

Safer Care Policy and Guidance

POLICY STATEMENT

The aim of this policy is to give guidance on meeting the needs of the child or young person in placement whilst enabling everyone in the household to feel emotionally and physically safe. Members of the fostering household will be encouraged to consider how their behaviour may impact on others in terms of making them feel safe or unsafe.

POLICY

Gender

There should be no distinction between carers as to who undertakes certain tasks with a child based on gender. Male carers are encouraged to participate in the care of looked after children placed in their family's care. This is an opportunity for male carers to present modelling of a caring male. Decisions about who undertakes the care should be based upon the needs of the child and the skills of the carers rather than any stereotypes that females are safest to provide hands-on care.

Recording

The use of record and reporting sheets is essential to the provision of thoughtful safer care that meets the emotional and developmental needs of the child. Carers should record, on a regular basis, events in the life of the child placed, their behaviours, wishes and feelings and any contact with their birth family and professionals. These records should be viewed by the supervising social worker at every supervision. Foster carers should attend training in how to report and record prior to approval if possible, if not, as soon as is practicable after approval.

Photos

Don't take photographs of naked children e.g. toddlers bathing.

Do not take photographs of children without their consent to do so, if they are able to give consent.

Photographs of looked after children on Facebook or any social networking sites or upload of videos of them onto YouTube/Facebook or any other social networking sites. Consideration needs to be given to how realistic this is as well and carers will need to use their own judgement. Generally the need to protect the safety of the child should be the basis for making decisions about photographs. This should be worked out at placement planning and in supervision. (For example -1 How can carers do separate photos at weddings? Or how to monitor teenagers for whom it is increasingly normal to take frequent pictures and upload them almost instantaneously to Snapchat, Instagram and other social media sites. If a carer were to undertake a sporting event like Great South Run with their own children and LAC children, a picture might go into the local paper, what does the carers do? Will the LAC need to be excluded from this celebration of their achievement?)

Decision-making processes about what the risk exactly is needs to be embedded in placement planning and ongoing supervision, as photo taking and uploading may not be fully possible to police.

Physical Affection

Do give hugs, cuddles and kisses - but ensure you are attentive to the child and be led by the child.

Tickling and rough and tumble play - be led by the child, your knowledge of previous care and the risk assessment/placement plan. Carers should use their own judgement

Appropriate dress

Everyone in the household should dress in a manner appropriate to circumstances. Nightwear needs to be appropriately discreet.

If, as a carer, you need to use a public toilet when alone with a very young child or a child/ young person with disabilities, you need to ensure the safety for the child and be as discreet as possible.

Being naked is not wrong. There are situations where being naked in front of LAC will take place - family changing areas at swimming pools is an example. Nakedness per se should not be stigmatized; bodies are not shameful.

Sleeping

Co-sleeping with your foster child is not acceptable.

Sudden Infant Death Syndrome - babies should sleep in the carers' bedroom until 6 months of age. Not in the carers bed.

Carers relationships –If a young infant is sharing a room with carers, this may have an impact on a couple's sexual relationship. As carers you will need to discuss and prioritise the needs of the child.

Privacy

Generally we should knock on doors of young people before entering; this should not, however, be an absolute rule, adults are in charge and will have the right to enter a child's room if they see it as appropriate or necessary.

Children who foster and looked after children should be encouraged to knock and wait before they enter each other's or the carers' bedroom

Getting the balance of privacy and protection needs particular attention and clarification when parenting or caring for teenagers.

Alcohol. There should not be a ban on looked after children drinking alcohol. Foster Carers should encourage responsible drinking. It is not necessary to lock beer and wine away. The placement plan will give an opportunity to discuss any specific issues a young person may have with alcohol and its use.

While the law states that a child over 5 may consume alcohol in the home, a summary of relevant Government guidance states that Children should not drink

alcohol until they are 15; they should be supervised by a carer when they do; carers should negotiate limits.

Smoking

Young people should be discouraged from smoking. Children under 16 should not smoke on carers' property. Placement planning will address the issue.

Carers who smoke are expected to have regard to the environmental impact on children and young people in their care thus smoking in cars with children would not be acceptable. Young people have no *right* to smoke on carers premises and they will need to ask permission.

Substance Misuse.

Carers and involved professionals need to remind children that certain substances are illegal; they should provide education and awareness about the dangers of substance misuse and how it can impact upon mental, physical and social development.

GUIDANCE

Safe caring is a way of supporting looked after children and young people, their foster carers and their families in creating and maintaining a safe environment for everyone.

We recognise that foster carers make many important decisions about the care of their child/young person on a day to day basis. This guidance aims to provide sensible advice that comprehends the complexities of the family lives of foster carers. Carers should be able to refer to this, particularly regarding decisions caused by a change in circumstances or developmental needs as these are the times when decisions are most anxiety provoking.

Vulnerable Children in Care

All children and young people have a range of physical and emotional needs. For example, very young children may need intimate care tasks such as bathing,

completed by their carer on their behalf. Children also have emotional needs, including the need for affection, play and empathy that are all vital to a child's development and their ability to make positive relationships with others. We know of course, that these are broad generalisations and that each child and young person is unique and their needs are different.

Experiences of abuse and neglect and the loss due to separation from their families are traumatic events in the life of children, and these will certainly impact on their needs and behaviour. For example, a child who has experienced sexual abuse may need initially to have any physical contact minimised. This is why carers having information relating to the child's history is of critical importance to safe care. One cannot hope to care for a child in a way that respects what their experiences have been, if one does not know what those experiences have been and details of the child's reaction to them.

Safer care practice also needs to meet the needs of the children who foster in the household. They still need love and affection and physical care from their parents and will have established routines, norms and rules, long before a looked after child or young person comes to stay. The challenge is finding a way of caring that gives both the looked after child and the child who fosters all that they need in a way that as far as possible reflects 'normal' everyday life and does not highlight difference between the children. In addition to this the vulnerable children often display a discrepancy between their chronological ages and their stage of development. This may also change with time and is related to the degree of attachment problems that a looked after children may be struggling with. As such, an assessment of the needs of children in care for safer caring strategies will involve an informed and flexible understanding of this. Children may be physically or sexually developed or under-developed; children frequently show a lack of emotional and cognitive development related to previous experience of parenting.

Protecting Foster Families

Fostering families also have a need to be as protected as possible from having allegations made against them. This has to begin with us acknowledging that hugs, goodnight kisses, bathing children, the normal everyday caring tasks, could leave a caring family open to allegations. *And this is where safer care policy comes in.* It

promotes meeting the needs of every child and young person in the household, whilst protecting those within it. It advocates transparency of care, clear agreements between everyone in the household and the relevant professional staff as to the routine and expected behaviours and actions of those in the home. These are known as *household rules*.

Safer care and household rules are central to pre-approval training for foster carers. This training looks in detail at why safer care is needed and it provides guidance to carers to assist them in developing their own set of household rules. Applicant foster carers should then create their household rules in consultation with their assessing social worker. These rules will be considered at Fostering Panel alongside their application and should be reviewed and adapted in light of the needs of any child placed, and at least annually at the time of appraisal /Review

Foster carers need to explain rules to children and why they are in place, in an age appropriate and sensitive manner. There needs to be the recognition by foster carers that 'good care' may be unknown to the child and may feel unfamiliar and may well be resisted.

Placement Planning

The placement plan is of critical importance in determining where the carer has responsibility for risk assessment and delegated authority. The placement plan meeting should be undertaken within 72 hours of the start of the placement and written up within 5 days. It offers a forum for discussion, sharing and planning the day to day matters of the placement. Foster carers and Supervising Social Workers should welcome this opportunity to discuss fears and to establish in writing specific *authorities to be delegated* (eg haircutting, school outings, holidays, sleepovers, school and other photos). This can then be recorded on the 'Pink card' for delegated responsibility. Foster carers should be provided with a chronology and core assessment regarding any children placed in their care.

It may be identified from a child or young person's care plan notes that they need, for therapeutic reasons, something in their care which is considered to be a greater risk. For example, an older child needing physical care due to physical or therapeutic

needs. In such situations this should be recorded in their plans and shared with the relevant professional staff.

Should a foster carer determine that a child or young person requires something in their care that is of greater risk or unusual for a child of their chronological age, the carer, their supervising social worker and the child's social worker, should discuss this so that the responsibility for decisions made are shared with all involved. If appropriate this will later be discussed with the child. If all are in agreement, it should be written into the child's care plan as an agreed part of their care.

In addition to the above, Portsmouth City Council recognise that high quality foster care requires foster carers to be creative and flexible in their relationship with looked after children. At times this means carers need to make guesses about emotional triggers. These guesses may sometimes be 'wrong', it is an important part of caring for traumatised children that carers are seen as confident and flexible in their approach to fostering, and that making guesses is part of a process of learning about their child. We hope that this policy will enable carers to feel supported to continue being flexible and creative in their care of children and young people.

Clearly, the needs of a child and young person change as they grow in age and their relationships. For example, an 11/12 year old may ask to get on a bus to meet their friends on their own. This kind of change is best discussed between the carer and the young person's Social Worker using a positive risk taking template.

So, this policy is not designed to be a rule book, however, there are some particular areas that need specific guidance.

Specific Guidance

Bed sharing.

Being in the carers' bed either on or in it may carry risks; it should, however, be risk assessed and managed by the carer if the child needs it. A young child may need a reassuring cuddle, or to curl up with a movie - in pyjamas under a special blanket that's already on the bed. Or on Christmas day/birthday - if carers' children jump onto the carers' bed; we would not expect looked after children to be excluded

because they are looked after. Decisions and reasons for them should be discussed and agreed in placement plan. Children should be encouraged to sleep in their own beds.

Bed time stories. Carers should be able to sit on bed and read to child.

Sick children and bed sharing – Children should be returned to their own bed and carers stay for as long as is necessary for them to settle, giving the child the message that they are ok and safe.

What to do when a child is attempting to make physical contact sexual?

If you feel a child's hug, touch or gaze is sexualised it's ok to point out the exact behaviour that makes you uncomfortable and ask them not to do it. This should then be followed with an explanation of generally accepted behaviour/ways of showing affection.

Sexual Development and appropriate behaviour

Expectations and rules about masturbation.

Masturbation and playing with private parts is not wrong per se, but guidance will be needed that it is antisocial to do this in public. Children and young people should understand the need to be in a private space if they wish to masturbate or explore their own bodies. Carers and Social Workers should think about this prior to the placement of a young person, dependent upon knowledge of their history - rules and expectations and should be explained to them in specific and understandable terms.

Menstruation. Warm sensitive guidance should be offered, including for example, provision of appropriate sanitary towels.

Hepatitis immunization is recommended by Portsmouth City Council medical advisor for foster carers and their families, but is not compulsory.

Hygiene

Carers both male and female should be able and willing to undertake hygiene tasks as are appropriate to age, gender and ability. It is an important aspect of this that

carers encourage and teach the child to accomplish these tasks for themselves as they get older.

Teenagers and hygiene – It is important to model hygiene, knowing carers shower, wash their hair, clean their teeth, attend dentist provides an example to follow. Self-care can also be demonstrated where appropriate: eg, boys learning to shaving.

Sometimes children need that extra affection and physical reassurance when poorly, so if they ask and it is within reason to apply a cream, a compress or other medication (see Dispensing of Medication Policy), it can be an important part of the building trust/ attachment process.

Sexual development. Some looked after children have had confusing messages about sexual behaviour. Domestic Violence can also cause children uncertainty about intimate relationships.

There should be no gender discrimination regarding discussion and provision of information around sexual development; *however, male carers will need to consider and be sensitive to what is appropriate and what they are comfortable with around girls and to defer to the female carer where appropriate.*

Conflict

At times of conflict there is a particular need for safe care, for all involved. Looked after children may have experienced traumatic conflict; they may very likely be made anxious by their own strong feelings of anger. As carers you will need to prioritise physical safety of all involved at the time of conflict, if this is necessary.

Explanations when a child or young person is angry are not helpful and can provoke more distress. Try and focus on what it is that you want the child to do and discuss the conflict later when it is possible to do so in a calm way.

Asking 'Why did you...' is often seen as a challenge by young people, this should be avoided. Asking 'What did you hope would happen?' In a neutral tone of voice may be more useful.

Remember some looked after children are unable to reflect on emotions and past events

Frequent or unsafe conflicts need to be recorded in notes and discussed with your Supporting SW and the child's Social Worker

Transporting children

Carers should use age appropriate approved car and booster seats.

There should be no distinction made between male and female carer transporting.

There is no need for a looked after child to automatically sit in the rear unless safety demands it; this may need to be risk assessed and should be led by child's need.

E.g. carers to make decisions as to whether there should be an additional adult or not and have this agreed in care plan if necessary.

Transporting children to contact and therapy can be an opportunity to develop the caring relationship and this is very much more preferable than unknown and/or changing drivers transporting a child to important events.

DBS checks

DBS are required for foster carers and other adult residents of the fostering home. These need to be undertaken every three years. It is current practice to consider the necessity of checking other adults who may have a significant involvement in childcare responsibilities. These decisions are made case by case and will be discussed between carer, supervising social worker and, if there is uncertainty, the team manager.

SOCIAL MEDIA AND THE INTERNET

The use of technology by children and young people is now ubiquitous and forms a central part of their lives. Social networking and internet access through the use of smart phones, PCs, laptops, PS3, Xbox and other gaming devices present a new set of safeguarding challenge. Carers should ensure they access the training to raise awareness and skills around this. There should be an on-going conversation in supervision regarding these risks.

Games and Ratings

Carers should advise children and young people that they cannot permit them to play games that are rated too old for them, this will be despite the fact that many of their friends will play them.

Monitoring online and mobile phone activity –

Where possible and necessary, carers should be a 'friend' of their looked after children on social network sites. It is essential that carers undertake training on 'Internet Safety'

(See Child Exploitation and Online Protection Center <http://www.ceop.police.uk/> and Portsmouth Local Safeguarding Children Board Booklet)

All the above to be worked out in placement plan and take into account S20, Contact arrangements or any other arrangements that may be in place (eg, adoption planning and intros etc.)

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