years old and continue until they have finished education at the end of year 13. The first PEP should take place within 20 school days of a child coming into care. After this, PEPs take place every main term (three times per year).

If a child has an Education, Health and Care Plan, it is helpful if one of the PEPs coincides with the annual review of the EHCP.

Who will be at the meeting?

The meeting will be organised by the Virtual School and the child's social worker. They should plan for a time suitable for you, the child, and the school (often this will be the designated teacher for children who are looked after). Your attendance is essential and you will receive an invitation via email.

Children do best in school when school and home communicate and work effectively together. This meeting allows each to know anything significant that is happening in the child's life and how this may impact on the child's education. The PEP should be seen as the minimum involvement; you may need to communicate with the school much more than once per term.

Your role as the child's foster carer

With the social worker, you should prepare the child for the PEP meeting and support them during the meeting as necessary. You should help the child to understand the purpose of the PEP, who will be at the meeting and help them think through what they are enjoying at school, doing well at or having any difficulties with. You and the social worker should then discuss with the child how their views are to be presented at the meeting and their attendance. Your child should, ideally, attend the meeting if this is age appropriate and should be involved in discussing what they need to help them do well in school.

At the PEP meeting you should make sure the school are fully aware of any current difficulties the child is having in school e.g., difficulty with any specific subjects, their behaviour or relationships with teachers or children and how your child is behaving within the home.

It is important for everyone to gain a full picture of the child's needs so that appropriate plans can be made at the PEP meeting to support the child's academic progress and emotional wellbeing. It is important that you gain an understanding of what the school has to say about the child's achievements and behaviour in school and how you can most effectively support your child.

After the PEP meeting

You should follow up on any actions that you have agreed to complete and should

check that the school and social worker have followed up on any actions that they have agreed to complete. These will also be discussed at the child's next child looked after review. You should be provided with a copy of the PEP either straight after the meeting or sent a copy by the child social worker in the next couple of weeks. Please keep a copy of the PEP to refer to in the future.

Unaccompanied Asylum Seeking Children (UASC)

If you are caring for an unaccompanied asylum-seeking child whose first language is not English, you should pay attention to what specialised opportunities may be available to them, and to their individual need. Speak to your supervising social worker or the child's social worker to see if the Ethnic Minority and Traveller Achievement Service can assist and support. There is more information on their service on this weblink:

[Ethnic Minority and Traveller Achievement Service Information | Right Choice \(wiltshire.gov.uk\)](http://wiltshire.gov.uk)

Children with special educational needs and/or disabilities.

Children with disabilities or special educational needs and who have an EHCP, may need specialist support in education. The child's social worker will support you accessing the appropriate support.

More information outlining support for children with disabilities can be found here:

[Wiltshire Local Offer - Local Offer](http://wiltshire.gov.uk)

SECTION TEN: Preparing for Adulthood and Independent Living

Preparation for adulthood begins at an early age through the encouragement of independent living skills in children. It is important for all foster carers to recognise that preparation for independence is not solely for those who care for older children and young people. Foster carers need to promote self-care skills in children of all ages. This will include dressing, feeding, personal hygiene and personal safety. Older children and young people need to be encouraged to take more responsibility for themselves and their behaviour. This should be discussed and agreed within the care planning and reviewing processes.

There is more information on the Wiltshire Childcare Procedures website available here; **[Leaving Care and Transition \(proceduresonline.com\)](http://proceduresonline.com)**

Preparation/Pathway plans

The Pathway Plan sets out the route to the future for young people leaving the Looked After service and will state how their needs will be met in their path to independence.

For young people who become looked after following their 16th birthday, they should have a pathway plan in place within 3 months of becoming 'eligible'.

Eligible young people are aged 16 or 17, have been looked after for a period or periods totalling at least 13 weeks starting after their 14th birthday and are still in care. (This total does not include a series of pre-planned short-term placements of up to four weeks where the child has returned to the parent.)

For young people who become looked after before their 16th birthday wherever possible a Pathway Plan should be in place by the young person's 16th birthday.

The plan will continue to be implemented and reviewed after they leave the looked after service at least until they are 21, and up to 25 if in education.

The Pathway Plan sets out the steps the young person, their carer(s), their personal advisor, their social worker and any other relevant person/people, will need to take for them to become adult and independent. It will include reference to actions, activities, experiences, and the development of skills needed to make this transition. Foster carers will be involved in helping the young person with practical skills such as budgeting, cooking, shopping, and cleaning. Other areas that may need developing could include coping alone, dealing with employment and DIY skills etc.

The Pathway Plan will be based on and include a young person's Care Plan and any Personal Education Plan or careers advice service will inform and complement the Pathway Plan.

The Pathway Plan must clearly identify the roles of each person who has a part to play in supporting the young person, including the role and responsibilities of the personal advisor.

Personal Advisor

A personal adviser will be appointed to work with the young person normally before their 16th birthday and will occupy a key role in providing support to the young person after he or she leaves care. The personal adviser is part of the Children In Care Team, based with the child's social worker.

The personal adviser will hold a pivotal role in the assessment, planning and review of services as set out in the pathway plan, and will co-ordinate with other agencies/important people to the young person as necessary.

The personal adviser can act as the young person's principal source of contact in any matter relating to the pathway plan, however the young person can choose who their main support is, and the personal adviser will support the network around the young person to ensure the planning and support is provided to the young person where necessary.

It is the role of the personal adviser to keep in touch with the young person and to remain informed as to the young person's progress. The personal adviser must maintain a written record of their contacts with the young person, monitoring the effectiveness of services in preparing the young person for a time when they will move to greater independence or when they cease to be looked after.

The personal adviser will take responsibility for initiating the review of the pathway plan and for recording its outcomes.

When allocating a personal adviser to an individual young person, consideration must be given to the wishes of the young person and to issues of gender, race, religion, linguistics, disabilities, and equal opportunities. The assessment of need and a judgment as to who is most appropriate to fulfil the role of personal adviser will influence the choice and allocation of worker.

The Pathway Plan is part of the young person's care plan and any personal education plan will inform and complement the pathway plan. **It should be reviewed every six months.** For an eligible young person, the date for the first review of the pathway plan will be set to coincide with the young person's next Looked After Review, immediately prior to the young person's 18th birthday, which will agree how future reviews will be conducted, including whether they will involve face to face meetings and who the young person wants to be part of their Pathway Plan, this will be recorded by the chairperson.

The Pathway Plan is completed with the young person and sets out the ambitions and route to the future for young people leaving care and will state how their needs will be met in their path to independence, including any services being provided in respect of the young person's disability or needs arising from being in custody, being a parent or because of entering the country as an unaccompanied asylum seeker. It should be written to the young person and in a way that meets the needs of the young person, capturing their aspirations and key messages. Young people with language or communication needs should be provided throughout the process with appropriate interpretation, translation or advocacy support.

The personal adviser is also responsible for supporting the young person to access the leaving care entitlements, including the Leaving Care Grant and Wiltshire Council's Care Leavers Promise when they reach 18 years old.

The Virtual School continues to support looked-after children and care leavers within education through to the age of 25.

The Virtual School facilitates Personal Educational Planning for young people aged 16-18, to support their continued education, employment or training.

The Virtual School is able to provide advice on access to the 16-19 bursary fund for young people in care and for care experienced young people.

If you're a young parent you can apply for a bursary from Care to Learn for help with childcare costs whilst you study.

If a young person continues into Higher Education they may be eligible for a £2000 bursary which is paid in 3 annual instalments.

For further information, contact the virtualschool@wiltshire.gov.uk

Leaving Care

Young people have several options to consider about where they are going to live following their 18th birthday; they may wish to move into their own or supported accommodation, go to university, or remain with their foster carers.

Staying Put

For a young person living in foster care, the first Looked After Review following his or her 16th birthday should consider whether it is possible to remain in their home by 'staying put' with their foster carer after their 18th birthday. This will entail assessing the implications for both the young person and the foster carer. If both the young person and foster carer agree for the young person to remain, they become part of a staying put arrangement. The staying put policy sets out the arrangements until the young person is 21 years old, after which this becomes a private agreement between the young person and former foster carer.

Further information can be found here:

[Staying Put \(proceduresonline.com\)](http://proceduresonline.com)

[Staying put: arrangements for care leavers aged 18 years and above - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

It is important to note that from the age of eighteen, young people are no longer legally 'in care' or 'looked after'. Therefore, fostering arrangements and legislation relating to those placed with foster carers no longer applies. The legal basis on which young people occupy the former foster home changes (the legal term is that the young person becomes an 'excluded licensee' lodging in the home) - this should not denote that the young person will be treated differently than they were as a looked after child.

While Fostering Regulations will no longer legally apply to these arrangements, key standards should continue to govern the expectations of the placement when the young person reaches 18.

These may be:

- Yearly reviews of the carer(s).
- Reassessment and re-registration every 3 years.
- New Disclosure and Barring Service checks every 3 years on all adult members of the household, regular visitors and children of the carers aged 16 and over.
- Health and safety checks.
- Attending required training.

The Local Authority will need to assess individual circumstances and consider the appropriateness of these checks particularly where the young person is the only person placed / living with their carer(s) and it is not envisaged that further children will be placed

Procedures should also be agreed at the outset about how any wish by the carer to bring the arrangements to an end should be managed.

More information and current guidance and legislation regarding care leavers can be found here:

Rights4children - [Leaving care - rights4children](#)

[The Care Leavers \(England\) Regulations 2010 \(legislation.gov.uk\)](#)

[Children and Social Work Act 2017 \(legislation.gov.uk\)](#)

SECTION ELEVEN: Concerns, Complaints and Allegations against foster carers

Wiltshire Council Families and Children's Services has a duty to ensure that all looked after children receive the best care possible to meet their needs and it is responsible for ensuring that any concern, complaint, or allegation made against a foster carer is investigated in the most appropriate manner to safeguard looked after children.

South West Child Protection Procedures: Allegations against staff or volunteers [Allegations Against Staff or Volunteers \(proceduresonline.com\)](http://proceduresonline.com)

With agreement from the Fostering Team Manager, **minor issues that arise with regard to day-to-day care by foster carers can be dealt with immediately or during regular supervision directly with the carer.** Cumulatively they may constitute a more serious concern that requires investigation.

Concerns are issues related to day-to-day management of the child's care. An example of a concern would be, not supporting a child to access time with their family.

Complaints are more formal and are related to the way fostered children are cared for and may be made by those with legitimate interest in them, e.g. Breach of confidentiality or an accumulation of concerns

Allegations of abuse involve accusation of physical, emotional, or sexual abuse or neglect which would amount to significant harm.

The difference between an allegation and concern

It might not be clear whether an incident constitutes an 'allegation'. It is important to remember that to be an allegation the alleged incident has to be sufficiently serious as to suggest that harm has or may have been caused harm to a child/ren or that the alleged behaviour indicates the individual may pose a risk of harm to children.

Under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child (who lives or is found in their area) is suffering or is likely to suffer significant harm, it has a duty to make such enquiries as it considers necessary to decide whether to take any action to safeguard or promote the child's welfare. Such enquiries, supported by other organisations and agencies, as appropriate, should be initiated where there are concerns about all forms of abuse and neglect.

Children's Services ensure that 'allegations and suspicions of harm are handled in a way that provides effective protection and support for children and the person making the allegation, and at the same time supports the person who is the subject of the allegation' (**National Minimum Standard 22**)

Wiltshire Safeguarding Vulnerable People Partnership Procedures for S47 enquiries can be found here:

[Child Protection Enquiries - Section 47 Children Act 1989 \(proceduresonline.com\)](http://proceduresonline.com)

An allegation in relation to a foster carer or member of their household is where it is alleged or suspected that they have:

- Behaved in a way that has harmed, or may have harmed a child;
- Possibly committed a criminal offence against, or related to, a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children or is unsuitable to work with children.

An allegation can include concerns that they:

- Have behaved in a way in their personal life that raises safeguarding concerns. These concerns do not have to directly relate to a child but could, for example, include an arrest for the possession of a weapon;
- Have, as a parent or carer, become subject to child protection procedures;
- Are closely associated with someone in their personal lives (e.g. partner, member of the family or other household member) who may present a risk of harm to child/ren for whom the adult is responsible in their employment/volunteering
- The concerns should be considered within the context of the four categories of abuse (i.e., physical, sexual and emotional abuse and neglect). These will include concerns relating to inappropriate relationships between members of staff and children or young people, for example:
 - Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual (see ss16-19 Sexual Offences Act 2003);
 - 'Grooming', i.e. meeting a child under 16 with intent to commit a relevant offence (see s15 Sexual Offences Act 2003);
 - Other 'grooming' behaviour giving rise to concerns of a broader child protection nature (e.g. inappropriate text / e-mail messages or images, gifts, socialising etc.);
- Possession of indecent photographs / pseudo-photographs of children.

In line with NMS 22.5, a designated manager within the fostering service is responsible for managing allegations against foster carers within the service.

Designated Officer for allegations

In addition, Wiltshire Council has a designated officer for allegations (DOFA) for the management and oversight of allegations against staff. **The Designated Officer (DOFA)** role is to provide information and guidance and to support all reported allegations. This includes considering all the relevant concerns and facts, deciding on the next course of action in consultation with others, liaising with the referrer and all relevant parties to monitor the progress of all cases that meet the definition of an allegation or serious concern, keeping the subject of the allegation informed of progress during and after the investigation.

Management of allegations against staff or volunteers:

There may be up to three strands in the consideration of an allegation:

- a police investigation of a possible criminal offence;
- enquiries and assessment by children's social care about whether a child is in need of protection or in need of services; and
- consideration by an employer, in this case the Fostering Service, of disciplinary action in respect of the individual.

Following the receipt of the concern or allegation and the discussion between practitioners and managers, a decision will be made about whether there is an indication that there are child protection concerns to be addressed or if the information does not indicate child protection concerns. This determination will lead to one of two routes of consideration. The foster carer should be informed of the concern as soon as possible and not more than 48 hours after the receipt of the information.

Specific actions with regard to the foster carers must be considered following an allegation:

- **Suspension:** The Fostering Team Manager should decide in consultation with the DOFA if the foster carer should be suspended from taking further placements whilst the investigation takes place. Current children in placement may remain if discussed and agreed with the child's Social Worker or Team Manager and the DOFA. This will be further discussed at any strategy meeting held. Foster carers should not be suspended, or children removed from placement automatically or without careful thought and planning;
- **Resignation:** If the carer submits their written resignation the investigation will continue in order to reach conclusions;

Children's Social Care should inform OFSTED of all allegations made against a foster carer, prospective adopter, or member of staff in a residential child care facility (SWCPP - Allegations Against Staff or Volunteers

(proceduresonline.com)

The role of foster carers is a unique and challenging one and we recognise that being subject to an allegation will be a stressful and anxious time for the foster carer and family. It is essential that during an investigation foster carers are properly supported, and the supervising social worker will be able to support and signpost you as required. For more information about support during an allegation see below.

An investigation can also place a strain on your relationship with the Fostering Service and you may wish to have an independent advocate attend meetings held.

During an investigation foster carers and their family can expect

- Be treated fairly and honestly throughout the investigation.
- Be informed in writing as soon as possible about the nature of the allegations or concerns.
- Be given written information about the enquiry procedures that are being followed and scheduled timescales.
- Be provided with ongoing support by the supervising social worker.
- Be informed about all decisions as soon as possible, this will then be confirmed in writing.
- Continue to receive payments related to any child in placement or the fee element of their payment if a child is moved whilst investigations are ongoing.

Practice and development issues will also be followed up via the normal annual review process, through supervision and post-approval training. It is not acceptable for concerns raised about a foster carer that come to the attention of the Supervising Social Worker or child's social worker, not to be shared and addressed with the carer in an open and transparent manner.

The safety and welfare of children is paramount and local authorities therefore have a duty to investigate all allegations of abuse.

Although research has shown that most allegations against foster carers are not substantiated and criminal prosecutions are rare, there have been substantiated cases of children being abused or neglected by their foster carers, for example, serious case review: overview report: the sexual abuse of children in a foster home: City and Hackney Safeguarding Children Board (2015).

There are also examples of situations where allegations have been made but abuse or neglect has not been proven. In some situations, there may remain an uncomfortable level of doubt where, although abuse has not been proven, neither has it been wholly disproved.

Children may link something that has happened in their current foster placement with

an abusive event which has happened in the past and children may misinterpret innocent actions because of past trauma. It is therefore important that foster carers consider a child's experiences and adapt their parenting practices accordingly.

The risk of allegations can be minimised if foster carers put in place positive practices for safer caring. Further information is provided within the safer caring training, which is a mandatory training course for all foster carers, and which must be updated at least once every three years.

Support

We recognise that an allegation made against a foster carer or a member of their family places the foster carer and their family under a great deal of stress and anxiety, so we would encourage foster carers to seek support:

Supervising Social Worker

Wiltshire Fostering Association -

Contact details: info@wiltshirefosteringassociation.org

The Fostering Network

If you are a **foster carer member of The Fostering Network** who has been subject to an allegation, and their helplines are closed, you can call the Legal Advice Line on **01384 885 734**. It is open **24 hours** a day, every day of the year. Please note that this service is not operated by The Fostering Network.

Fostering Network also offer completely confidential professional emotional support through Care First. The service is staffed by trained counsellors offering emotional support, advice and information. Tel: **01384 889 549**. The service is open 24 hours a day, every day of the year. Please note that this service is not operated by The Fostering Network.

Foster Line, a free telephone helpline. The advice line is open from 9.00 am to 5.00 pm, Monday to Friday (except Bank Holidays) but you can leave a message outside of these hours or use the website to request a call back.

The free phone number is **0800 040 7675**.

Email: enquiries@fosterline.info or on their website [Contact Us - Fosterline](#)

Whistleblowing

Fostering Services are committed to ensuring that foster carers feel safe and listened to when raising concerns about the wellbeing and safety of others.

Wiltshire Council has a whistle-blowing policy which enables anyone to raise a concern about a dangerous or illegal activity, or one which creates risks to the health and safety of others. The Wiltshire Council whistle-blowing procedures and policy including within Fostering Services is available here:

[Whistleblowing or Raising Concerns at Work \(proceduresonline.com\)](http://proceduresonline.com)

SECTION TWELVE: Complaints and representations from foster carers

We are committed to listening to the views of connected foster carers and foster carers and welcome feedback whether positive or negative.

We distribute a yearly consultation to gather feedback about your experiences and value foster carers contribution, so that we can further improve the support we are offering.

Current and prospective foster carers are able to make a complaint about any aspect of the service which affects them directly. Records are kept of representations and complaints, how they are dealt with, the outcome and any action taken. These records are reviewed regularly so that the service's practice is improved where necessary (National Minimum Standard 21.11)

We hope that any concern you have about our service can be resolved at the earliest opportunity through discussion with your supervising social worker or a manager. However, there is a formal customer complaints procedure and dedicated team within Wiltshire Council who can be contacted via email, phone, post or via an online form.

Wiltshire Council Complaint process

Stage 1 – service team investigation

When you first make a complaint, you should receive an acknowledgement of it within two working days. We will tell you who will be responsible for providing you with a response and provide you with direct contact details.

It is the responsibility of the service team about who you are complaining to respond to you at this point. They understand the issues involved and have the opportunity of addressing concerns as quickly as possible.

The timescale for responding at stage one is 20 working days (10 working days for housing complaints) but we have the right to extend this by 10 working days (this means it can take up to 30 working days). If more time is needed, we will contact you to let you know when you can expect a response and the reason for the delay.

We would always encourage you to resolve your complaints directly with the team at stage one to promote a positive working relationship between you and Wiltshire council. However, we understand that there are some cases when a complaint should be taken straight to stage two of the complaints procedure.

We hope that most complaints can be sorted at the first stage of the complaints procedure but if you are not happy with the full response that you get at stage one, you can ask for the complaint to be put through to stage two by contacting the corporate complaints team.

More information about the **Wiltshire Council Complaints Procedure** and team can be found here: **[Making a complaint - Wiltshire Council](#)**

Stage two - investigation and review

At stage two a complaints officer will make an independent investigation of your complaint.

The timescale for responding at stage two is 30 working days but we have the right to extend this by 10 working days (this means it can take up to 40 working days). If the complaints officer requires more time, we will contact you and let you know when you can expect a response and the reasons for the delay.

We understand that you want your complaint resolved and we want to make sure you get a response as soon as possible. However, to make sure all elements of your complaint are considered, we must make a thorough investigation and make sure that all information has been provided to us and that any legal requirement has been looked at. Only then can we produce a comprehensive and considered report for you.

Once you have received a response from stage two the complaints procedure has finished.

What if I am not happy at the end of stage two

If you are unhappy with the response you get at stage two you should contact the Local Government Ombudsman who can investigate your complaint further.

More information is available here: **[Local Government Ombudsman \(LGO\): How to Complain](#)**

The LGO is independent, and the service is free and confidential. However, the Ombudsman will not normally investigate your complaint until the council has had the opportunity to fully investigate it.

SECTION THIRTEEN: Useful contacts and websites

Contact numbers:

Fostering office number: 01225 716510

Fostering duty number: 01225 716510

Fostering out of hours number: 07909 938254

Emergency Duty Service (EDS) number: 0300 456 0100

Children in Care North: 01249 707990

Children in Care South: 01722 438165

Independent Visitor Service: 01225 713934

Safeguarding North: 01249 707900

Safeguarding East: 01380 826250

Safeguarding West: 01225 718555

Safeguarding South: 01722 438165

SEND Team: 01225 712620.

Looked After Children Nursing Service: Tel: 01225 618834 (Monday – Friday 9am-5pm)

Child and Adolescent Mental Health Service (CAMHS): Out of hours number - **01865 901000**

Other contacts and websites:

Anna Freud Centre specialise in supporting the wellbeing and mental health of children and young people. They have a specific webpage for adoptive parents, special guardians and kinship and foster carers : **[Adoptive Parents, Special Guardians, Kinship Careers and Foster Carers | Anna Freud Centre](#)**

ConnectYP – Supporting young people who misuse drugs and alcohol:

Tel: 0800 169 6136. They have their own website for parents/carers, professionals and young people.

[Connect Wiltshire | DHI \(dhi-online.org.uk\)](#)

[-The Wrap | Homepage \(thewrapdhi.org.uk\)](#)

Mind of my own is an amazing tool that allows young people who receive support from Children's Services to express their views anytime. More information is available here **[One app - Mind Of My OwnMind Of My Own](#)**

Further information regarding Fostering Services in Wiltshire and the Childcare Procedures can be found here:

[Contents \(proceduresonline.com\)](#)

Young Minds: YoungMinds | Mental Health Charity For Children And Young People | YoungMinds

SECTION FOURTEEN: Glossary of terms

<p>Adoption Permanence Panel</p>	<p>Tracks all children in adoption journey from ADM (Agency Decision Maker) Decision from should be placed for adoption through to adopted. (Also tracks Early Permanence referrals). Ensures robust oversight to avoid delays for timely adoption orders for children. Provides opportunity for challenge across services, identifies areas for improved and best practice for both in-house teams and Adoption West.</p>
<p>Agency decision maker (ADM)</p>	<p>The Agency Decision Maker must have been qualified as a social worker and have at least three years' experience and have a working knowledge of childcare law and practice.</p> <p>The Agency Decision Maker will take account of the Panel's recommendation before proceeding to make a decision. The Agency Decision Maker can choose to make a different decision.</p> <p>The Agency Decision Maker receives the same information as Panel members prior to a Panel meeting, together with the minutes of the Panel meeting.</p> <p>The decision and the date of the decision will be recorded by the Agency Decision Maker. Applicants and carers should be advised verbally of the decision within two days and in writing within five working days of the receipt of the Agency Decision Maker's decision. The Agency Decision Maker may defer any decision should there be any cause to do so until such time as any issues have been resolved.</p>
<p>Care Plan</p>	<p>All looked after children have a care plan. The care plan will contain information about how the child's current developmental needs will be met as well as the arrangements for the current and longer term care for the child. It ensures that there is a clear plan for the child's future to which everyone is working, including the child, the team around the child and, where appropriate, the family. There should be clarity in the care plan, particularly about the outcomes expected from services and other actions identified. The local authority must maintain the care plan and keep it under review and if it is of the opinion that some change is required, must revise it or make a new plan. The care plan must set out the long-term plan for the</p>

	<p>child's upbringing and the arrangements made to meet the child's developmental needs in relation to health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self-care skills. The care plan and the assessment of the child's needs, upon which the plan rests, should inform the decision as to which placement will be most suited to meeting the child's needs.</p>
<p>Children and Young People's Complex Needs Panel</p>	<p>To resolve, in a timely manner, any barriers to making appropriate provision to secure positive outcomes for children and young people with complex education, care and health needs. This includes planning for key points of transition such as from children to adult services.</p>
<p>Children in Care Team (CIC)</p>	<p>Children and young people in long term foster carer are overseen by Children in Care South based at Bourne Hill or Children in Care North, based at Monkton Park.</p>
<p>Connected foster carers.</p>	<p>Foster carers caring for members of their family or foster carers caring for children with whom they have a pre-existing connection. Sometimes referred to as family and friends carers, or kinship carers.</p>
<p>Court Orders</p>	<p>Adoption and Placement Orders are granted when the child or young person's plan is adoption.</p> <p>Full Care Orders are granted when the plan is long term foster care (although the child or young person can be placed with parents, friends, or family as well as foster carers)</p> <p>Interim Care Orders are granted during care proceedings whilst the Local Authority are determining the best care plan for the child or young person.</p> <p>There are many other Court Orders that can be applied for however, these three are frequently identified for children in care of the Local Authority.</p>
<p>Designated Officer for allegations (DOFA)</p>	<p>The Designated Officer (DOFA) role is to provide information and guidance and to support all reported allegations against professionals, which includes foster carers. This includes considering all the relevant concerns and facts, deciding on the next course of action in consultation with others, liaising with the referrer and all relevant parties to monitor the progress of all cases that meet the definition of an allegation or serious concern, keeping the subject of the allegation</p>

	informed of progress during and after the investigation.
'Eligible' child	A young person who is 16 or 17 and is still in care and who spent at least 13 weeks in care between the age of 14 and 16. The 13 weeks can be one period of being looked after or separate times. Source: Leaving care - rights4children
Emergency Duty Service (EDS)	This team covers social work support out of hours, including over weekends and bank holidays. There are two different teams: one for adults and one for children.
Former 'relevant' child	A young person is a former relevant child if: <ul style="list-style-type: none"> - They were a relevant child in the past or - they were in care when they turned 18 and were an eligible child immediately before they stopped being in care.
Fostering Independent Reviewing Officer (FIRO)	The FIROs are part of the Quality Assurance process, reviewing foster carers annually or as required to ensure their suitability to foster, being robust in making recommendations, overseeing investigations of foster carers, keeping children at the heart of the review.
Fostering Panel	Considers all assessments of prospective foster carers, all foster carers' first annual reviews, other reviews that the local authority chooses to submit including those following serious complaints or allegations along with the outcome of the investigation, long term matching requests and the deregistration of foster carers. This panel is independently chaired.
Fostering Scheme Panel	The panel considers requests from supervising social workers for foster carers to progress through the fostering levels. This is usually for progression to a higher level or where there are concerns that a foster carer is not meeting the criteria for their level, the panel will consider a change to a lower level. This panel is chaired by the Service Manager for Children in care and Placement services.
Guardian ad litem	Guardians are people who look after the rights and interests of a child or young person during care proceedings. They can: appoint a solicitor who specialises in family law for the children, advise the court about what needs to be done before a decision is made. Guardians will want to visit children in their home with you and observe during family time.

Home Away from Home Fostering	Approved foster carer (not advanced or specialist level).
Home Away from Home Fostering - Advanced	Advanced approved foster carers can evidence additional skills and experience of either fostering or working with children and young people and will receive training to additional training to assist them to provide a trauma informed care experience for the child.
Home Away from Home Fostering - Specialist	<p>Highly experienced foster carers, who are asked to care for and support specific children with multiple complex needs, as defined by our set criteria. Agreed Specialist arrangements will mostly be for a limited short-term period, excepting those children with complex and profound health issues / disabilities, eg unable to feed or self-care for themselves. Most Specialist arrangements will be reviewed after 3 months, as they will only be agreed as payable for a limited period, during periods of trauma having a significant impact on behaviour. Specialist foster carers will have relevant experience of providing care in a trauma informed way and be a key member of the team around the child (TAC).</p> <p>There is a recommended level of support with specialist rate.</p>
Independent Reviewing Officer (IRO)	<p>The IRO is responsible for making sure that things agreed in the care plan is happening, and within reasonable timescales.</p> <p>IROs will want to visit children in their home with you and observe during family time.</p>
Independent Fostering Agency (IFA)	IFAs are agencies that manage foster carers outside of the Local Authority and are private organisations.
Overnight Short Breaks (ONSB)	ONSB aims to support children with disabilities, and their families through the provision of family based short breaks. The scheme offers a flexible, consistent pattern of short breaks, which can include day care and/or overnight stays. The scheme gives children and young people receiving a short break the opportunity to make new relationships and to broaden their experiences, whilst spending some time in a safe environment with carers who will be fully aware of their individual needs. It also allows the family time to relax knowing that their child is being well cared for. ONSB's carers work in close partnership with the child's

	primary caregivers, the child's social worker and their own supervising social worker.
<p>PACE</p> <p>PACE is an acronym for Playfulness, Acceptance, Curiosity and Empathy.</p>	<p>PACE was developed by Dan Hughes, who is the founder of the Dyadic Developmental Psychotherapy (DDP) Network.</p> <p>Dyadic Developmental Parenting is a different type of parenting from day-to-day parenting. It recognises that children who have experienced trauma and attachment difficulties need a different type of parenting strategy to enable them to connect and build attachments and trust with their carers. Parenting using PACE (Playfulness, Acceptance, Curiosity and Empathy) helps the parent to try to understand the meaning of a child's behaviour and to stay regulated and calm, and therefore emotionally available to the child. Parenting using PACE helps a carer to see the positive features and strengths of the child and demonstrate understanding of what lies behind any negative behaviours.</p>
<p>Permanency Options Meeting (POM)</p>	<p>When a child or young person comes into care a POM is scheduled and includes all relevant professionals involved and would also include the Children's Guardian. The purpose of the meeting is to ensure all options have been considered for the child or young person.</p>
<p>Permanence Panel</p>	<p>Tracks and challenges children's plans for permanence after the third review. Has responsibility for ensuring timely planning, eliminating drift and ensuring that permanence in whatever form is right for the child is secured in a timely fashion. Financially scrutinises requests for long term matches with IFAs prior to Foster Panel</p>
<p>Qualifying care leaver / Care experienced</p>	<p>A young person who is at least 16 years old but no older than 21 years and:</p> <ul style="list-style-type: none"> - A special guardianship order is in place (or was in place when they turned 18) and immediately before that special guardianship order was put in place, they were in care. <p>Or</p> <ul style="list-style-type: none"> - At any time from the age of 16, they were in care and either lived with foster carers (including private foster carers – these are arranged by families), or in a private

	<p>children's home, or were in hospital for a period lasting 3 months.</p> <p>Source: Leaving care - rights4children</p>
'Relevant' child	Is a 16 or 17 year old young person who is no longer in care.
Risk Outside the Home (ROTH) and Missing Children Panel	<p>The ROTH and Missing Children panel has been established to review completed forms and missing incidents and agree next steps to safeguard young people at risk of harm outside the home.</p> <p>The ROTH and Missing Children Panel has been convened to provide a co-ordinated multi-agency response to risk outside the home concerns for children and young people in Wiltshire.</p>
Safer Young People Context Meetings	<p>The meetings aim to draw together professionals and agencies to ensure all appropriate intervention or support in relation to young people, contexts or locations, is being undertaken and there is a cohesive multi-agency response to addressing concerns and understanding context.</p> <p>The meetings are also intended to ensure sufficient management oversight on individual and group interventions, and monitor the effectiveness of interventions, support, outcomes and impact.</p> <p>Risk outside the home can include:</p> <ul style="list-style-type: none"> • Child sexual exploitation • Child criminal exploitation including County Lines • Serious Youth Violence • Intimate partner violence/ domestic abuse within young people's relationships • Peer on peer abuse (including harmful sexual behaviour, bullying and racial abuse) • Radicalisation (although please note this is referred into the Channel Panel) • Racial abuse • Antisocial behaviour (ASB)
Support & Safeguarding Service (SASS)	<p>You may be asked to care for children and young people who have just become looked after. They are likely to be supported by a Safeguarding Team known as SASS. There are:</p> <p>West 1 – Bradford on Avon & Trowbridge</p>

	<p>West 2 – Melksham, Warminster, Westbury East of the County including Calne South of the County North of the County.</p> <p>Children whose care plan is long term fostering will then transfer to a Children in Care Team.</p>
<p>Short Term Emergency Provision Scheme - STEPS</p>	<p>Wiltshire Fostering Service requires STEPS foster carers to provide short term emergency care for children and young people. These carers will be specifically approved and will form a county-wide rota so that there are always two households available to provide emergency places which can be accessed by the Fostering Team or by the Emergency Duty Service (EDS) out of hours. These households (and placement availability) will be carefully managed by the Fostering Service to ensure that the resource does not become blocked and unavailable when required. This will be a demanding role for the approved carers and their family; hence the rota, to allow carers a period when they will not be on call, and an annual leave entitlement.</p>
<p>Strength and Difficulty Questionnaire (SDQ)</p>	<p>The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 2–17-year-olds.</p> <p>All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales:</p> <ul style="list-style-type: none"> • emotional symptoms • conduct problems • hyperactivity/inattention • peer relationship problems • prosocial behaviour