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Foster Parent

Manual

2024

**Foreword**

With a new team at PCFS there is the feeling of being here at the start of a new journey, writing policies and processes compliant with statutory requirements and all the functions undertaken in accordance with relevant legislation – so much research and learning as well as pulling together previous learning and experience. This has been a stimulating and motivating experience and an exciting point in PCFS’s journey to provide amazing opportunities for children and young people working with an amazing team of colleagues and Foster Parents.

And it is a pleasure to welcome you and your family as part of this great team.

Thank you for choosing PCFS and good wishes as you start on your Fostering journey.

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Responsible Individual

Master of Arts – Social Work

The Foster Parents Manual will be emailed to all new Foster Parents at approval and then annually in line with their AHR. This is also available at Tri.X Online in local resources. The Foster Parent Manual will be reviewed annually. And all Foster Parents will be advised of any amendments required in between review dates.

Updated/review completed December 2022

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**WHO ARE PCFS?**

PCFS is a small business which provides quality Fostering, residential and education services for children and young people who are looked after. The organisation offers a friendly and personable environment to all its staff, family’s that Foster and the children and young people created in 2009 the agency now moves on under new leadership.

The addition of a Fostering service enabled the residential children and young people to move on to step down to family living, allowing for a smooth, planned transition with ongoing support from the residential staff. In addition, residential staff offer additional support to Foster Parents with very complex placements.

The Fostering service is now available to all Children in Care, particularly those who have experienced multiple placements. Foster Parents have bespoke training and also have the opportunity to train alongside residential staff. They can also spend time in the homes to gain experience and understanding of children and young people who have experienced trauma.

PCFS also provide a wide range of services to complement the Fostering service to support children and young people as well as Foster Parents, their family and their support network.

**Vision Statement**

To provide outstanding support to everyone in the PCFS team. To give children and young people not just somewhere to live but provide them with a sense of belonging and a sense of family, offering individual support and care. To strive to provide a realistic concept of therapeutic Parenting and to strive to achieve the best possible outcomes for children and young people. For Staff, to provide a positive environment where everyone is valued as a vital part of the PCFS team, and to build strong and positive relationships with our local authority partners, to all work effectively together.

**Aims and Objectives – Statement of Purpose**

PCFS provides high quality therapeutic Parenting for children and young people who are ‘in care’. PCFS aims to support children and young people to recover from early childhood trauma and help to develop a positive sense of self-worth and an environment that promotes the positive benefits of a stable and nurturing home. To realise this PCFS places at the forefront of its philosophy: -

* The professional network (Foster Parents, Supervising Social Worker and Manager, the Placing Local Authority and other essential professionals as needed) working together in partnership.
* Providing highly skilled and well-trained Foster Parents.
* A rigorous referral and matching process to ensure the best possible long-term homes where children and young people can thrive and achieve.

PCFS has a full Statement of Purpose this can be found on our website and on Tri.X online along with all PCFS policies and other useful resources. You will have received the details to access this web-based resource in your welcome pack. If not, please contact the office for easy access details.

**What are PCFS Values?**

**PLANT** – The principle that to achieve excellence we must also nurture ourselves and each other establishing and embedding a creative, caring and safe environment promoting positive progress.

**CARE** – Providing the best quality of care to children and young people during a difficult time in their life by placing them with outstanding, highly skilled and trained Foster Parents and their families. With consideration of tending, repairing and maintaining consistent learning to support change.

**FLOURISH** - We are genuine and transparent. We all share a passion for what we do and back up our vision with action. We offer nurture, loyalty, trust, care, understanding and empathy

**SHINE** - We have a clear model for Fostering change with high expectations and support that encourages every person to grow and develop to be the best version of themselves; not only children and young people but everyone at PCFS.

**The Role of the Foster Parent**

You will need too………

* Carry out all the usual day to day care and parenting of the child/young person
* Care for the child/young person as part of a team - this could include a local authority, schools, health professionals and the child/young person’s birth family
* Keep records and write reports about the child/young person
* Attend meetings and advocate for the child/young person
* Help the child/young person manage their behaviour and feelings
* Attend training and peer support meetings
* Support the child/young person’s education
* Support the child/young person to develop and maintain relationships
* Promote physical and emotional well-being
* Support their leisure time and activities – providing equipment, uniforms and attending events.
* Fully engage in your supervision – completing actions as required
* Work as part of a professional network
* Promote and ensure safety and well-being

**COMPLIANCE**

Key Legislation - Fostering services have to comply in particular with requirements set by the Children Act 1989 and the Care Standards Act 2000, and regulations made under these acts, as well as the Fostering Services National Minimum Standards (NMS).

A key role for the PCFS Registered Manager is to ensure that all the work of staff and all fostering activity is compliant and consistent with the relevant regulations, National Minimum Standards and statutory guidance.

The Registered Manager monitors all records kept by the organisation to ensure compliance with PCFS policies and procedures to identify specific incidents, identify patterns or trends and to take prompt action to address any issues raised by this monitoring. This is recorded through monthly reporting to the management team and quarterly to Ofsted through Regulation 35 reports.

**Ofsted**

Ofsted is the Office for Standards in Education, Children’s Services and Skills. Ofsted aims to improve lives by raising standards in educations and children’s social care. Ofsted reports directly to Parliament, Parents, Foster Parents and commissioners. They are responsible for inspecting, regulating, reporting and informing policy makers about the effectiveness of services.

PCFS is an independent fostering service and inspected under the Social Care Common Inspection Framework (SCCIF). The inspection looks at our compliance with the relevant legislation and regulations. It focuses on key areas of children and young people’s safety, how we contribute to positive outcomes for children and young people and the effectiveness of the management of the service. Ofsted proving a rating for these areas and an ‘overall rating for each service. The possible rating is, Outstanding, Good, Requires Improvement and Inadequate. PCFS has its own unique reference number (URN) SC376060. This means you can look at our inspection reports on the Ofsted website. We have been rated ‘Good’ by Ofsted at our last inspection in 13th May 2022.

As a Foster Parent your contribution to our Ofsted inspection visits are important. You and your family, including the child/young person in your care may be asked to speak to the inspector and you will be asked to complete an annual survey/questionnaire about PCFS and the service we provide. The inspections follow a 3-year cycle (unless there are areas of concern that require attention) and look at all areas over the 3-year period. Part of the inspections focuses on the role of Foster Parents within the service. The priority will be on training undertaken, attendance at Peer Support groups, the quality of daily logs completed and your engagement in participating in events throughout the period. This means that PCFS will monitor your participation and non-compliance in-line with your Foster Parent Agreement and a lack of compliance may result in you being asked to attend an additional panel meeting to discuss this vital component of your role as a Foster Parent. This is not the norm so if there are any genuine barriers to you competing any of the Fostering role tasks, please discuss this with your SSW at the soonest opportunity to avoid this action being taken so that PCFS can support your practice.



**APPROVAL AND REVIEW OF APPROVAL**

**Independent Fostering Panel:**

You will have already experienced attendance at the PCFS Independent Fostering Panel.

The purpose of the Fostering Panel is directed in the Fostering Services Regulations (2011) but in summary it is to:

* Consider Fostering applications and make recommendations about the suitability of applicants.
* Review the continued suitability of Foster Parents.
* Consider any serious complaint or allegation against a Foster Parent.
* Ensure that PCFS as the fostering provider works to certain standards.

**Approval Types**

As part of your approval process (Form F Assessment) your individual approval will be considered and discussed with you considering

* Age Range
* Sleepover (Respite)
* Short Term
* Long Term
* Emergency
* Parent and Child

**Age Range** – This will take into consideration children already living in your home, your age, work commitments, health issues and the space and rooms avaible for Fostering. If anyone living in the home smokes or uses E-cigarettes you will be not be approved for children under 5 years of age.

**R&R** – Children/young people can come and stay with you for up to 28days – but this is usually much less. This could be while their Foster Parent is taking a break, attending an event or while they deal with a family emergency. R&R must be in the child/young person’s best interests.

**Short Term** – This can be anything up to 6 months and often while in the Court arena or Local Authority assessments on birth family members are being completed.

**Long Term** – This will usually mean until the child is 18 years of age, but they can leave sooner depending on their needs or Care Plan changes.

**Emergency -** Information about the child/young person is usually limited although you will receive all the information we have. If the need for Foster care is ongoing then matching with you and your family will also be ongoing and an Emergency placement could become a Short or Long-term placement.

**Parent and Child** - Approval for this specialist Fostering will be evidenced in your Fostering assessment to ensure that you have the essential skills, lifestyle and accommodation. But approval can be added and presented to panel at any time. PCFS provide specialist training to support this work. You would not be responsible for any formal assessment but to offer guidance and supervision to ensure Parent/s are providing a good standard of care. Your daily recorded logs will form part of the local Authorities assessment. The ‘Local Authority’ concerns can be around

* Parent/s age and previous inexperience.
* Learning difficulties.
* Mental health concerns.
* Substance misuse.
* Chaotic and unsettled lifestyle.
* Previous children being remove from their care.

**Annual Review Process**

Once approved all Foster Parents’ approval is reviewed annually (actually usually within 11months to ensure approval remains within a 12-month timeframe; this accounts for panel dates). You will be asked to attend panel whenever your approval is reviewed. Please note that your approval can be reviewed at any point if PCFS feels it is necessary i.e. an allegation or concern may trigger the need for a review.

To retain your approval, you need to

* PCFS will trigger the renewal of your DBS every 3 years or annually if on the update service (this is the preferred option so please discuss this with your SSW).
* Update your medical every 2 years – PCFS send you the paperwork to trigger this.
* Your SSW will complete a Health and Safety check annually.
* You need to undertake a gas check annually and send a copy of the certificate to PCFS.
* You annually complete 5 training courses as a primary Foster Parent (3 for others).
* You need to attend a minimum of 3 Peer Support Groups and/or events per year.
* Car Insurance, Tax and MOT renewed annually - copies of confirmation to be sent in to PCFS.
* Home insurance renewed annually - copies of confirmation to be sent in to PCFS.
* Social Media checks on all adults in the home will be completed by PCFS annually.
* PCFS will complete a Local Authority Check when circumstances changes within the property.

A review will consider

* changes to terms of approval
* any changes within the household members
* allegations or concern i.e. serious health issue, separation or divorce
* Previous actions from your last Annual review
* Previous Personal Development Plan (PDP) and your new PDP targets

Reports contributing to the review

* a report will be completed by your allocated SSW
* a report will be completed by you as the Foster Parent/s
* the views of the birth children living at home
* the views of the children/young people who have lived with you during the 12-month period
* the views of LASW for the children/young people who have lived with you during the 12-month period.

PCFS Independent Fostering Panel will consider the above and make a recommendation to the Agency Decision Maker.

**Agency Decision Maker**

PCFS must identify a senior member of staff who will receive the panel’s recommendations and make decisions as required. The ADM must be a social worker with a minimum of 3 years’ post qualifying experience in childcare social work and a knowledge of childcare law and practice. No member of the fostering panel may take part in any decision made by the ADM although in complex cases the ADM might want to clarify points with the Panel Chair or the Panel Advisor. It is essential that the ADM examines the arguments and considerations set out in the assessment and is satisfied that the panel process has been fair and rigorous. The ADM will consider the panel’s recommendations and reasons and consider any additional material before making a decision. Their decision may be different to the recommendation made by the panel. Their decision must be made within 7 working days of receiving the panel minutes and recommendations. Should the ADM approve, they will write to you in terms of approval before you are asked to sign your Foster Parent agreement. Panel is informed of all ADM decisions made.

**Qualifying Determination**

What is the difference between a decision and a qualifying determination?

Decisions have already been made, whereas qualifying determinations are ‘proposed decision’s’.

If an ADM decides to approve a Foster Parent or feels that a Foster Parent continues to be suitable on the same terms of approval, this is a decision. ADM can make that decision straight away. However, if the ADM thinks that the Foster Parent/s are not suitable, no longer suitable or that their terms of approval should be changed, the ADM cannot make this decision straight away. Instead, they propose that they will make a certain decision – this is what is known as a *‘Qualifying Determination’* or QD.

Notice of the proposed decision must be given to the Foster Parent/s or prospective Foster Parent/s in accordance with the above-mentioned timescale. The notice must also state that the Foster Parent/s or prospective Foster Parent/s may within 28 days:

* Submit any written representations that the Foster Parent wishes to make to the Fostering service provider.
* Apply to the Secretary of State for a review by an independent review panel (Independent Review Mechanism) of the qualifying determination.

Should the Foster Parent/s decide to make representations, these must be referred to the Fostering panel for a recommendation before the decision can be made. Should the Foster Parent/s decide to apply for a review by the IRM, the case must be referred to the IRM for a recommendation to be made. In either case, before the decision is made, the ADM must consider the panel/IRM recommendation.

**Independent Review Mechanism (IRM)**

The IRM works with the [Department for Education](https://www.gov.uk/government/organisations/department-for-education).

They provide independent review panels for anyone who has received a qualifying determination letter and wants to challenge a decision made by a fostering service provider about:

* Suitability to Foster.
* Foster Parents’ terms of approval (for applications which are submitted within the right timescale).

Who can complain?

* An applicant.
* A Foster service provider.

You can only use this complaints procedure to complain about:

* IRM’s level of service.
* The review panel’s behaviour.
* A caseworker’s behaviour.

You cannot complain to IRM about the:

* Fostering service providers final decision.
* IRM review panel’s recommendation.

The IRM only review the recommendation other bodies have made and they cannot force them to overturn a decision.

How you can complain

Contact IRM as soon as possible - most complaints can be resolved informally.

Email [irm@irm.org.uk](mailto:irm@irm.org.uk)

For more information refer to [www.gov.uk/government/organisations/independent-review-mechanism](http://www.gov.uk/government/organisations/independent-review-mechanism)

**Foster Parent Agreement**

Once you have been approved as a Foster Parent you will be asked to read and sign your Foster Parent Agreement. This is a written agreement between you and PCFS and will be renewed at least annually in line with your Annual Review.

The agreement verifies the expectations of you in your role as a Foster Parent and what you can expect PCFS to provide to support your role.

It will set out

* Your terms of approval.
* The annual review processes.
* The process for a child or young person joining your family.
* Insurances and liabilities.
* The process for compliments and complaints.
* The process for ending a placement.
* Expectations for training.
* Your responsibility as a Foster Parent.

You must inform PCFS of

* A change of address or the people living in your home.
* Changes to your personal situation that may impact on your ability to care for the child or young people living with you.
* Any criminal convictions cautions of pending criminal charges at any time following your approval or any member of your household.
* A request by you or any member of the family to foster to adopt children.
* A request to be a registered childminder or day care provider by you or anyone living in your household.

**TRAINING & DEVELOPMENT**

**Supervision**

Supervision is an ongoing and evolving learning opportunity. This is a two-way process between you and your SSW and will be at times and dates agreed together and a minimum of once a month. You have the responsibility to prepare for your supervision so consider what you want to discuss and review your progress with the action from the previous supervision. You will receive a copy of the written report from your supervision, and you will be asked to sign receipt of the report. Anything you don’t agree with should be discussed with your SSW and can be acknowledged at your next supervision. You and your SSW might not always agree on the report, but this can be discussed and acknowledged as ‘my opinion’ going forward. If the issue isn’t resolved, then take up the matter with the Registered Manager.

Supervisions should be a 2-part meeting:

1. This will focus on the children/young people in your care and a report completed for each of them even if they are siblings. This report will be shared with the placing local authority social worker and you.
2. This will focus on you and the impact of fostering on your family and your support network. This is only for you and the team at PCFS. It will support your development, provide a space for reflection, consider any financial or practical issues, and keep you updated on new polices, practices, and training.

It is mandatory for at least one Foster Parent in the household to attend all sessions. In households’ where there are two approved Foster Parents both should attend every other supervision. If this is unworkable, then please discuss with your SSW.

**Unannounced Visits**

Your SSW or another member of the team will complete a minimum of two unannounced visits – these are primarily to ‘get a snapshot’ of family life in your home and to ensure that the home is maintained to an appropriate standard. The SSW will ask to look around the home and in particular at the child/young person’s bedroom. This is not a search so usually the room would be observed from the doorway. If the child/young person is home the SSW will try to talk to them in private. It is important to allow children/young people to raise any issues that they may be experiencing within the home that they haven’t felt able to discuss with you. A record of this visit will be kept on your file.

**Training & Personal Development Plan (PDP) Training Support and Development Standards**

PCFS issue a new training programme annually for all Foster Parents, and you will receive a hard copy of this in your Welcome Pack once your approval has been confirmed. You can sign up for any of the training at this time or at any time throughout the year to ensure your training needs are met and your mandatory training is kept up to date. Whether you have signed up or not, a reminder of up-and-coming training will be emailed to you nearer the time of the training sessions.

**PLEASE REMEMBER TO CANCEL ANY TRAINING YOU HAVE SIGNED UP FOR AND ARE THEN UNABLE TO ATTEND 48 HOURS PRIOR TO THE SESSION. UNFORTUNATELY, IT IS TOO LATE FOR PCFS AT THIS TIME TO CANCEL YOUR PLACE SO NON-ATTENDANCE WILL BE CHARGED AT £40 PER PERSON.**

Your SSW will work with you to complete your Personal Development Plan (PDP). This outlines your training and development requirements during your first year following approval. This will include any training needs identified during the Form F Assessment, Core training and the Training Support Development Standards (TSDS). The TSD is a legal requirement and includes evidence of your own practice, you’re learning and your understanding of policies that impact on your role as a Foster Parent. Your SSW will support you with your TSD. It’s not as onerous as it looks, and the evidence is linked directly to the daily fostering tasks.

Foster Parents are expected to complete the TSD and the Core training withing the first 12 months of approval (Foster Parents who work in addition to fostering are expected to contribute to the TSD in the first 12 months and achieve the Core training within 24 months of approval).

Ongoing training requires Foster Parents to achieve a minimum of 6 training session per year and for those who work in addition to fostering a minimum of 3 sessions per year.

Core training:

* Safeguarding
* Safer Care
* Equality and Diversity
* Record Keeping and Report Writing
* Paediatric First Aid – this is a face to face training
* CPI De-escalation – this is a face to face training
* Stage 1 Therapeutic Parenting

Some of these courses carry a 3-year renewal/refresher.

Whenever possible PCFS offer face to face training but to ensure your training is up to date, and to ensure your training is up to date, and to support Foster Parents who also work, on-line training is a really good option.

We encourage all our Foster Parents to complete online training with the Kent Safeguarding Board accessed via [www.kscmp.org.uk/training](http://www.kscmp.org.uk/training). If completed within time scale they are free, so an excellent way of offering training to your support network as well as yourself.

Your PDP is reviewed annually in line with your Annual Review and new targets set. This could be in line with specialist training to meet the needs of a new child/young person or to update your Core training.

Both your PDP and TSD will be presented to the fostering panel as part of your first annual review. Following on your PDP will be reviewed annually. If your training record is not compliant then the fostering panel can defer your approval until your training record meets PCFS requirements and the National Minimum Standards.



**FINANCE AND INSURANCE**

**Fostering Allowances**

Once you are approved as a Foster Parent and have a child or young person living with you, you will receive a weekly fostering allowance (paid to you in arrears fortnightly in line with the fostering pay run). This will be paid into a bank account of your choice. Foster Parents pay comprises of 2 parts:

1. Fostering fee – The element to cover living costs
2. Professional fee – The part that is in recognition for your professional role

The fostering fee is dependent on where you live in the country and the age of the child – there is a minimum set by HMRC.

***SEE Help and support for Foster Parents: Help with the cost of Fostering - GOV.UK (www.gov.uk)***

**See Appendix 1 Fostering Expenditure**

**Allowances for the Child/Young Person**

The following allowances are paid to the child/young person or made available to them; this is dependent on their age and vulnerability. These allowances are part of the fostering Fee.

* Pocket money
* Savings (long term in a saving account)
* Clothing
* Travel\*
* Leisure
* Phone

\*As a Foster Parent you are expected to cover the cost of travel for a minimum of 200 miles a fortnight; covering school runs, meetings and health appointments. Where mileage will exceed this please discuss with your SSW and this can be raised through CiC meetings and other professional meetings.

**See Appendix 1&2 For Fostering Expenditure and Foster Parent Mileage Claim Form**

**Respite and holiday Grants reviewed October 2023 SB**

You may be eligible for a holiday grant: this could be up to £400 per child. This can be claimed after you joined PCFS and after six months of your first placement. Proof of payment for the holiday (invoice of full payment) is required and the amount you could claim is based on the breakdown of the price per person. Please discuss with your SSW for further details and your eligibility.

Sleepovers (respite) are often required, and in the best interest of the child and their welfare. So, if you feel that it is needed please speak to your SSW and make arrangements for a Sleepover (respite). However, we acknowledge that it isn’t always possible or appropriate for all children. In this case the decision to pay foster parents for any unused Sleepover (respite) can often help to support foster parents in other ways; buying in day care or organised school holiday activities. This is at the sole discretion of the Responsible Individual.

Unused Sleepover (respite) payments are staggered and accrual starts from the month a child is placed with you and for each month of the placement only. Any Sleepover nights not used will be paid at the current respite rate (currently in 2023 this £65.00 per night). Payment is split, 10days after the first six months and 10 days six months later (20 days per household per year, assuming a child is in placement throughout this period.

Sleepover payment can only be accumulated over the months you have a placement, therefore if there is no child in placement this will not be paid.

P&C placements are not eligible for Sleepover payments however, there is support for day-care/babysitting – full details are available in the P&C Handbook.

NB. Please ensure that the child’s pocket money and activity money are handed over to whoever is providing the Sleepover.

**Tax and Benefits**

You should have registered for Self-Assessment (as self-employed) when you started to foster and should have received your Unique Taxpayer Reference by post from HMRC by post 10days after your registration. If you are already registered with HMRC you will still use your existing UTR number.

Please ensure you pass your UTR to the office as PCFS is responsible for ensuring all non-contracted staff are registered with HMRC.

*Many foster parents have little or no taxable profit from fostering. However, a foster parent needs to do a simple calculation at the end of each year to find out what their tax threshold is for the tax year.*

This information is taken for Tax and National insurance: information for foster carers from The Fostering Network. (while we keep a copy of this on file you should contact The Fostering Network for the uptodate and current information)

***We cannot give advice but you can seek advice via the HMRC Gov.UK website or from an Accountant for further information as well as The Fostering Network***

**Claiming Benefits**

Being a Foster Parent can affect your benefits. Check benefits checker to see what you’re eligible for. If you’re claiming benefits you need to tell them that you’re also getting a Foster Parent allowance. You can get disability benefits for your foster child if they meet the criteria. You may also be able to claim [Carer’s Allowance](https://www.gov.uk/carers-allowance) if your foster child or young person gets [Disability Living Allowance](https://www.gov.uk/disability-living-allowance-children) or [Personal Independence Payment](https://www.gov.uk/pip).

For more help on how your benefits may change you can speak to an adviser from: [foster line](http://www.fosterline.info/) - a free fostering advice service

***SEE Help and support for Foster Parents: Claiming benefits - GOV.UK (www.gov.uk)***

**Pension**

As a Foster Parent, you may be eligible for National Insurance Credits which count towards your state pension.

***SEE*** [***http://www.gov.uk/national-insurance-credits***](http://www.gov.uk/national-insurance-credits)

**Receipts**

You should keep a record and retain receipts for times such as clothing, holidays, travel, leisure activities. Your SSW and the young persons’ LASW may on occasions request to see these.

**Insurance**

You must inform your House, Contents and Car Insurance companies once you have been approved as a Foster Parent. They will need to know the numbers and ages of children you expect to live with you. Make sure you have written confirmation from them that they have included these children on your policies.

Further information is available through The Fostering Network https://www.theFosteringnetwork.org.uk

**RECORD KEEPING**

**Legislation**

You are asked to keep individual daily logs for all children and young people who come to live with you, regardless of the length of their stay. It is a very important part of the fostering task. It is also required by law.

**Fostering Services: National Minimum Standards**

26.5) *Entries in records, decisions and reasons for them are legible, clearly expressed, non-stigmatising, distinguish between fact, opinion and are signed and dated*.

**Fostering Services:** **National Minimum Standards**

26.6) *Information is recorded clearly in a way which will be helpful to the child when they access their files now or in the future. Children are actively encouraged to read their files, other than necessary confidential or third-party information, and to correct errors and add personal statements.*

They should be completed on a computer and emailed securely to your SSW with 24 hours unless agreed otherwise between you, your SSW and the LASW.

**Why do we Keep Records?**

This is the part that Foster Parents play in the process of gathering information about the child/young person and the observations of them in the home, in the local community and around contact with their birth families. You will know more about a child/young person (habits, likes and dislikes, current wishes and wishes for the future) than any other professional involved. It is important that you make observations accurately and reflect both the challenges and the positive aspects of the child/young person’s daily life. These records will also support you to recall incidents accurately in the future. They might be needed if there are any concerns about the child/young person or allegations made against you or family members They allow for reflection and learning from incidents and events. They may be used in the court arena when a child/young person’s Care Plan is being considered and are particularly pertinent in the case of a Parent & Child placement. Foster Parents make a unique contribution to your child/young person’s life story as a result.

**Keep it Simple**

Keeping daily logs can sometimes seem daunting but, please be assured that they do not require special literary skills or a knowledge of the latest jargon. Language should be kept simple and jargon and slang should be avoided along with demeaning language to describe actions and behaviour. It is likely that at some stage the information could be shared with the child and other professionals. You will be provided with a template to help keep it simple and allow you to focus on the task.

**What Should Be Recorded**

* Any positive improvements, achievements or funny moments that the child/young person has enjoyed.
* Dates when the child/young person was away from home including when they are with family, friends, other Foster Parents and when not in school or missing from school or home.
* Comments the child/young person makes that give you cause for concern. Whenever possible use the child/young person’s own words. This can also include comments or events if a child/young person makes a disclosure to you.
* Details of a child/young person’s behaviour if it is causing concerns, the actual behaviour you observe and what was happening before it started. Over time you may build up a picture of triggers (antecedents) and what strategies work to bring it to an end.
* Routines, self-care skills, leisure activities, eating habits.
* Details of specific accidents or injuries, however slight. Describe what, where, when and how it occurred. *SEE SIGNIFICANT EVENTS*
* Any contact with school.
* Significant dates, e.g. birth parents’ or siblings’ birthdays, if appropriate.
* General daily observations of the child/young person that might help to piece together the child/young person’s life story and the time spent with you and your family.
* Any contact with family and significant others – behaviour before, during and after.

**Significant Events**

What you should do if you become aware of a significant event, sometimes also called a 'notifiable event’, taking place.

As a Foster Parent you should be aware of [National Minimum Standard (NMS) 29 - Notification of **Significant Ev**ents](http://www.minimumstandards.org/fost_twentynine.html). If you are unsure what constitutes a Significant Event, it is important that you attend any training provided or discuss this with your SSW.

Should you experience an event or incident within your household or that concerns any child/young person placed with you, your first priority should be to make sure the child/young person is safe. You should then discuss it, as soon as possible, with a member of PCFS even if you are unsure about whether it constitutes a ‘Significant Event’ matter.

The Registered Manager of the agency is responsible for sending notifications as described in [Schedule 7 The Fostering Services (England) Regulations 2011](http://www.legislation.gov.uk/uksi/2011/581/schedule/7/made) within 24 hours. The Manager may notify the required agencies initially by telephone, but this must be followed up in writing using the appropriate form and follow Ofsted process and procedures.

***SEE BELOW for further directions and support on what a Significant Event might be and who to contact.***

|  |
| --- |
| **Schedule 6** |
| **Minor injury or illness taken to A&E that is non-serious**  Not overnight hospital admission see Sch 7  **Inform SSW or OOH by email** |
| **Use of any measures of control, restraint or discipline**  **Contact SSW or OOH by phone** |
| **Any medication, medical treatment or first aid administered**  Foster Parents record all medication given prescribed or not in child’s H&M. |
| **Any incident of bullying by or against the child**  **Contact SSW or OOH by email or phone if serious** |
| **Complaints in relation to children/young people placed with Foster Parents and their outcomes** |
| **Any Allegations or suspicions of abuse or neglect in respect of children placed with Foster Parents and their outcomes of any investigations**  **Contact SSW or OOH by phone** |

|  |
| --- |
| **Schedule 7** |
| **Death of a child placed with Foster Parents**  **Contact SSW or OOH immediately by phone** |
| **Serious illness or serious accident of a child placed with Foster Parents**  **Contact SSW or OOH by phone** |
| **Outbreak in the household of a Foster placement of any infectious disease which in the opinion of a GP, attending the home, is serious enough to be notified.**  **Contact SSW by email or by phone if urgent action is required** |
| **Any allegation that a Foster child has committed a serious offence.**  **Not notifiable to Ofsted unless Police are called.**  **Contact SSW or OOH by phone** |
| **Actual or Suspected involvement of a child placed with Foster Parents in child sexual exploitation/prostitution.**  including any child missing or absent due to the suspicion of involvement in CSE.  **Contact SSW or OOH by phone** |
| **Serious incident relating to a child/young person placed with Foster Parents necessitating calling the Police to the Foster home.**  Including any child/Young person kept in custody or a child/young person placed with Foster Parents is missing or an allegation that a child/young person placed with Foster Parents has committee a serious offence  **Contact SSW or OOH by phone** |
| **Children missing from placement without permission (consider Gang Affiliation)**  Including children who are late home; outside of curfew; Foster Parent maybe aware of where the child/young person is.  **Not notifiable to Ofsted unless Police are called.**  **Contact SSW or OOH by phone** |
| **Any serious Complaint about any Foster Parent approved by the Fostering organisation**  **DO NOT SEND TO THE FOSTER PARENT/S**  **Contact SSW or OOH by phone** |
| **Instigation and outcome of any child protection enquiry involving a child/young person placed with Foster Parents. Section 45.**  This may include outcomes that were not initially thought to meet a threshold defined by a LADO.  **Contact SSW or OOH by phone** |
| **All the above Sch 7 must also be reported by the manager within 24 hours to the appropriate regulatory professionals. (Unless otherwise stated)** |

As a Foster Parent you will need to consider

Description of the incident: Including dates, times and who was involved or contacted.

Use full names. Consider what happened prior to an event. What de-escalation tools were used. Reflection – What could be done to prevent this happening again.

**PCFS HAS A POLICY OF ‘IF IN DOUBT, CHECK IT OUT’ - SUPPORT IS AVAIBLE 24/7.**

**See APPENDIX 3 Safeguarding and Significant Events flowchart.**

**When to write up daily logs**

It is important to keep your records up to date and as far as possible to record what has happened on the day it happened, so it is fresh in your mind and as accurate as possible. If you get behind, don’t panic. Speak to your SSW there is always lots of support available.

**Personal Information**

All records relating to children and young people is stored electronically on the secure PCFS drive. If you are provided with a hard copy of any information about a child, please scan and email to the office or give it to your SSW who will bring it to the office to be scanned and upload to the child/young person’s file. You will need very few paper copies of documents in your home, but if you do they must be stored securely in a lockable cabinet. When a child/young person leaves your care all paper documents must be returned to the office for shredding.

**Foster Parent’s records**

PCFS holds information on you including your initial assessment, supervision reports, your annual review documents, any allegations and your training records. They are stored securely on PCFS drive. You will be asked to read and sign digitally for some of the documents sent to you. Please speak to your SSW if you are unsure how to do this.

Documents are held for a minimum of 10 years after your approval has ended.

**BEING PART OF THE NETWORK – TEAM AROUND THE CHILD (TAC)**

As a professional Foster Parent, you are an essential part of the ‘Team around the Child’ (TAC). This network includes a variety of other professionals who are important in supporting a CiC and you and your family. Each person will come with a different role and with different responsibilities within the network promoting progress and placement stability.

**Child/Young Person’s Social Worker**

Every child/young person will have an allocated social worker for the Local Authority where they come from. The social worker should visit the child/young person regularly every 4-6 weeks but the longer and more settled the placement the time between visits can be extended. While your SSW is your main point of contact there are some decisions which must be made by the Local Authority.

***SEE SECTION DELEGATED AUTHORITY FOR FURTHER DETAILS.***

**Independent Reviewing Officer - IRO**

Every child/young person will have an Independent Reviewing Officer (IRO). Whenever possible the IRO should meet the child before their first child in care review and subsequent reviews to seek the child/young person’s wishes and feelings.

Brothers and sisters, even if not living together, will usually be allocated the same IRO for the time they remain a CiC

The IRO’s role is to chair the CiC Review and to monitor a child/young person on an ongoing basis.

**Birth/Adoptive Family**

Every child and young person in care should be encouraged to maintain and develop family contact as set out in their Care Plan and Placement Plan; this can at times be intrusive to your family life and routines, but it is an important part of your work as a Foster Parent.

Contact arrangements need to be established, maintained, monitored and reviewed with the child/young person’s wishes and feelings sought throughout the process.

Contact can be a stressful and confusing time so Foster Parents need to prepare children and young people for these meetings, giving them time to adjust or talk about their feelings. Contact arrangements can at times be complicated, contact your SSW or the LASW if you are unclear about what should be happening and when.

You should record the outcome of contact arrangements, changes in behaviour, and the impact on the child/young person so this can be feedback to the LASW.

You may need support to deal with your feelings regarding contact so discuss this with your SSW.

**Supervising Social Worker**

Every PCFS foster family is allocated a skilled and experienced Supervising Social Worker (SSW). Your SSW will get to know you and your family as well as building a relationship with any children and young people in care living with you. Contacting your SSW should always be your first point of call. If they are not available there will always be a social worker ready to talk you through any concerns.

Your SSW should be in contact with you at least once a week to check in with you. As well as direct support on the practical day to day fostering tasks, they will also facilitate a safe space for reflection, what could have been done differently and explore possible triggers (antecedents) for your child/young person’s behaviour.

You will also receive formal supervision at least once a month. There are 2 elements to this supervision, firstly to think about the child/young person, their progress, and outcomes and then secondly to focus on you and your family and the impact of fostering on you all.

The Out of Hours service is always supported by one of PCFS social workers.

**Registered Manager**

Every independent fostering organisation must have a qualified and experienced social work manager who is registered with Ofsted; therefore, they are the Registered Manager. They have a wide remit and are responsible for overseeing and monitoring all aspects of the organisation.

PCFS Registered Manager strives to achieve the best possible outcomes for all children and young people cared for by PCFS, recruiting the highest standard of Foster Parents, and providing the best possible services throughout the organisation.

The Registered Manager has an ‘open door’ policy and welcomes feedback and suggestions from every member of the PCFS team; children, young people, staff, Foster Parents and their family, and all other professionals working with PCFS.

**Out of Hours Social Worker**

PCFS provides a service and support after hours and throughout the weekends through an on-call service. The **OOH number is 07715298832**. This is supported on a rota of PCFS social workers. They will respond to you as soon as possible so if no one is immediately available please send a text message. This is not a blue light service and if you are concerned for your safety or that of anyone in your home then you should call the emergency services.

***SEE SIGNIFICANT EVENTS FOR MORE DETAIL ON WHAT MUST BE REPORTED BY PHONE.***

**Buddies**

This is an important part of the PCFS team; the role offers support to Foster Parents and their family at time of need. This is often a vital role for new Foster Parents to be linked to an experienced Foster Parent. They will guide new Foster Parents with tips and provide a unique insight into the fostering role, bring them along to training and to peer support groups and introduce them to other members of the PCFS team, both staff and Foster Parents. They are not there to replace the role of your SSW but a friendly voice on the telephone or a friendly face in a crowded.

PCFS recognises that this is often a vital support promoting placement stability.

**Therapist/Clinician**

PCFS recognises that many children and young people in care will need the support of a therapist or clinician at some point during their time living with you. PCFS work with local therapist and clinicians, and alongside the LASW, to ensure the service meets the child/young person’s needs, supported at an appropriate venue at our site in Bridge; a relaxed and calming place that you and your child/young person will be familiar with.

**KEEPING EVERYONE SAFE**

The role of a Foster Parent is a regulated role. National Minimum Standards (NMS) is an important set of principles that influence all of the work of Foster Parents and those who work with them.

***SEE APPENDIX 4 FOR THE NATIONAL MINIMUM STANDARDS***

**Safer Caring**

As part of your fostering assessment, you will have completed a family safer caring plan. It is important that you share and discuss this with all your family and your wider support network when they are visiting your home.

**Complaints, Standards of Care Concerns & Allegations against Foster Parents or a member of your household or support network**

There is a risk that you could have a complaint made against you at some point during your fostering career. There is a lot you can do to minimise the chance of this happening to you which you will see in the sections of this manual. However, this section will explain the difference between each type of complaint and what this might mean if you ever have a complaint, standards of care or an allegation made against you. There are 3 levels: -

**Complaints**

A complaint could be regarding your approach to the care of a child or young person; the way you approach behaviour management; contact or day to day issues regarding general fostering practice. This could include lack of commitment to training, record keeping or working with other professionals (and many other issues). The complaint can come from a wide range of sources including the child or young person, birth parents or birth family members, professionals or a member of the community.

This will usually be investigated by PCFS with a brief report for you, the placing local authority and occasionally it will be shared with the Fostering panel.

The outcome of the investigation may recommend further or specific training or additional support.

**Standards of Care**

PCFS might have concerns that would not come under a safeguarding category or meet the threshold for a Section 47 investigation, but the concerns are significant about the standard of care being provided and this would trigger a standards of care investigation.

A Standards of Care investigation might be triggered by:

* + An incident of minor physical chastisement but not resulting in an injury.
  + Inappropriate verbal chastisement.
  + Issues around pocket money, clothing, hygiene, food.
  + Noncompliance with the smoking policy.
  + Inadequate supervision such as allowing access to alcohol, prescribe medication, access to adult ‘sexual material’.
  + Lack of care such as wrongly administering medication.

A Standards of Care report will always be presented to the fostering panel for their recommendations and then ADM approval.

**Allegations**

Allegations of abuse or any child protection concerns against Foster Parents are always dealt with by the Local Authority where the abuse is alleged to have taken place and will have crossed the threshold of possible S47 Investigation and may constitute a criminal offence in relation to Foster Parents conduct.

This procedure should be applied when there is an allegation or concern that a person who works with children, has:

* Behaved in a way that has harmed a child, or may have harmed a child;
* Possibly committed a criminal offence against or related to a child;
* Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children;
* Behaved or may have behaved in a way that indicates they may not be suitable to work with children. This includes behaviour that may have happened outside PCFS but that might make the individual unsuitable to work with children, this is known as transferable risk.

All PCFS Foster Parents are members of Fostering Network when they are approved. Fostering Network are available for advice and guidance at any time. Additional independent support arrangements can be made for you throughout this time so please speak to your SSW or the RM.

Please note that it is not possible for your SSW to discuss the investigation or allegation with you until the initial investigation is completed and after conclusions and recommendations have been made.

**See APPENDIX 5 MANAGING ALLEGATIONS**

**There is a PCFS Complaints, Standards of Care Concerns & Allegations Handbook which is available as further support at any time. If appropriate, please discuss with your SSW for a copy.**

**Complaints by Children/Young people**

PCFS encourages all children and young people who have a problem or are unhappy in any way with their care or PCFS services to tell someone. This is often you, but it could be your SSW or their LASW, a teacher or their IRO. As a Foster Parent you are expected to support your child/young person by listening to them. Remember it might not seem to be ‘a big deal’ to you but clearly it is to your child/young person. This should not be confused with an allegation, although there is sometimes an overlap. They may complain about their home with you, about PCFS as a Fostering service, their Local Authority, including their social worker, or something outside, perhaps their school.

As part of your CiC’s Welcome Pack they will be given a Child & Young Person’s Guide, and a Compliments and Complaints Feedback document which are also given annually to all children and young people as part of your Annual Review.

Listen to them and write down want they are saying – use their language whenever possible. Try and help them sort out the problem. Inform your SSW as soon as possible. Advocate for them where appropriate. If the problem is something that cannot be sorted out straight away even after seeking advice, then support them to access the PCFS complaints procedure and/or their LA complaints procedure.

Please keep them informed and make sure they get feedback on what happens. Most issues can be sorted out informally through talking to you, or with either your SSW or their LASW. However, there is a 2 stage complaints procedure that can be used if the issue has not been resolved.

Stage 1 – The complaint is passed to the RM who will look at the complaint and provide you and the child/young person with a response, including what will be done to resolve the issue. The RM may arrange to visit you and the child/young person to discuss the complaint further.

Stage 2 – If after Stage 1 your child is still unhappy then you/they can ask the Agency Decision Maker to investigate further. The ADM would produce a report with their findings and any recommendations on resolving the complaint.

**How to make a complaint**

If you are not satisfied with any aspects of PCFS’s fostering service, you have the right to make a complaint. However, most problems can be sorted out in discussion with your SSW who will try and resolve the problem with the person concerned. If it is your SSW that you are not happy with then you can of course discuss this with the Registered Manager.

It’s important to remember that supervision is a good place to discuss any concerns or issues that you have. Discussing issues early may help resolve problems before it escalates to a formal complaint. PCFS will always try to resolve complaints informally. This does not mean that we are not taking your complaint seriously it is because the complaint is more likely to be able to be dealt with quickly and to your satisfaction when dealt with this way. This is known as a Stage 1 complaint. All complaints are recorded, and the Registered Manager investigates and monitors them.

If you are not satisfied with the initial complaint response it can be dealt with by an independent investigation this is known as a Stage 2 complaint. You are also entitled to get in touch with our regulatory body, Ofsted.

Ofsted inspect fostering agencies in relation to the National Minimum Standards. If you have a serious concern about PCFS you should contact Ofsted.

Ofsted,

Piccadilly Gate,

Store street,

M1 2WD

Telephone: 0300 123 1231

Website: <https://www.gov.uk/government/organisations/ofsted>

**Whistleblowing**

The decision to report a concern can be difficult one to make, not least because of the fear of reprisal. Harassment, bullying or victimisation of a whistleblower will not be tolerated. You should raise concerns confidently and openly without fear of any reprisal.

You should inform your SSW if you have any serious concerns or come across any wrongdoings while you are a Foster Parent for PCFS. If the concerns are about your SSW you should speak to the Registered Manager.

Concerns could be about something that is unlawful or illegal or a miscarriage of justice. It could be against PCFS policies, improper conduct, endangering the health and safety of another person or attempts to conceal any of the above, or anything you feel where standards or practice has fallen below the NMS.

The issue will be looked into and either an internal inquiry or a formal investigation will take place. You will be informed of the outcome. Like any complaint, if you are not happy with the outcome you can raise this through the usual Stage 1 and Stage 2 complaints procedure.

Any concerns found to be malicious will be further investigated and your approval may be reviewed

**Internet, Photographs and mobile devices**

**Computer Safety**

Foster Parent/s should be aware of the possible dangers of the internet as well as the obvious benefits for education and leisure.

Computers and gaming devices should be located in a communal area where access to unsuitable sites can more easily be monitored. Children and young people should be guided on the safe use of chat rooms, including the use of nicknames, and not agreeing to meet anyone in person that they have been in contact with online, unless it is in a public place with the Foster Parent present.

It’s important for you to understand if the internet, photographs, and mobile phones have contributed towards any previous abuse so you can plan the use of devices safely but particularly when there has been a previous issue. This should be discussed at the Placement Agreement Meeting and you can also ask the LASW for advice and further information.

A useful website for keeping up to date and for your learning is [www.thinkuknow.co.uk](http://www.thinkuknow.co.uk)

**Mobile Phone Safety**

Most mobile phones now have a camera enabling children and young people to send pictures of themselves and share with their friend’s other information such as where they live or go to school. This can have security implications for many children and young people in care. Many smart phones allow children and young people to download apps which can allow them to play games and communicate quickly and freely using internet connections in all sorts of settings. You should ensure that you are aware of what apps are on your child/young person’s phone, what they are accessing and understand how they work. The safe use of apps should be discussed so that young people and children understand how to behave online. This is no different to any of the other information on this section of the handbook around the internet, social media, networking sites and games.

Mobile phone network providers operate a barring and filtering mechanism to prevent those under 18 accessing 18 rated content. The service can be provided for both contract and pay as you go phones. You should explore this with the child/young person’s network provider or see what other services they offer. Visit the phone providers websites for advice for Parents/Foster Parents on how to block adult content online and how to report abusive or unwanted contact.

Discuss within your house rules with your child/young person how you monitor previous history to ensure they are as safe as possible online. Please discuss this with your SSW as well as the child/young person and their LASW.

**Please be aware that creating or sharing images of a child (anyone under 18 years of age) is illegal, even if the person doing it is a child.**

With effect from the 29th of June 2021, section 6 to 9 of The Domestic Abuse Act 2021 was expanded to cover so called revenge porn to include threats to disclose private sexual photographs and films with intent to cause distress.

A young person is breaking the law if they:

* Take an explicit photo or video of themselves or a friend.
* Share an explicit image or video of a child, even if it is shared between children of the same age.
* Possession, downloading or storing an explicit image or video of a child, even if the child has given their permission.

**If a young person is found creating or sharing images the police can choose to record that a crime has been committed but that taking formal action is not in the public interest.**

**Internet Safety**

Your knowledge of different technology and devices will vary but it’s important that all Foster Parents develop their understanding of different electronic devices, the internet and social media and that you learn how to safeguard children and young people when using the internet and mobile devices. You should also be aware of and alert to the signs of grooming behaviour. Grooming is when someone builds an emotional connection with a child or young person to gain their trust for the purposes of sexual abuse or exploitation. ***SEE ALSO CHILD SEXUAL EXPLOITATION.***

You should take part in the child/young person’s internet use particularly for a new child joining your family; schoolwork is an ideal opportunity for this. Discuss the internet’s positive and negative sides and tell them if they are not sure about a site or are worried about something they have seen or someone they are talking to online then they should talk to you. You should record what has happened in the daily log and speak to your SSW as soon as possible. Your SSW can assess the situation and if appropriate raise a significant event and discuss further with the LASW.

**Guidelines**

* Feel confident in your understanding of the subject and the equipment you have in your home and that you have the knowledge to deal with the potential issues.
* You should set clear house rules on the use of the Internet. Although house rules are often different for adults in the home the house expectations should be clear and transparent and discussed with children and young people so as not to seen as ‘only’ them whenever possible. Discuss time limits on computers, devices, games consoles, mobile phones, tablets etc. this should be agreed with the child/young person ideally at the point of placement so the LASW can also have some input in the discussions. It should be reviewed regularly.
* Appropriate internet security must be used on all devices in the home to limit access to inappropriate material. If you choose to use tools that monitor internet use then be clear and open with the child or young person, so they are aware and understand that they are there to keep them safe. You should also be aware that parental control tools may not always work, so appropriate supervision and education about safe use of the internet and devices is essential.
* You should consider using strong passwords on your accounts and also discuss this with the child/young person so they understand how they can protect their online accounts using strong passwords. It’s important they know they need to keep their passwords safe and not share with anyone or use the same password for several accounts. If your account or your child/young person’s account is hacked or compromised, make sure the password is changed and that you report any concerns or suspicious activity.
* You should try to equip your child/young person with the skills to decide who to trust, even when they have not met the person face to face. Talk to them about what makes a real friend. They should never respond to any messages that are rude, threatening, or to anything that makes them feel uncomfortable. Encourage them to talk to you about messages like this. If they receive a message or see something that you are concerned about keep a copy and make notes in the daily log. Remember that people online may not be who they say they are. Teaching children and young people to be cautious online is important and can help when they use the internet for research or start to use social media networking sites like Facebook or Twitter.
* Many children and young people enjoy playing games online on games consoles, mobile phones, computers, laptops and other devices. Make sure you understand the ratings of the games your child/young person plays as they could affect your child/young person. See website [www.pegi.info](http://www.pegi.info) for supporting information. Always look for parental advice or a help section on online gaming sites. Make sure you visit the game consoles providers websites and industry website for further advice and information on setting controls, time limits and safer family use. You should always read any terms and conditions of websites/games, apps or tools the child or young person uses. Once you’ve read them you should explain and discuss them with your child/young person as it is important you both understand them. Be interested and ask your child/young person to teach you about the websites they are using so you can help them use them safely. Many sites provide advice for Parents/Foster Parents so make sure you access and read them carefully.
* Talk openly and regularly about the positives and negatives of the internet, encourage your young people to be open about any concerns or problems they may have. Make sure they know they will not get into trouble, and you will help them or access support with them if necessary. Try not to demonise technology and the sites they use. It is essential to be realistic banning any internet or websites will not work and it often makes children/young people less likely to report a problem; education around safe internet use is essential.

If you have any concerns regarding the child, you or young person’s internet use and is important to make a note in the daily logs and speak to your SSW as soon as possible.

**Photographs**

During a child or young person’s stay with you it is important that a visual record of important events and occasions are captured for them to keep, and such images often form part of agreed life story work. The child or young person living with you may want to take photographs of you, members of your family and pets, as well as events such as birthdays, holidays, school events and Christmas and religious festivals. Keep in mind safeguarding principles when taking photographs and ensure the child or young person’s permission has been sort. Never take photographs where they are scantily dressed or in the bath. You cannot give consent for a child’s photograph to be published so never post them on an open social media site and if their school or anyone should approach you for this purpose, please contact the child’s social worker to discuss further.

You should be clear on who can give consent for the child to have their picture taken and/or to be filmed.

**Social Networks**

Social networking sites such as Facebook and Twitter are very popular ways of children and young people keeping in touch with family and friends, sharing photos and videos and expressing their thoughts and opinions. When used safely, they can be very positive was of keeping in touch. It is important that Foster Parents understand how they work, the possible risks and the steps to take to keep children and young people safer. Preventing children/young people from using networking sites can ostracise them from their peers and exclude them from social activities and friendship groups.

**What you need to know**

* Membership of a website is required.
* A personal profile is created that tells others about themselves.
* Other people can be added as online friends or contacts.
* Members of the website can communicate among themselves.

You should ensure that children and young people’s profile, friends and what they post are private and do not contain any information that might expose their identity or whereabouts. Talk to your child/young person about the importance of only adding people as friends who are known and safe and be aware that if contact is not allowed in a real world, then it should not take place in the online world.

You need to think about the whole family’s online reputation. If you have a partner or birth children who use online spaces such as social networking sites, they should ensure privacy settings are set to private, check that the shared content is appropriate and that you are only friends with people you know and trust in the real world. Any child placed with you will be looking to you for guidance so as a family ‘practice what you preach’ and set positive example.

Many websites have an ‘opt out’ rather than an ‘opt in’ policy for some of their functions such as GPS Services and facial recognition. You should ensure that you understand what services each site offers and how these options can be controlled.

Again, discuss the idea of being a good online friend and if you wouldn’t say it offline then you shouldn’t say it online. Discuss the risks involved in accepting random unknown people as friends and recommend that they only add ‘friends’ they actually know in real life.

You will need to consider the age limit recommendations for any social networking site and what any breaches can expose your young person to; remember that if a child or young person can lie about their age online so can anyone else they are talking to. If your child is under 13 then you should read the guidance from CEOP regarding underage use of social networking sites and ensure you discuss concerns as well as different strategies and approaches you could use with your SSW.

Make sure your young person understands that once a comment or picture is posted they can’t take it back, if someone else (even a friend) can see it, they can potentially copy it and they can use it or share it with anybody else. Explore websites together make sure you understand how sites and the technology they are using works. Make sure they and you know how to block unwanted contact from strangers, unsafe people or any one subject to a non-contact order. Make sure you and your young person understand how to report a problem to the site and/or using the CEOP *Report Abuse* button.

It is important to be careful that your child/young person does not share any personal information via social networking sites. You can support this by checking:

* That they are not using full names online – always use a nickname that doesn’t identify them. This is particularly important for vulnerable children and young people and those subject to a no contact order.
* They never shared contact details such as your phone number, email details or their/your address online
* They don’t share unsafe photographs such as a photograph showing their school uniform or location. They should carefully select an appropriate profile photo which doesn’t reveal too much information or anything that presents themselves inappropriately. You could encourage them to use an avatar which is an online representation of themselves such as a cartoon for a favorite animal. Again, this is something you should talk to your young people about.
* If a social networking site allows them to share your/their location via GPS on mobile phones, then make sure it is only shared with safe and appropriate contacts or is not used at all; **this is probably the safest thing to do.**

Further Resources

The Home Office and the technology industry are also working to raise awareness about the safe use of interactive communication technologies by children.

SEE [**Talking to Your Child About Online Sexual Harassment (Children’s Commissioner)**](https://www.childrenscommissioner.gov.uk/report/talking-to-your-child-about-online-sexual-harassment-a-guide-for-parents/) and

[CEOP Safety Centre](https://www.ceop.police.uk/Safety-Centre/)

**Social Networking and Fostering Families**

If you and other family members are using social networking, ensure that your privacy settings are such that only those who you give permission to can see your comments and/or photos or videos.

Internet safety training is available, and you should undertake this to ensure that you understand your responsibilities as a Foster Parent using social media. Training is updated regularly and so you should consider undertaking this training at regular intervals.

Useful websites with useful information.

**Thinkuknow** – Online safety information; specific guides for Foster Parents is available in the Parent/Carers section.

**Childnet** - Advice to children/young people Parents and Foster Parents about online safety. This also includes fun, games and information all about effective Internet safety advice for children/young people and Parents/Foster Parents.

**The Parent Zone** - Guidance and advice for Parents and Foster Parents.

**Internet Watch Foundation –** Where you can report illegal material.

**Child Safety Online** – A practical guide for Parents and Foster Parents whose children are using social media.

**NSPCC - Parental Controls**

**NSPCC Report Remove Tool -T**his tool enables young people under the age of 18 years to report a nude image or video of themselves which has appeared online. The Internet Watch Foundation reviews these reports and work to remove any content which breaks the law.

**UK Council for Internet safety (UKCIS) Digital Passport** - A communication tool to support children and young people with care experience to talk with their Foster Parents about their online lives.

**Child/Young Person Risk Assessment, Experience & Safety**

PCFS has developed an approach to risk that encompasses all aspects of safety and risk for the everyday practicalities of a child/young person’s life.

While it’s based on historical behaviour it is a ‘live’ document and monitored in line with current risks as they present as well as how the risk can be reduced to increase safer care. Your child/young person and their LASW as well as you and your SSW are all integral to the process.

It is reviewed following any significant event or incident and as a minimum in line with the CiC Reviews.

There are specific individual Risk Management Strategy assessments to cover areas such as:

* Physical and Verbal Aggression
* Missing
* Fire setting
* Self-Harm
* Offending and criminal activity
* Drug, alcohol and substance misuse
* Gang affiliation
* CSE
* County Lines
* Travelling in the car
* Child trafficking and Modern Slavery
* Radicalisation
* Female Genital Mutilation

This list is endless and always specific to your child/young person and the risk of concern.

The Risk Management Strategy will look at preferred supportive intervention strategies and when and how it is appropriate to use them. It is vital that your child/young person is part of the discussions in considering the concern and the interventions that might de-escalate a situation – they need to be able to say what would help them in a certain situation, and they are then aware of the consequences of their actions.

**Unauthorised absence/missing away from home or missing from care**

Children and young people can go missing for a variety of reasons, and it is important you act appropriately and proportionately to secure their return home as soon as possible. During normal office hours you should inform your SSW (or speak to a social worker in the office), and the child/young person’s LASW to seek advice.

Out of office hours you are expected to contact PCFS OOH’s social worker, and this will help make the decision at which point to call the Police and the Local Authority OOH’s team. The time frame for reporting can vary depending on the age and vulnerability of the child/young person and if they have a history of being away from their Foster home without permission or being classified as ‘missing from care’. This is usually agreed and set out in the initial placement agreement and will be updated as your child/young person gets older. This will be covered in a Risk Management Strategy (risk assessment) around missing if this is relevant to your child/young person. Where it is pertinent the risk assessment will look at plans to reduce the episodes and reduce the risks going forward.

There are any number of factors for children and young people staying away from home, but these are divided into 2 groups; Pull or Push factors.

* Pull Factors could be wanting to be with family or friends, peer pressure, being groomed.
* Push Factors could be conflict within the home, feeling powerless, bullying, being unhappy with their care planning, abuse.

The list is not exhaustive and is discussed in greater depth in Safeguarding Training and in training that focuses on CSE, County Lines, Gangs, FGM, Human Trafficking and Modern-Day Slavery and Prevention of Radicalisation.

As soon as you realise that your child/young person is not where they should be it is vital that you try and contact them, warmly encouraging them to contact you, come home or share their whereabouts. If you start ‘telling’ them off, they are very unlikely to return home fearing they are ‘in trouble’. This does not mean you are condoning their action but its more about supporting them to make the right choice to come home. Reflecting on their action, and why, is something for a later moment in time when they are safe, and the discussions can be conducted in a calm environment. You should share your concerns for their safety and if possible, offer to collect them. If they refuse to come home, then ask them to keep in contact with you and affirm that they should get in contact with you if they feel unsafe at any point. It wouldn’t be unusual for them not to respond to your attempts to call them so please text them even if their phone is off, they will more than likely turn on their phone at some point. Again, keep the tone of your text as calm and encouraging as possible. You should also call any of their friends and peers or their parents to ask if they have seen your child/young person or have any idea where they might be or who they might be with.

You might find it helpful to write down vital information before talking to the police or the LASW or their duty team. Useful information would be date of birth, clothes they were wearing when last seen, last know location, any idea of where they might be, any known friends and associates/peers, their legal status and any vulnerabilities or risk factors as well as details of the placing local authority – this is prompted by using the Missing assessment Tool See APPENDIX 6. As soon as you can, and if it is practical to do so, you should go and look for the child/young person in any places you can think of where they might be. If you do find them, try and engage them in conversation and encourage them to return home with you again, your tone and response could have an impact on the situation.

When they are home, whether under their own steam, found by you or brought home by the police welcome them home, check they are unhurt or if they need any medical attention, tell them that you are relieved that they are home and safe and offer them something to eat and drink.

Respond with ‘curiosity’, show an interest in their experiences while they have been away from home but don’t push them to talk to you. Reassure them that you are there for them and hopefully they will share more of their experiences over the coming days. If they return at night get them into bed as soon as possible again, reassure them you are relieved they are home and safe.

Your child/young person might appear very unreflective on the impact of their ‘time out’ still excited by the adrenalin rush of their ‘adventure’. While they might present with bravado, they might have felt out of control some of the time and that will have been scary for them. Your SSW will be able to discuss this further with you to ensure a therapeutic approach and response, also to check in on how you found the experience.

If the child/young person was officially ‘missing’ rather than away from home without permission the police should undertake a Safe and Well check and the child/young person’s LASW should complete a Return to Care Interview within 72 hours of their return home. This often does not take place however PCFS are able to complete this if the LA request this by completing a Safe Return Check-in and will also review the child/young person’s Risk Management Strategy to see what can be put in place to reduce risk of further missing episodes. You, your child/young person, SSW and LASW should also be part of this review.

See **APPENDIX 7&8** **Missing Process Flowchart** When a child cannot be contacted and When a Child Can be Contacted.

**Child Sexual Exploitation (CSE)**

**CHILDREN AND YOUNG PEOPLE CAN NEVER CONSENT TO BEING EXPOLITED**

Child sexual exploitation (CSE) is a form of child sexual abuse. It can take many different forms. It can include contact or non-contact activities and can take place online or in person, or a combination of each. Any child or young person can be sexually exploited, regardless of their background, both boys and girls can be abused in this way.

Sexual exploitation is defined by the Department for Education as follows:

*Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. (*[*Working Together to Safeguard Children*](http://www.workingtogetheronline.co.uk/glossary/cse.html)*).*

Often children and young people are groomed into sexually exploitative relationships and may initially think their abuser is their 'boyfriend' or 'girlfriend'. Some young people are engaged in informal economies that incorporate the exchange of sex for rewards such as drugs, alcohol, money or gifts. Others may have been bullied and threatened into sexual activities by peers or gangs which is then used against them as a form of extortion and to keep them compliant.

A child or young person may have been sexually exploited before they became looked after; others may become targets of perpetrators when they are living with you. Child sexual exploitation is NEVER the child's fault - even if there is some sort of exchange - all children and young people under the age of 18 have a right to be safe and protected from harm.

A CiC can be more vulnerable to exploitation, as are those with additional or complex needs and migrant or unaccompanied asylum-seeking children and young people.

Although young people may sometimes appear to be making an informed choice, they cannot and do not 'choose' abuse or exploitation. Recognising the underlying factors that can exacerbate risk will help everyone to understand and interpret apparent 'choices' and avoid the danger of apportioning blame. It can be difficult for children/young people to tell their Foster Parent/s that they are being sexually exploited; initially they may not recognise that they are being abused. Once they are being sexually exploited, threats from their abusers or feeling that may be in some way to blame for their own abuse can make it difficult for children and young people to ask for help.

**Risk Factors**

* Going missing – the most immediate indication of vulnerability to sexual exploitation.
* Disengagement from education.
* Drug and/or alcohol dependency.
* Physical symptoms e.g. sexually transmitted infections, miscarriage, abortion, bruising marks indicating physical or sexual assault.
* Young people who have not received appropriate levels of attention from concerned adults.
* Associating with an older person or other ‘risky’ adults.
* Accounts of social activities with no plausible explanation of the source of the money to fund these activities.
* New possessions, acquisition of money, expensive clothes, drugs or other possessions without plausible explanation about their source.
* Being alienated from family or community.
* Being in care and having placement breakdowns.
* Associating with other young people who are known to be victims of exploitation.
* Some kinds of offending behaviour.

**Models of CSE**

**Older boyfriend/girlfriend** – a child/young person is groomed by an adult to believe they are in a loving relationship. The adult may entice, coerce or force the child/young person to have sex with them, and sometimes also with the adult’s friends or associates.

**Peer on peer** – This form of exploitation involves children and young people being enticed, forced or coerced into sexual activity by other children or young people. Peer-on-peer exploitation can take place without the involvement of adults or can involve adults exploiting children and young people to exploit each other.

**Party Model** – A child is groomed and then invited to a party and plied with alcohol and possibly drugs. He/she is then sexually assaulted by one or multiple adults.

**Organised/networked –** In this form of CSE children and young people are passed through networks of perpetrators, sometimes over geographical distances and between different cities. They may be forced or coerced into sexual activity with multiple adults. They may be used to recruit other children or young people into the network.

**Online child sexual exploitation** can be particularly challenging to identify and respond to. Technology allows perpetrators to be in contact with multiple potential victims at any one time. It also offers a perception of anonymity, for both children and young people and perpetrators, making it easier to say and do things online that they wouldn't do offline. This eases the grooming process and facilitates more rapid sexualisation of perpetrator approaches to potential victims.

**Ways you can support your child/young person**

* Build positive relationships with children/young people in your care, both to identify sexual exploitation and to support them through their experiences.
* You should be supportive, non-judgemental and ready to listen to them when and if they need to talk.
* Always look beyond challenging behaviour; if they are aggressive, secretive, or going missing ask yourself what might be going on in their lives?
* Share information - when children/young people who are known to be at risk of sexual exploitation go missing, this should be reported to the police and their LASW so action to locate them and return them to safety can be actioned promptly.
* Whenever children or young people who have been missing return home, they should be made welcome and offered care and support.
* Building good links with the child/young person’s education provider will help to ensure that you are notified promptly if your child/young person does not arrive at their education establishment so action can be taken promptly.

It is an offence for a person to have a sexual relationship with a 16 or 17-year-old if they hold a position of trust or authority in relation to them. The Police, Crime, Sentencing and Courts Act 2022 has extended the definition of **Position of Trust within the Sexual Offences Act 2003 section 22A** to include anyone who coaches, teaches, trains, supervises or instructs a child under 18, on a regular basis, in a sport or a religion. It is against the law for someone in a position of trust to engage in sexual activity with a child in their care, even if that child is over the age of consent (16 or over);

Caring for a child or young person who is being sexually exploited can be a stressful and upsetting experience, and you should seek support from your SSW and the child's allocated social worker.

**County Lines/Gang Involvement**

County lines is the name given to drug dealing where organised criminal groups (OCGs) They use phone lines to move and supply drugs, usually from cities into smaller towns and rural areas.

Gangs often deliberately take advantage of vulnerable children and young people and those with mental health or addiction issues, by recruiting them to distribute the drugs, often referred to as ‘drug running’. A recent report showed children/young people in Dover and Margate were being offered £100 per day to deal drugs.

**Signs to look out for**

There are several signs to look out for that may indicate someone is involved in county lines:

* Repeatedly going missing from school or home and being found in other areas.
* Having money, new clothes or electronic devices and they can't explain how they paid for them.
* Getting high numbers of texts or phone calls, being secretive about who they're speaking to
* Decline in school or work performance.
* Significant changes in emotional or physical well-being.

**Ways OCGs use social media**

* Advertising drugs by sharing photos, videos.
* Statuses showing money, new drugs or when the dealer is open for business.
* Dealers sharing ‘stories’ to followers, using social platforms to expand their network with ‘suggested’ friends.
* Using hashtags linked to drugs.
* Using emojis as code for drug, violence and sexual activities, e.g. the snowflake emoji (for buying cocaine), 8-ball emoji (for buying an eighth of an ounce) or the rocket emoji (for purity of drugs).

**Useful resources**

* [Child Exploitation and Online Protection Safety Centre](https://www.ceop.police.uk/safety-centre/)
* [PACE (Parents Against Child Exploitation)](https://paceuk.info/)
* [SPACE (Stop and Prevent Adolescent Criminal Exploitation)](https://gbr01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.bespaceaware.co.uk%2F&data=05%7C01%7CBeth.Parr-Morley%40catch-22.org.uk%7C45835bfa89624ee17f3508da3d6b501f%7Cf1ded84eebd346b298f8658f4ca1209c%7C0%7C0%7C637889828348072274%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=WPkRt%2BEkbSPCxm7mXkYg%2BBcXMJmmxaYySQzn%2BVxiR1o%3D&reserved=0)
* [Kent Safeguarding Children Multi-Agency Partnership](https://www.kscmp.org.uk/)
* KentCCE.referrals@catch-22.org.uk

**Female Genital Mutilation (FGM)**

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but there's no medical reason for this to be done.

It's also known as female circumcision or cutting, and by other terms, such as Sunna, Gudniin, Halalays, Tahur, Megrez and Ghitan, among others.

FGM is usually carried out on young girls between infancy and the age of 15, usually before puberty starts.

It's illegal in the UK and is child abuse.

It's very painful and can seriously harm the health of women and girls.

It can also cause long-term problems with sex, childbirth and mental health.

All women and girls have the right to control what happens to their bodies and the right to say no to FGM.

Help is available if you suspect that your young person has had FGM or you're worried that they or someone you know is at risk.

* If someone is in immediate danger, contact the police immediately by dialling 999.
* If you're concerned that someone may be at risk, contact the NSPCC helpline on 0800 028 3550 or email [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk).
* If they have had FGM, you can get help from a specialist NHS gynaecologist or FGM service – ask a GP, or any other healthcare professional about services in your area.

**You have a professional responsibility to safeguard and protect all children and young people.**

**Types of FGM**

There are 4 main types of FGM:

* Type 1 (clitoridectomy) – removing part or all of the clitoris.
* Type 2 (excision) – removing part or all of the clitoris and the inner labia (the lips that surround the vagina), with or without removal of the labia majora (the larger outer lips).
* Type 3 (infibulation) – narrowing the vaginal opening by creating a seal, formed by cutting and repositioning the labia.
* Type 4 - Other harmful procedures to the female genitals, including pricking, piercing, cutting, scraping or burning the area.

FGM is often performed by traditional circumcisers or cutters who do not have any medical training. But in some countries, it may be done by a medical professional.

[Anaesthetics](https://www.nhs.uk/conditions/anaesthesia/) and antiseptics are not generally used, and FGM is often carried out using knives, scissors, scalpels, pieces of glass or razor blades.

FGM often happens against a girl's will without her consent, and girls may have to be forcibly restrained.

**Effects of FGM**

There are no health benefits to FGM, and it can cause serious harm, including:

* Constant pain
* Pain and difficulty having sex
* Repeated infections, which can lead to [infertility](https://www.nhs.uk/conditions/infertility/)
* Bleeding, cysts and [abscesses](https://www.nhs.uk/conditions/abscess/)
* Problems peeing or holding pee in [(incontinence)](https://www.nhs.uk/conditions/urinary-incontinence/)
* [Depression](https://www.nhs.uk/mental-health/conditions/clinical-depression/overview/), flashbacks and [self-harm](https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/self-harm/)
* Problems during labour and childbirth, which can be life threatening for mother and baby

Some girls die from blood loss or infection as a direct result of the procedure.

In some cases, women may not remember having the FGM at all, especially if it was performed when they were an infant.

**Why FGM is carried out**

FGM is carried out for various cultural, religious and social reasons within families and communities in the mistaken belief that it will benefit the girl in some way (for example, as a preparation for marriage or to preserve her virginity).

But there are no acceptable reasons that justify FGM. It's a harmful practice that has no health benefits.

**Where FGM is carried out**

Girls are sometimes taken abroad for FGM, but they may not be aware this is the reason for their travel. Girls are more at risk of FGM being carried out during the summer holidays, as this allows more time for them to "heal" before they return to school.

Communities that perform FGM are traditionally found in parts of Africa, the Middle East and Asia.

Girls who were born in the UK or are resident here but whose families originate from an FGM-practising community are at greater risk of FGM happening to them.

Many communities practise FGM, but those at particular risk in the UK originate from:

* Somalia
* Egypt
* Sudan
* Sierra Leone
* Eritrea
* Gambia
* Ethiopia

**The law and FGM**

FGM is illegal in the UK.

It's an offence to:

* Perform FGM (including taking a child abroad for FGM)
* Help a girl perform FGM on herself in or outside the UK
* Help anyone perform FGM in the UK
* Help anyone perform FGM outside the UK on a UK national or resident
* Fail to protect a girl for whom you're responsible from FGM

Anyone who performs FGM can face up to 14 years in prison.

Anyone found guilty of failing to protect a girl from FGM can face up to 7 years in prison.

[Guidance and resources about FGM are available on the GOV.UK website](https://www.gov.uk/government/collections/female-genital-mutilation-fgm-guidance-for-healthcare-staff).

[National FGM Support Clinics and where to find them](https://www.nhs.uk/conditions/female-genital-mutilation-fgm/national-fgm-support-clinics/).

**Human Trafficking and Modern-Day Slavery**

Human trafficking is the modern-day form of slavery. It is the illegal trade of human beings: children, women and men from across the world who are held, transported, bought, sold and forced into activity against their will.

It consists of three key stages, all of which are part of the criminal act of human trafficking:

* **Recruitment**: The identification of vulnerable people to trade.
* **Transportation**: Transferring victims to a new area or country.
* **Receiving**: Payment made to receive a person.

There are numerous ways in which people become trapped in trafficking and slavery, just a few of which are:

* **Abduction**: Some people are abducted and taken away from their home, friends and family.
* **Fraud or deception**: Some victims, are tricked into isolating themselves, only realising too late that they put their trust in the wrong person. Similarly, there is a common issue around people smugglers; some victims, having put their trust in the smugglers to get them to safety as they flee danger, have their documents taken from them and end up being sold into exploitation or told they are in debt bondage.
* **Abuse of power**: There are many different ways in which power might be abused to exploit others, but one such case is when Parents sell their children (usually female) into slavery and forced into marriage.
* **Coercion:** Usually by means of threat or force, many victims are coerced into exploitation. This is likely to be an aspect present in most trafficking cases, if not to recruit people, then certainly to prevent them trying to escape.

It’s important to realise that, in the UK, it is not just people transported into the country who are at risk. It is becoming increasingly common for UK nationals to be victims of slavery, mainly due to young people being recruited into County Line Gangs (see above for further details on County Line Gangs).

See further details and support at:

CPS Guidance on Victims of Modern Slavery, Human Trafficking and Smuggling. This online safety guidance aims to identify victims at an earlier point in criminal investigations.

Migrant Help – England 01304 203977 (out of hours 07766 668781)

Salvation Army Referral Line 08008083733

Unseen – Modern Day Slavery Helpline 08000121700

**Prevention of Radicalisation**

Radicalisation is the process by which people come to support terrorism and violent extremism and, in some cases, take part in terrorist groups and activities.

There is no obvious profile of a person likely to become involved in extremism. The process of radicalisation is different for every individual and can take place over an extended period or within a very short time frame. Children in care are a at risk group.

The risk of radicalisation is the product of several factors and identifying this risk requires you to exercise your professional judgement, seeking further advice from your SSW or the LASW as necessary.

Other indicators may include:

* Use of inappropriate language.
* Possession of violent extremist literature.
* Behavioural changes; increasingly centred around an extremist ideology.
* The expression of extremist views.
* Advocating violent actions and means.
* Association with known extremists.
* Seeking to recruit others to an extremist ideology.
* A change of style of dress or personal appearance to accord with the group.
* Loss of interest in other friends and activities not associated with the extremist ideology.

The above list is not exhaustive and there may be other indicators that your child or young person is at risk of violent extremism and radicalisation.

If you are concerned about any child or young person in any way you must report these concerns to your SSW and the LASW or the Out of Hours support if it won’t wait. It is their responsibility to take the concerns forward through the appropriate channels.

Online content in particular social media may pose a specific risk in normalising radical views and promoting content that is shocking and extreme; children and young people can be trusting and may not necessarily appreciate bias, which can lead to being drawn into such groups and to adopt their extremist views.

**Health and Safety in the Home**

PCFS has a duty to ensure that Foster Parents can provide a safe, healthy and nurturing environment for children and young people living with them.

To ensure this requirement is met, you home will be inspected at the time of your assessment as a Foster Parent/s, and then annually usually at the time of your annual review. There may be times when an inspection might take place sooner for a variety of reasons, you might have moved or had some alterations made to your home or concerns have been raised by your SSW, the LASW or your child/young person. A Health and Safety checklist is completed during each inspection. The checklist provides a comprehensive list of requirements to ensure the safety and well-being of children and young people living with you.

In particular, your SSW will need to make sure that:

* Your home can comfortably accommodate everyone that lives with you.
* Your home is warm, adequately furnished and decorated, and is maintained to a good standard of cleanliness and hygiene.
* Every child/young person will need to have their own bed and the accommodation arrangements reflect the child/young person’s need for privacy and space or for any specific need resulting from their particular circumstances; for instance, a disability. This will be discussed with you as part of the matching prior to a placement being agreed.
* Your home and garden/outside space is free of avoidable hazards that might expose a child/young person to risk of injury or harm. You must use appropriate equipment, for instance, stair gates, fireguard’s, window locks all appropriate to the child/young person’s age, development and level of ability. If doors or windows are locked all members of the household should know where to find them.
* Your transport is safe and appropriate to meet the child/young person’s needs. This includes having the correct seatbelts/car seats, an up to date MOT and appropriate insurance.

***SEE TRANSPORTING CHILD/YOUNG PERSON BY CAR***

**Fire safety**

Your SSW will be able to answer any queries you may have, or if not, signpost you to the appropriate person to offer the correct support and guidance.

Your local fire service will freely advise on fire safety in the home and direct you to the best places for smoke alarms. You must have an appropriate escape plan in the event of a fire; make sure you review this regularly and that all members of the household are familiar with it. You are also required to have fire extinguishers and fire blankets; the fire service can also advise you on this. Fire alarms should be tested once a month.

You should store matches, lighters and flammable liquids out of reach of any children/young people.

You must also keep household and garden chemical, medicines, alcohol, razors and even makeup out of reach of children; if possible, they should be locked in a safe place. This will all be discussed and considered as part of your Health and Safety inspection.

**Pets**

A pet assessment is required for dogs and cats and some other animals – please discuss this with your SSW when a new pet joins the family. 3 or more dogs are not usually permitted in Fostering however there can be exceptions for small breeds after a robust risk assessment supported by a Pet Profile from your Vet.

You should not keep a dog as defined under the [Dangerous Dogs Act 1991 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/1991/65/contents).

If you do have pets, you should keep their areas (including the garden) clean. Dogs should not be fed in the kitchen, litter trays not in the kitchen and always out of reach of younger children.

**Household safety**

Kitchens can be hazardous especially for young children. Hot water can scald a child up to 30minutes after it has boiled. Hot drinks should be kept out of reach, flexes on kettles and other kitchen appliances should be short and not hang down where a young child could reach them. Tablecloths’ can easily be pulled bringing hot food, drinks, cutlery, and table ware onto the floor or onto a child.

When cooking, turn pan handles towards the back of the cooker so they cannot be grabbed, consider using a stair gate to keep young children out of the kitchen.

Gas appliances should be in good working order and serviced regularly. Gas heating/hot water appliances must be checked by a professional and a copy of the checks undertaken submitted to the office.

**Outside areas**

Swimming pools, paddling pools, hot tubs and ponds should be covered, fenced off or drained. Children and young people should not be left alone near a swimming pool or any open water.

Chemicals (including paint) should be locked, and any garages and sheds should also be locked.

Greenhouses should be in good repair and away from play areas or made of toughened glass.

Gates, fences and boundaries should be safe and secure.

Foster Parents should be aware that many common plants in the garden (and the countryside) can be poisonous. You should avoid having the more dangerous plants in parts of the garden that young children can easily access. Please always check the dangers when buying new plants.

<https://www.rhs.org.uk/prevention-protection/potentially-harmful-garden-plant>

**Parent & Child equipment**

There is a dedicated handbook for P&C Foster Parents. But if your child is very young you must ensure that all equipment is in good working order and complies with the latest safety standards and regulations. Read the manuals for new equipment to ensure proper use.

Where the Parent or the LASW has provided equipment, this should also be checked regularly to ensure it is in good working order.

All equipment must be maintained to a high standard and checked regularly for faults, any concerns should be reported immediately to your SSW, the Parent or LASW.

**Youth Offending Team**

The Youth Offending Service is there to support the reduction of offending for young people age 10 to 17 years inclusive. They get involved if a young person gets into trouble with the police or is arrested, charged with a crime and has to go to court or is convicted of a crime and given a sentence.

Usually the police are the first people to contact the youth offending team. But anyone connected to the young person can also contact them if they’re worried about a young person’s’ behaviour.

The Youth Offending Team is part of your local council and are separate from the police and the courts.

They work with the police, probation officers, health, housing and children’s services, schools and education, charities and the local community.

***FOR FURTHER INFORMATION SEE*** [***HTTPS://WWW.GOV.UK/YOUTH-OFFENDING-TEAM***](https://www.gov.uk/youth-offending-team)

**Appropriate Adult**

When a young person is arrested by the police it is necessary for them to be interviewed by the police in the presence of an Appropriate Adult. You are not simply an observer your role is to assist your young person to ensure that they understand what is happening at the police station during the interview and investigative stages. In particular you should:

* Support, advise and assist your young person.
* Ensure that the police act fairly and respect the rights of your young person.
* Help with communication between your young person, the police and others.
* You must be present when the police interview your young person.
* Intervene if you feel it is necessary for your young person to communicate effectively or if you feel that the police questioning is confusing, repetitive or oppressive.

For further support see Guidance for Appropriate Adults at <https://assets.publishing.service.gov.uk>

A full copy of this document and Guide for Appropriate Adults issued by the Home Office is available on Tri.X.

**HAVING A CHILD/YOUNG PERSON LIVING WITH YOU**

**Types of Fostering**

**Long Term Fostering**

If it is not felt appropriate for a child or young person to be adopted either due to their age or attachment to their birth family and they are unable to return to their own family the preferred option may be long term fostering. The decision would be made at a statutory review and may be seen as a positive option for several reasons. For instance, an older child may have strong attachments to their own family and so would be unable to fully commit themselves to ‘a new family’. It should be made clear at a Permanency Planning Meeting why the decision is long term fostering, based on the individual needs of the child.

If the decision is made for long-term fostering it is very important that you do not feel under any obligation to offer that child a long-term placement. It may seem to be the ideal solution but the whole TAC must be sure that the placement will meet the young person’s needs in the long term and that it’s not just easier to leave them where they are. It is important that if such a situation arises you discuss it in detail with your SSW and any reservations or concerns are shared. If it’s not felt to be appropriate for the child or young person to remain with you, you will still have a vital role to play in supporting the young person in moving on to a long-term placement.

**Short Term Fostering**

Some children and young people might only need temporary care. This can be for several different reasons. Birth Parents or a family member might need so have some support for all sorts of reasons that could be related to their physical or mental health or substance misuse or while a Parenting assessment or plans are made and completed by the local authority, so a short-term placement is need.

**Parent and Child Fostering**

**Sometimes, new Parents need a little extra guidance and support to help them raise healthy, happy children; particularly if they didn’t experience a loving and nurturing childhood themselves.**

Parent and child Foster Parents’ welcome vulnerable mothers – sometimes fathers too – into their home and provide them with the practical skills they need to care for their child. Placements can start before baby is born to help the Parent/s prepare for the baby or after the baby has been born or even a little later in life if there are concerns around their ability to care for their child.

PCFS have a specialised training session for anyone wanting to consider parent and child fostering and an additional handbook to support this role.

**Unaccompanied Asylum-Seeking Children and Young People**

When placing an unaccompanied asylum seeker very little may be known of the young person’s family history and background, and it can be difficult to ascertain an exact date of birth in many cases. The referral will give what details are known, provide information regarding the young person’s country of origin but often little else. Interpreters are provided for meetings. Foster Parents need to be sensitive to a variety of cultural issues, recognising that there can be variations between cultures which can affect the young person’s development and expectations in respect of family life. The young person may not be familiar with everyday things or routines and the role of religious practices needs should be acknowledged and supported.

The Refugee Council [www.refugeecouncil.org.uk](http://www.refugeecouncil.org.uk) is a useful source of information.

Fostering **See APPENDIX 9** Service Placement Categorisation and Expectation of placement

**How many children can I Foster?**

This will be discussed as part of the assessment process which will make a recommendation to the Fostering Panel which is then considered for approval by the ADM. It will depend on how many bedrooms you have available for fostering. Each CiC must have their own room. There are instances when siblings are able to share a room, but they are not able to share a room with a birth child of the foster family. If siblings are to share this is with permission from the placing local authority and an appropriate risk assessment in place and very much dependent of the size of the room and space available.

Your approval can be reviewed at any point and will be discussed as part of your Annual Home Review as well.

**Understanding Care Plans, Living with Family Plans and Child in Care (CIC) Reviews**

The first CiC review is held within 20 days of a child/young person coming to live with you. The second must be held within a further three months and thereafter every six months. This process will re-start if a child/young person moves to you from another foster home. Reviews are chaired by an Independent Reviewing Officer (IRO). They are usually held at your home but can also be held at the placing Local Authority offices, school or a Children’s Centre. They can be large meetings and should involve the child/young person (although they have the right to decline); you are expected to encourage them to do so. Others who might attend include their parents, school and other professionals working with them. Your SSW and the LASW will also be expected to attend.

The purpose of the review is to consider the past period of care, ensure plans are being progressed and agree targets for the next period of care. It should focus on the quality of care provided and most importantly your child/young person’s views. Your SSW will discuss with you the positives and the challenges of the past period of care and will send in a Quarterly Progress Report to the IRO prior to the meeting. Your child/young person will be contacted by their LASW to ensure their views are recorded. The LASW is responsible for writing the pre-meeting report which should be shared with the child/young person, their birth Parents and you before the review.

The IRO is responsible for completing the review outcomes and minutes, you and your child/young person should receive a copy of this.

**Welcoming a Child/Young Person into your Home**

This is never going to be easy and while it is nerve racking for you and your family you need to step back and view it from the perspective of the child/young person and consider the trauma they have experienced.

You will have completed a Family Book as part of your assessment which will have been given to the LASW as part of the matching process for them to share with your child/young person before they come to meet you and your family.

It will be the little things that you do that can make a difference.

When they arrive remember to smile and lower yourself to their eye level before introducing yourself; this will make you seem less intimidating. When you have introduced yourself ask them what name they would like you to use for them i.e. James might prefer Jim or Jimmy rather than James; don’t presume. Next, introduce the rest of the family.

Should you hug them, shake their hand or high five? You should take your lead from them and what seems appropriate at the time. A child who has suffered abuse or trauma may avoid physical touch or may seek it out inappropriately so err on the side of caution.

Show them around the house. If you have other children, let them join the tour, it all helps them start to get to know each other. You can explain some of the general house expectations as you go around but remember that you will need to repeat these (often more than once or twice) over the next few days or even weeks. You will have already set out some essential ‘house expectations’ as part of your assessment; this may include knocking on bedroom doors before entering, locking the toilet/bathroom door, not leaving the house without permission. Do not overload them with a long list but introduce the basics that relate to safer care and/or safeguarding.

If you have been lucky enough to have introduction visits or meet your child/young person you might well have information about them, their favorite things to eat, their favorite football team or pop group so you could add something to their bedroom to acknowledge this and/or have ready a ‘favorite’ meal to help them feel more ‘at home’ on their first day with you. Does their room, or the landing have a nightlight? This can be helpful not only for younger children but also to ‘light’ the way to the bathroom in the night.

Ensure that your approach and conversations remain open and welcoming. Let them know that no question is ever ‘too silly’ and they can always come to you. Ask questions that show that you are interested in them; this is all work towards building a relationship based on trust. They might want to talk, they might not, there is no right or wrong, you will have to gauge their feelings as the day goes on. Moving to a new family is a huge transition and you and your family are strangers, your family expectations and routines will all be new and unfamiliar. Don’t be discouraged if it doesn’t seem like the things you are doing are appreciated, it might take a few days, week or even months as they adjust to their new home.

Be reassuring but not overwhelming.

**Achieving Stability within a Fostering Home**

To achieve stability and consistency for children and young people is the primary object for all Foster Parents and PCFS supports and prioritises this element of the fostering role.

This is the focus of the SSW team at the very beginning of the process so even before you will have met the child/young person. The matching process and information gathering is vital to get it right at the very beginning rather than waiting until things to go wrong.

PCFS’ focus is to stabilise and not disrupt. At the point of disruption, it is usually too late to make and meaningful changes. In fact, we will always look for a stability meeting arranged earlier rather than when it is really too late to support the placement.

There will be times when you feel like you aren’t making any progress. Nothing you have tried is working. You can be exhausted and worn out, and this can become a vicious circle. But you do have choices …. even if it doesn’t feel like it…..

* Reach out and ask for help.
* Take action – keep trying new ways, different strategies.
* Don’t give up.
* Use your support network.
* Take some time out for you.
* Talk to your SSW.

When Foster Parents are caring for a child or young person with difficult behaviours, arising from early life trauma, they lack positive reciprocal interactions. This places a Foster Parent at risk of gradually responding in a defensive manner. When a particular child consistently fails to respond to their caregiver (Foster Parent) they are not ‘rewarded’ and therefore a Foster Parent is at risk of developing ‘child specific blocked care and suffering compassion fatigue’. This is real and there are physiological changes within the brain, which are beyond a Foster Parent’s control. This leads to an inability to access higher functioning, such as empathy, curiosity, and the ability to apply new strategies. This makes it almost impossible to ‘hear’ and implement the very strategies which they need.

A Foster Parent begins to feel ineffective and powerless. Their sense of failure is extremely stressful, and they feel hopeless and helpless. In order to protect themselves they go into self-defense mode, experiencing feelings of rejection and anger towards the child and too others. This is ‘blocked care’. Therapeutic Parenting offers real support focusing on empathy and compassion. Support through training can reawaken the caring part of the brain. Foster Parents need to feel safe, understood and not criticised for the feelings they have. Sometimes the most useful thing your SSW can say to you is

*“I can’t imagine how difficult this must be at the moment*”.

Your SSW will always work with you but the responsibility of achieving stability is with the TAC working closely together. If any member of the TAC is concerned about the placement, then a Stability Meeting will be arranged; an action plan to target and support the concerns will be put in place and will be reviewed regularly until the issue is resolved.

During your ‘What is Fostering? Becoming a Family that Fosters’ training you will have seen videos on the concept of therapeutic Parenting by Sarah Naish. Through [www.inspiretraining](http://www.inspiretraining)group.com Sarah also offers other video training sessions, many free, to support Foster Parents and professionals with insight and support.

**Transitions – Moving a Child/Young Person on**

Any transitions and/or endings can be difficult for a child/young person and always need to be thought about and planned carefully whenever possible.

You might also be feeling anxious about this too. Talk to your SSW about how you are feeling so that you and your family can also feel supported.

There are a number of different reasons why a child/young person who has been living with you is moving on.

* They are old enough to live independently.
* They are returning to live with their family.
* They are moving to another Foster family.
* They are moving to a residential provision.
* They are being adopted.
* A P&C – moving back into the community.
* The stay ends in an unplanned way – a disruption.

You have an important part to play in helping your child/young person to move and even if it is in difficult circumstance, it should be as positive as possible.

* When talking to your child/young person about the move be positive about why they are moving and the plans for the move.
* Plan goodbyes with family and friends. Don’t avoid them just because you feel it might be difficult; they often are difficult so discuss this and take advice from your SSW as to how to manage this. You could consider a special meal or event – something to remember.
* If they are moving to a new family, you should pull together as much information as you can about their likes and dislikes, their daily routine, and any other information that the LASW or new Foster Parent might find helpful. Ask if you can talk to the new care provider directly this is often helpful.
* Ensure that you provide clear instructions about medication or medical appointments. Hand over the H&M Diary which will have historical information as well as current medical details including dentist, orthodontist, opticians etc.
* Make sure all-important documents i.e. birth certificates, passport get passed on to the LASW or an adult.
* Savings to be transferred to PCFS bank account and PCFS will forward to LASW. This process ensures a trackable audit trail of the transferred savings.
* Ensure that you are able to share photographs, life story book about the time spent with you and your family and that they go with your child/young person when they leave. It would be helpful to pass a copy onto the LASW or an adult.
* Discuss with your SSW and the LASW what contact the child/young persons may have with you in the future. And discuss this with the child/young person.
* All the child/young person’s belongings should be in a suitcase or holdall.

**IT IS NEVER ACCEPTABLE FOR CHILDREN AND YOUNG PEOPLE’S BELONGINGS TO BE MOVED IN BLACK SACKS.**

***SEE ALSO MOVING ON***



**PARENTING CHILDREN/YOUNG PEOPLE IN CARE**

Within 5 working days of a child/young person coming to live with you a Placement Agreement Meeting should take place. This will discuss the day to day details including school, health any known needs that will need to be met. But also details around internet use, going out alone (this is obviously dependent on their age and vulnerability). Does the child/young person have a passport and who is responsible for providing and maintaining this? Does the child/young person have a birth certificate? You should have a copy of this. Do they already have a saving account? If not, you will be expected to open one for them and save £10 per week. This is not for the child/young person’s direct use but paid into until they are 18 years old. They should (dependent on their age) have their own bank account. When your young person is 16 years of age their LASW will apply for their National Insurance number, details will be provided to the young person and to you.

**What Decisions Can I/We Make? Including delegated authority.**

## *The Care Planning, Placement and Case Review and Fostering Services (Miscellaneous Amendments) Regulations 2013 amend the Care Planning, Placement and Case Review Regulations 2010 with respect to the delegation of decision making about looked after children to their Foster Parents.*

## [See Delegation of authority- GOV.UK](https://www.bing.com/ck/a?!&&p=eb8f57ddd0b57595JmltdHM9MTY2NDc1NTIwMCZpZ3VpZD0yMzRlZDdhZi1lMTJlLTY3YTQtM2MwNi1jN2U1ZTAwOTY2NWYmaW5zaWQ9NTQxNA&ptn=3&hsh=3&fclid=234ed7af-e12e-67a4-3c06-c7e5e009665f&psq=delegated+authority+for+looked+after+children&u=a1aHR0cHM6Ly9hc3NldHMucHVibGlzaGluZy5zZXJ2aWNlLmdvdi51ay9nb3Zlcm5tZW50L3VwbG9hZHMvc3lzdGVtL3VwbG9hZHMvYXR0YWNobWVudF9kYXRhL2ZpbGUvNDQxODgwL1dpdGhkcmF3bi1zdGF0dXRvcnlfZ3VpZGFuY2UtZGVsZWdhdGlvbl9vZl9hdXRob3JpdHkucGRmIzp-OnRleHQ9QXV0aG9yaXR5JTIwZm9yJTIwZGF5LXRvLWRheSUyMGRlY2lzaW9uJTIwbWFraW5nJTIwYWJvdXQlMjBhJTIwbG9va2VkLGlzJTIwYSUyMHZhbGlkJTIwcmVhc29uJTIwbm90JTIwdG8lMjBkbyUyMHNvLg&ntb=1)

## Authority for day-to-day decision making about a child in care should be delegated to the child/young person’s Foster Parent, unless there is a valid reason not to do so. The CiC placement plan should record who has the authority to take particular decisions about the child/young person. It should also record the reasons where any day-to-day decision is not delegated to the Foster Parent. Decisions about delegation of authority should take account the child/young person’s views. Consideration should also be given as to whether they are of sufficient age and understanding to take some decisions themselves.

The Local Authority can only pass on delegated authority to you if your child/young person is subject to a Care Order. If they have come into care on a voluntary basis (Accommodated/Section 20) then the only person who can pass on the delegated authority is the person with Parental Responsibility which is usually the child/young person’s parent. In this case the LASW will work with the parent/s to ensure clarity about who can make which decisions. Having clear arrangements and agreements for the delegation of authority helps to reduce delays in making decisions and normalises a child/young person’s experience of being in foster care.

The law says that the person who has the care of the child/young person (**You**) can do what is reasonable in all circumstances for the purpose of safeguarding and promoting the child/young person’s welfare. This means in an emergency if no agreement has been made about what to do, you should do what is reasonable.

Your SSW or an OOH SSW will be available to discuss this with you if you are not sure if you have the authority to make a decision.

Make sure you have a copy of the Delegated Authority document.

***See SLEEPOVERS (RESPITE) for further information on delegated Authority***

**The Child/Young Person’s Health**

All CiC have an Initial Health Care Assessment, and this is reviewed annual (every six months for children under 5) as part of their Health Care Plan. This is arranged by the LASW and often with a Doctor or Practice Nurse working with the child/young person’s LA. For children and young people living out of county the annual health check is sometimes arranged with the LA Practice Nurse visiting where the child/young person lives, or the LA might delegate this to you to arrange with your local surgery. You should keep a note of the date it is due to ensure it is not forgotten. You would usually attend and provide information about any concerns but also about what things you are doing to support them being healthy and well. Your input will be greater or lesser dependent on their age and ability. You will get a copy of the report and Health Plan. Again, chase up the LASW if you don’t receive a copy or bring this up at the CiC Review when health will be on the meeting agenda.

You will need to ensure that every CiC living with you is registered as soon as possible with your local GP, Dentist and Opticians and that appointments are made and kept. If appointments are missed, then this should be recorded.

For children under 5 years you should have their ‘Red Book’ which records health needs, their physical development and immunisation record.

It is important that you keep a record of all health appointments, assessments, and treatments. For children and young people over 5 years of age you will be given an H&M (Health & Medication) Information pack. Like the ‘Red Book’ the H&M Information pack stays with your child/young person if they go for a Sleepover (Respite) or move to another Foster placement, residential or move home.

You, and your partner (if applicable) will need to complete Pediatric First Aid and renew this every 3 years, as part of your ongoing training.

All medicines should be stored securely. You should have a First Aid kit that is secure but accessible within your home. This will be checked at your annual home review and often at an unannounced visit during the year.

As part of the initial matching and placement planning any known health needs or historical health concerns should have been discussed and any known ‘needs’ planned to ensure you and your family can meet these needs.

You have an important role in promoting healthy eating and a healthy lifestyle. There is an obvious link to health and food as well as leisure activities. It’s about what makes your child/young person feel good about themselves. You should help your child/young person to make informed decisions about their health and their views should be taken into account when decisions are made.

In the event of an accident, you must record the details of what happened and inform your SSW.

***SEE ALSO SIGNIFICANT EVENTS.***

**Emotional Health and Wellbeing**

75% of children and young people who experience mental health problems aren’t getting the help they need; this will come as no surprise to you.

Children and young people’s emotional well-being is just as important as their physical health. Good mental health helps them develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

You can help keep children and young people mentally well by supporting them to:

* Be in good physical health, eating a balanced diet and getting regular exercise.
* Having time and freedom to play, indoors and outdoors.
* Being part of a family that gets along (well most of the time).
* Going to a school.
* Taking part in local activities.

Other protective factors, include feeling loved, trusted, understood and safe. Children and young people who are optimistic, and resilient and have some control over their lives and feel like they belong are more likely to have good mental well-being.

Any concerns which you have regarding your child/young person’s behaviour which may be an indicator of mental health difficulties (e.g. deliberate self-harm, eating disorders, etc.) should be reported immediately to your SSW and this can then be discussed with their LASW.

What can you do if you are worried about your child/young person’s health?

One of the most important things you can do is listen to your child/young person and take their feelings seriously; they may just need a hug; they may want help to change something or they may want practical help.

Negative feelings do usually pass but it a good idea to get help if your child/young person is distressed for a long time as this will impact on them getting on with their life, their distress will disrupt family life and their behaviour will often regress to ways you wouldn’t expect for their age.

School’s often have resources, mentors or school counsellors which are often easier to access than other professionals but if this isn’t available then go to your GP who can refer a child/young person for further help if necessary. Different professionals often work together in Children and young people’s mental health services (CYPMHS) – Previously known as CAMHS. This is a multi-agency team comprising of social workers, psychiatrists, psychologists, psychotherapists and community psychiatric nurses (CPNs). These professionals are available to work with children and young people who have identified emotional, behavioural and social challenges.

Referral routes into this service is either via your child’s G.P or the Single Point of Access (SPoA). The Single Point of Access acts as the referral point for both non-urgent and urgent needs and the team will be able to provide you with support and advice and will assist you to reach the right help.

The team will help you to understand the needs of children with different emotional needs and may be able to offer advice on how to manage their behaviour. If you feel that this is a service that may benefit you or the children you are looking after, you should discuss this with your SSW.

Contact details for SPoA and further details about CYPMHS are available here:

T:         0800 011 3474 (available 24hrs a day / 7 days a week)

W:        <https://www.nelft.nhs.uk/services-kent-children-young-peoples-mental-health>

Young Minds is a national charity committed to improving the mental health of all children and young people [www.youngminds.org.uk](http://www.youngminds.org.uk). Their website contains detailed information organised by topics relevant to children and young people’s mental health. The website is really well set out and helpful for children and young people and those looking after them.

They also signpost other organisations that can help:

[**Barnardo’s**](https://www.barnardos.org.uk/) protects and supports the UK’s most vulnerable children. They provide a range of services to help and support children, young people, parents and carers.

[**CALM (Campaign Against Living Miserably)**](https://www.thecalmzone.net/) runs a free, confidential helpline and webchat service offering help and advice to anyone feeling down or in need of support.

[**ChildLine**](https://www.childline.org.uk/) is a free, confidential service where children can talk about any issue they’re going through (not just their mental health or emotional well-being). They can call their helpline or use their webchat to speak to a trained counsellor.

[**The Children’s Society**](https://www.childrenssociety.org.uk/) supports children going through serious life challenges. They run services and campaigns to make children’s lives better.

[**Family Lives**](https://www.familylives.org.uk/) offers information and support on all aspects of family life, including the stages of child development, issues with schools, parenting support, bullying and mental health concerns.

You can text [**Shout**](https://giveusashout.org/) on 85258 for confidential support by text.

[**The Mix**](https://www.themix.org.uk/) offers free emotional support to people under 25 by phone, webchat or email. They also offer a short-term counselling service.

[**Young Minds**](https://youngminds.org.uk/) offers information and support to young people about their mental health and helps adults to support young people in their lives. If you’re a Parent or Foster Parent worried, then you can call their [**helpline**](https://youngminds.org.uk/find-help/for-parents/parents-helpline/).

**The Child/Young Person’s Education**

Research studies and reports reveal an alarming underachievement in education for CIC when compared with the rest of the school population. The cause of this difference in attainment levels can be partly attributed to the emotional trauma and disruption suffered by these children in their earlier lives.

Although some care leavers go on to be very successful later in life, many CIC have poor experiences of education and very low educational attainment. The outcome for young people in this position is very poor with a high number of adults who have been through the care system in the statistics for rough sleepers, teenage Parents, and adults in prison.

Supporting the education of a CiC is now well understood to be a key part of the corporate Parental responsibility of the placing authority. They accept that for the CiC, they have the legal and moral duty to provide the kind of support that any good parent would give their own children.

In order for a CIC to go on to make the most of their life chances and take a full part in society, they need to be encouraged to make the most of every educational opportunity available to them, and to enhance all the skills and talents they have so that they can enjoy a well-rounded lifestyle in their future. It is vitally important for all CiC’s self-esteem, general development and overall personal resilience to be able to achieve, grow and to attain recognition for their efforts.

PCFS is committed to ensuring Foster Parents promote all aspects of education and take an active role in supporting children and young people promoting education, including preschool, and providing a learning environment outside of the educational setting.

As a Foster Parent you must: -

* Keep nursery, school, alternative education or college informed of any significant changes and issues.
* Help children and young people to express their concerns but also support their aspirations and advocate on their behalf.
* Attend open evenings, school meetings and events i.e. plays, performances, fetes
* Provide school uniform, access to a computer or laptop, the Internet and appropriate financial support for trips (for the bigger trips please discuss with your SSW and the LASW for support) and after school clubs.
* Liaise with the school and other professionals if school attendance becomes an issue.
* Ensure you have up to date information about their progress and their attendance.
* You should ensure that you receive a copy of their school reports (and this is shared with your SSW for the child/young person’s PCFS file).
* Contribute to their Personal Educational Plan (PEP) which is an assessment of your child/young person’s educational needs and their progress including any support they might need.
* Support your child/young people to achieve their education or training goals and targets.
* Encourage them to look at alternative education, further or higher education or training.

**What is a Personal Education Plan (PEP)?**

A PEP is extra support for all CiC, and they should have two PEP meetings every academic year. For children and young people new to care they should have their first PEP within 20 working days (10 days if place in an emergency). It ensures that the CiC receives all the support and resources they need to achieve academically. It sets individual targets and keeps track of the child/young person’s progress.

You will often be asked to complete a summary (sent out by the school) before the meeting to share information about how the child/young person is at home and how you support learning.

**Virtual School**

Every local authority has a Virtual School which supports and advises on all forms of educational need. This can be in the form of additional tuition, equipment such as laptops, or advice for teaching staff and Foster Parents. A Virtual School does not exist as a building and children and young people do not attend. It is simply an organisation which has been created to consider alternative educational services at a strategic and operational level for CIC and Young Care Leavers (YCL).

**Starting a new school**

Choosing and applying for a new school is the LASW’s responsibility. However, you might be asked to recommend local schools and asked to visit possible schools.

**Safeguarding in Schools**

CiC are a vulnerable group and all staff working in schools should be aware of the processes in place to support safeguarding of all pupils and students.

There should be a Designated Teacher or a Special Educational Needs (SEN) Coordinator who you can contact and who will be able to provide you with information about all the schools policy’s and process in response to child protection, data protection, child behavior, staff code of conduct and response to pupils/students who go missing from school. Staff must also report concerns regarding Female Genital Mutilation (FGM).

**Absence from school**

You must tell school immediately if your child/young person does not attend school for any reason. You should also advise your SSW and the LASW. If attendance is an issue this will be addressed through PEP meetings, CiC reviews and through Risk Assessments.

**Holidays with the Foster family**

PCFS expect all our Foster families to have a holiday with the children/young people. However, CiC should not be taken out school for this. All holidays will be taken in the school holidays.

You may be eligible for a holiday grant from PCFS – please discuss this with your SSW.

**Exclusions**

Exclusion from school should always be a last resort for CiC so it is vital that you work with the school as soon as your child/young person gives cause for concern. If your child/young person is excluded from school, the school should tell you why and the reasons. You must tell your SSW and the LASW.

If the exclusion is for any length of time the LASW should inform the Parents (if appropriate) and the IRO.

The LASW should look at whether to appeal against the decision to exclude is appropriate.

Exclusion for a fixed period – the school will provide work for the first 5 days.

Speak to your SSW to discuss possible support to ensure that your child/young person does not go out during school hours and the work sent home is completed.

From the 6th day the school should provide a place for your child/young person to be educated.

A fixed term exclusion for primary aged children or for secondary school young people of more than 5 days exclusion should trigger a meeting between you, your SSW and the LASW (within these 5 days) to discuss a return to school and the best way this can be supported.

If your child/young person is settled with you but permanently excluded from school, then the LASW should speak to Virtual School to find another school placement.

When a child/young person is permanently excluded from school, a meeting of the School Governors will be held within 15 days to review the decision. If the decision is upheld an appeal can be made within 15 days. The appeal paperwork can be completed by anyone who has Parental Responsibility of the child/young person.

**Contact with Birth/Adoptive Family**

All CiC must be encouraged to maintain and develop family contact and friendships as set out in their Care Plan. This is seen as very important to sustain links with all those in the child or young person’s network, not just their immediate family. PCFS acknowledge that this can at times be intrusive to your family life and routines, but it is an important part of your work as a Foster Parent and has been shown to enhance a CiC’s sense of identity.

Contact arrangements need to be established, maintained, monitored, and reviewed with the child or young person’s views sought throughout the process and part of your role is to help them find a way to be heard. They may express a wish for more contact or less contact and while it is important for you to support your CiC, this might conflict with your thoughts on the impact of contact on them. You should record your observations of the outcome of contact arrangements and your opinion on the impact on the child or young person so this can be fed back to their LASW. Both are important but they won’t always be the same. You may also need support to deal with your feelings about the contact and your SSW will assist you with this and any difficulties that arise.

Contact must be assessed for any risks to the CiC and those responsible for the care plan should put in place whatever measures are considered necessary to manage risks.

Contact can at times be stressful and confusing, so you need to prepare children and young people for these meetings or visits as appropriate and give them time to adjust or talk through their feelings.

Contact arrangements can at times be complicated and you should check with the LASW if you are unclear about them.

Foster Parents are expected to support getting children and young people to and from contact. If contact involves long journeys, then the cost of the transport should be discussed with your SSW and the LASW to ensure costs are not incumbent on the Foster Parents if they fall outside of the 200 miles per fortnight contractual expectation.

**Managing Behavior**

Throughout the initial matching process, care planning and placement agreement meetings any identified risks will be recorded in a risk assessment. Risk assessments are reviewed after all incidents and should involve yourself, your SSW, the LASW and the child or young person and will identify strategies and techniques to manage challenging behaviour. This will also include a review of support and training for Foster Parents, and your support network, and if needs are identified they will be facilitated.

You, your family and your support network have a right to a safe living environment, and we recognise that your home is your place of work. Therefore PCFS, your SSW and the LASW take this very seriously and expect all possible risks are considered and safeguarding plans are in place to keep everyone within your home and network safe.

This starts even before you are approved as a Foster Parent through a Family Safer Caring Plan and on through the pre-placement process of Referrals Matching, Placement Plan for Fostering Placements and Risk Assessments for all children and young people coming to live with you.

This is a two-way process so while ensuring you and your family’s safety the support given to the CiC will ensure they are safeguarded and protected too.

You will be looking after children and young people whose early life trauma and experiences will cause them to see the world differently and react in different ways to children who have experienced trusting and caring relationships as they have grown up.

We know that early life trauma will impact on brain function, development and attachment. PCFS is committed to offering training to all staff, Foster Parents and support networks to support a greater understanding of therapeutic Parenting skills and strategies that will promote better outcomes for children and young people.

PCFS draws on guidance and principles from Sarah Naish, Dan Hughes and Bruce Perry and these names will thread through training and support as well as de-escalation and promoting the management of positive behaviour through strategies from the Crisis Prevention Institute is also available as a mandatory training for all Foster Parents and their support network.

***SEE ALSO TRAINING***

**Children with additional needs and disability**

It is important that behaviour is viewed within the context of children’s disability, impairment and/or communication needs. Planning and risk assessments must reflect consequences and expectations that are understood by the child or young person and that creative approaches to giving instruction are established.

**Diversity**

You will also need to consider that children and young people come from a range of different backgrounds and the need to meet cultural and ethnic considerations is required. This could be around language and the words you use; communication is key. Discuss with your SSW the use of a translator or sign language services to support you and your CiC if needed.

**Acceptable consequences**

Always focus on natural consequences as discussed during your ‘What is Fostering? Becoming a Family that Fosters’ training. Consequences must always be appropriate and proportionate.

**Safe touch and holding**

Positive touch can be useful especially if the child or young person is upset and the situation is escalating. This can include:

* An arm around the shoulder.
* Holding hands.
* Gently holding an arm.
* Guiding away with minimal contact.
* Obstructing or blocking only in a manner which still permits a child or young person to leave and in line with CPI training.

**Physical Intervention and use of Restraint**

PCFS operates a **NO PHYSICAL INTERVENTION RULE**

Restraint should only be undertaken if it is necessary to prevent serious physical harm to the child, other people in the vicinity or to property.

Restraint is not a behavioral management technique; if used you must report this immediately to your SSW or Out of Hours SSW. CPI MAPA training teacher’s confidence and strategies to use at times of crisis to reduce the need for physical intervention. All Foster Parents must be trained in the management of challenging behaviour, de-escalation and disengagement techniques using CPI MAPA training. This is a mandatory training and must be renewed every two years.

In line with CPI training any physical intervention must be with the minimum force necessary and for the shortest possible time. Ideally a second adult should be present. A significant event form must be completed after any and all interventions. Once the child/young person and you have had time to calm a post crisis debrief will be completed for both of you. The child/young person’s risk assessment must be reviewed. Your training does include dis-engagement techniques but if it is identified that a child/young person may need to be restrained you will be provided with training and risk assessments will be reviewed with the full professional team.

Only use police support if the situation has escalated beyond a point where the safety of everyone can be maintained. If possible, discuss the nature and seriousness of the incident with your SSW or OOH SSW before deciding whether to involve the police; PCFS never want to criminalise children and young people.

**CONSENT** – before any physical contact permission should be discussed with the child or young person but remember they have a right to say “no” to physical contact. However, in circumstances where they are endangering or about to endanger themselves or others safety is paramount, and the overriding principles of CPI will be used to manage the situation. If physical contact makes either person feel uncomfortable you should gently disengage.

All physical intervention incidents must be recorded as a significant event. Medical attention must be offered. The details of the incident are placed on the child or young person’s file and monitored by the Registered Manager through the Regulation 35 reporting mechanism.

**Complaints**

Children and young people have the right to make a complaint about how they have been treated while they are in care. All children and young people are given a PCFS Welcome Pack when they come to you. Included in this pack is a Complaints Leaflet, this is then given annually to ensure children and young people are aware that they have a “voice”. All complaints are treated seriously, investigated appropriately and handled without prejudice.

***SEE HOW TO MAKE A COMPLAINT***

**Relationships and Sex**

Talking about relationships and sex with all children and young people is an essential part of their development growing into young adults. It is part of your role as a Foster Parent to support this learning both formally and informally, talking about friendships, body parts and body changes. It can sometimes feel a little bit uncomfortable having these conversations but children and young people in care are at a higher risk of becoming teenage parents (about three times that of the general population) so having open and transparent conversations are crucial.

Education around sex and relationships is now taught in schools, but it is a lifelong process of acquiring information, developing skills, and forming attitudes and beliefs about sex, sexuality, relationships and feelings. Talking about effective relationship and sex at home and at school is essential if young people are to make responsible and well-informed decisions about their life and resist peer pressure. Sometimes you will be notified by school of what they are planning to deliver, if not you should find out what and when so you can be prepared for any questions that may come home.

Age-appropriate conversations about relationships should begin early in a child’s life but if an older child/young person is placed with you, it’s never too late to talk about sex and relationships, even if they don’t appear interested or are embarrassed. They may come across misinformation through peers, TV or social media so they need to be able to check out what is right and what is wrong. Conversations shouldn’t be left to one Foster Parent and don’t assume that someone else is having these conversations. These conversations will help them develop a confidence in talking about sex and personal relationships. Make sure they have the facts, leaflets and books aimed at their age group are a good starting point. Often ‘the Soaps’ on TV openly discuss many of these issues and can be a good opener for discussions and exploring ideas; ask them how they feel or how they think they might feel.

Remember that children and young people learn by example, so you need to ensure caring and respectful relationships in the home. Listen, don’t judge or lecture, don’t rush in with advice. If you don’t know the answer that’s ok say so and suggest you look it up together. Reassure them that there is no such thing as a silly question. Always challenge prejudice – many people are bullied because they are perceived to be different – this is the same for children and young people. Bullying damages emotional development. Talk about ‘difficult’ subjects when you are doing something else i.e. In the car and both looking ahead– it avoids eye contact which many children and young people find uncomfortable and often the child/young person feels more relaxed.

If the child/young person has been sexually abused discussing relationships and sex can be more complex. They often blame themselves and are confused about feelings and the purpose of sex. You have a support network of professionals so draw on them for support on how to rebuild self-esteem and develop trusting relationships to develop a healthy mindset around sex, relationships, and friendships. It is important not to project how you feel about the subject onto your child/young person. If you cringe or respond negatively when you are asked a question the child/young person will often close or be confused by your response. They need the opportunity to think through and talk about moral issues and dilemmas in a safe anti-oppressive space that also considers their religious and cultural values.

Research says that if Parents/Foster Parents talk to children and young people about this subject they are more likely to delay having sex and to use contraceptives when they do.

As children and young people grow and develop, they will have questions depending on their age, understanding and maturity but need to know and be prepared for changes to their body and different feelings before they happened.

Children under 11 will need opportunities to:

* Talk about and name feelings and emotions.
* Know the names of parts of the body and how they work.
* Talk about different kinds of relationships.
* Prepare for puberty, understand body changes and be able to manage periods.
* Have misinformation corrected.
* Be able to ask for support.
* Understand appropriate and inappropriate touching.
* Learn how to keep themselves safe or seek adult assistance to deal with abusive and unsafe situations.
* Develop good personal hygiene.
* Ask questions and receive sensitive but factual responses.

All children and young people need opportunities to:

* Develop interpersonal skills such as listening, asking questions, making decisions, negotiating and conflict resolution.
* To receive information, in a language they can understand, about sexual development and behaviours, sexuality, sexual response and desire, reproduction, birth, contraception, termination of pregnancy, sexually transmitted infections (including HIV and AIDS) and safer sex.
* To be able to express and manage their emotions.
* Understand the importance of personal relationships, and respect for self and others within relationships.
* Explore their own attitudes to themselves and others and develop personal morals and values.
* Understand the effect of stereotypical sex and gender rules.
* Learn how to resist and avoid unwanted sexual pressures.
* Know how to access information/advice and services about sexual health.

**Cultural Impact on Personal Relationships**

Religious and cultural diversity will impact on how sex and personal relationships can be discussed. This does not mean that children and young people should be denied the benefits of this information. This can more complicated if you do not share the child’s ethnic religion but even so all cultures, religions and even families have a range of views and values that are specific to them.

You can support this by finding out as much as you can about the culture/religion of the child/young person as well as listening to the child/young person, their family and other significant members of their network. Building links with places of worship and community groups can be really helpful. And you and the TAC can consider who is best place to discuss personal relationships and sex in relation to issues of ethnic origin, cultural background and religion. The child/young person may have a view on who it is they would prefer to undertake this work with them.

**Alcohol, Drugs and Smoking**

Many children and young people in Foster care have had a bad experience around adults who are drinking alcohol and misusing drugs and other substances; they may have contributed to abusive experiences and may trigger a trauma response. Many children and young people will associate alcohol with incidents of abuse or heated arguments between adults. Also, you should understand that children and young people who have had bad experiences of people not only getting drunk but just enjoying a drink can make them anxious if you drink. You should think about this when storing and drinking alcohol in your home as well as when you attend social events outside the home.

It is important to address these issues and try and create a new and positive experience around alcohol. Strategies will be based on your individual child/young person’s experience and there will be support from your SSW and the TAC to address this.

However, there are some general guidelines to manage you enjoying a drink as well as discussions around alcohol with your child/young person. It is generally accepted that young people make better choices about their own alcohol use if they have been educated about its effects – so talk about it at home. Children and young people may experience peer pressure to ‘try a drink’ so you need to keep the lines of communication open. Foster Parents should never give alcohol to children and young people. If this is something you might consider for your own children, then you should discuss this with the LASW and your SSW. This would only be considered for older teenagers at a special occasion say Christmas Dinner. You need to role model responsible drinking and not be ‘drunk’ when caring for a child/young person.

Children alcohol and the law

Alcohol consumption in the UK is governed by strict laws.

It is against the law:

* To sell alcohol to anyone under 18 anywhere.
* For an adult to buy or attempt to buy alcohol for anyone under 18.
* For anyone under 18 to buy alcohol or attempt to buy alcohol.
* For anyone under 18 to drink alcohol on licensed premises, except where the child is 16 or 17 years old and accompanied by an adult. In this case it is legal for them to drink, but only beer, wine or cider with a table meal.
* For an adult to buy alcohol for someone under 18 for consumption on licensed premises; except as above.
* To give children alcohol if they are under 5 years of age.

It is not illegal:

* For anyone over 18 to buy a young person over 16 beer, wine or cider if they are eating a table meal together on licensed premises.
* For child aged 5 to 16 to drink alcohol at home or on other private premises. However, this does not mean that you can give consent to a child/young person in your care to drink alcohol unless this has been discussed prior with LASW.

If you think your child/young person has had alcohol depending on how much you think they have drunk, you may need to:

* Offer fluids – water, squash.
* Monitor and check them every 10 minutes/30 minutes/hourly (whatever seems appropriate) especially if they go to sleep.
* Contact a health professional for advice – this could be your GP.
* Report to your SSW or OOH SSW and the LASW or their OOH.
* Consider hospital treatment.

You must never ignore a child/young person who appears drunk (or under the influence of another substance). This must be recorded. You should be aware of any religious or cultural beliefs as they may be forbidden the use of alcohol or other substances. You should also be aware and ensure that the child/young person is aware of possible contra indicators if taking prescription medication. You should also be aware of the amount of alcohol you have in your home, so you know when it is or has been drunk.

**Drugs and substance misuse**

Foster Parents do not need to know everything about drugs and substances to respond appropriately and competently to young people that they are caring for if they know or suspect they have been using something.

Substances are substances whatever they are and whether they are restricted or illegal they are something that may have a harmful effect on, well anyone. This can include:

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

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

This also includes new psychoactive substances which can cause a very similar range of problems to the drugs they ‘mimic’; including a risk of dependence.

For further and up-to-date information ***SEE*** [***https://www.talktofrank.com***](https://www.talktofrank.com)

It is not always easy to spot if a young person is using drugs, particularly when they only take them occasionally or for the first time.

Possible indictors of drug abuse are:

* Sudden changes of mood.
* Irritability.
* Loss of appetite.
* Increased appetite – particularly wanting more sweet things.
* Drowsiness or sleepiness.
* Evidence of telling lies.
* Unexplained loss of money or belongings.
* Unusual smells, stains or marks on their body, clothes or around the house.

Many of this list could be considered ‘normal’ teenage behaviours so it is vital to use opportunities to bring up the subject such as stories in the media or on TV to open conversations and discussions.

It is important not to jump to conclusions but talk to your SSW if you are concerned. There are people who specialise in working with young people on these issues and can signpost you to services and this should be a decision made with the LASW and the young person.

Please note that you could be held responsible for any illegal drugs that are kept in your home so you should have clear boundaries about use; again, talk to your SSW.

**Smoking and vaping, e-cigarettes**

Not all young people will smoke, and some may have a period of ‘just trying’; but they are very addictive and quite quickly become hooked. This guidance is for tobacco as well as e-cigarettes.

Some children and young people may already have a smoking habit when they come to live with you. You should support and encourage them to reduce or stop smoking. You can get support from the CiC Nurse or the young person’s GP.

PCFS expects every fostering family to provide a smoke free environment for children and young people living with you. You will not be able to be approved for children under the age of 5 years if anyone in the household smokes. Foster Parents who do smoke must do so outside of the home and also consider the messages that you as a Foster Parent are giving to the children and young people living with you.

It is illegal for anyone under the age of 18 to buy, or attempt, to buy cigarettes/cigarette papers/tobacco/e-cigarettes or buy, or attempt, to buy them for someone under the age of 18.

Your house expectations should include when, where and who is allowed to smoke and make this clear to young people (appropriate age) placed with you.

Your role is to be a positive role model to your child/young person and raise awareness of the effects of smoking and the benefits of a healthy lifestyle. If you smoke you should consider your own health, that of your family and the children and young people living with you.

**YOU MUST NEVER BUY CIGARETTES/E-CIGARETTES OR ANY RELATED PRODUCTS FOR THE CHILDREN/YOUNG PEOPLE IN YOUR CARE, AND THEY MUST NEVER BE OFFERED AS A REWARD FOR GOOD BEHAVIOUR.**

**NEVER SMOKE IN THE CAR WHEN CHILDREN OR YOUNG PEOPLE ARE PRESENT.**

**IF YOU BELIEVE THAT A YOUNG PERSON IN YOUR CARE IS SMOKING, DRINKING OR MIS-USING DRUGS OR OTHER SUBSTANCES YOU MUST ADVISE YOUR SSW.**

**Promoting a Positive Identity**

It is useful to think about all the things a child or young person comes into contact with e.g. toys, books and posters. Do you have positive images of children and young people who are from different cultures and backgrounds or have a disability? This may seem like something small, but it can have a big impact not only on children and young people who have particular practical needs in relation to their identity but promotes an understanding of other people’s identity.

It is really important for you to develop and promote a child/young person’s identity. You need to understand your own identity in order to understand other people’s identity.

So, what is your identity; it can be made up of a mixture of things:

* How you look including the colour of your skin.
* How you dress.
* How you sound, your accent as well as the language you speak.
* Your views.
* Your family values and traditions.
* Your religious beliefs.
* Your family history and background.
* How you form relationships, including your sexual orientation.

A person’s identity is important particularly for black and minority ethnic children and young people.

It is vital to maintain and uphold and develop a child/young person’s identity particularly when they are not living with their own family otherwise it will diminish a sense of who they are and where they came from. PCFS offer support and if appropriate, specific training, to make sure you are equipped to ensure that all children and young people living with PCFS Foster Parents receive the best possible opportunities to develop a positive understanding of their background and heritage.

**Culture**

Culture describes the way people live their lives. It is based on many different factors; memories, common experiences, background, language, racial identity, class, religion and family attitudes just to name a few.

This can sometimes cause conflict within Foster homes when what you do at home is different to the way the child/young person is used to. There is no right or wrong way to deal with this, it could be something as simple as sitting at the table to eat a meal or more complex perhaps around religious observances. You should discuss this with the child/young person to try and understand their view and find a way forward. Your SSW and the LASW can also provide help and support.

**Language**

Language is an important part of a child/young person’s identity and culture and it is possible that a child/young person whose first language is not English may be placed with you. While translators and support will be put in place for you and the child/young person, and they will pick up English, it is important to preserve the child/young person’s language and communication skills.

If you need more information or advice about this, please talk to your SSW and the LASW who might have other sources of services to help with this.

**Care for Black and Minority Ethnic Children and Young People**

Black and minority ethnic children and young people have particular practical needs in relations to their identity. Books, films, toys and birthday cards should reflect black people and cultural identity in a positive way and this will support and promote a positive sense of identity.

When a child/young person is placed with you it is useful to consider the kind of things that are important, this may be to do with food, skin and hair care. You can find out how to cook particular food (local communities can also be a source of support with this) and introduce them to the rest of the family and this expands everyone’s understanding and experiences.

**Skin and Hair Care**

While skin and hair care are important to everyone, they are particularly important to black and mixed heritage children and young people. Their skin is naturally very dry and needs to be ‘creamed’ regularly and even more so in the winter. You should try and find out what they have been using or try oil-based products. Hair care for black and mixed heritage children and young people is different as well. Hair should only be washed once a week and usually needs special products. Talk to the LASW who might be able to talk to the birth family for specific details. Some religious beliefs do not have their hair cut e.g. Rastafarians and Sikhs, so this is a really important detail you need from the very start of a placement.

**Religion**

The right to determine a child/young person’s religion is a right that all birth parents retain whatever the reason a child or young person has come into care. Some parents may express strong preferences about this, but this would have been part of the matching process and reflected in the choice of foster family for the child.

**Gender**

Some young people may identify as transgender (as a different gender from their birth gender) or as non-binary (they may not identify as either male or female). Girls, boys, transgender and non-binary young people should receive equal opportunities and encouragement to pursue their talents, interests and hobbies. Sexist stereotypes of behaviour must not be imposed or condoned; for example, there should be equal expectations that boys and girls will participate in domestic tasks.

Young people who are experiencing gender identity issues should be given the space and support to develop their own gender identity, however it is important that they are protected from the adverse effects for discrimination and bullying.

Some young people may wish to discuss specialist medical interventions or may need specialist support. Discuss this with your SSW who will support you with discussions with the LASW and TAC.

**Bullying**

Most children and young people are subjected to bullying from time to time in their lives. Generally speaking, CiC are more vulnerable and you need to be aware of signs that might indicate that your child/young person may be being bullied. This might look like:

* Coming home with cuts and bruises
* Torn, damaged or missing clothing
* Falling out with friends
* Being moody and bad tempered
* Being quiet and withdrawn
* Avoiding leaving the house or going to school
* Doing less well at school
* Struggling to sleep
* Anxiety

<http://www.gov.uk/government/organisations/department-for-education>

This website offers separate sections of advice for children and young people and Foster Parents. As well as advise and videos as well as contributions from young people. It also has information about ‘cyber bullying’ and provides the information in a number of different languages.

Childline also has some useful information about bullying.

[http://www.childline.org.uk/info-advice/bullying-abuse-saftey/types-bullying/](http://www.childline.org.uk/info-advice/bullying-abuse-saftey/types-bullying/%20)

**Discrimination**

Most children and young people are bullied because they are perceived to be ‘different’ in some way. This could be because of their ethnicity, physical or learning disability, sexuality, religious beliefs, how they dress or even their hair colour. Children and young people in care have the additional ‘label’ of being in care, not living with their Parents or others may become aware that they have suffered abuse and are vulnerable.

PCFS’s policy on Equality and Diversity is available on Tri.X which applies to the recruitment of Foster Parents and the care of Children and Young People in care as well as all staff. PCFS is committed to equality of opportunity and opposes all forms of discrimination.

**Promoting a positive identity – in conclusion**

Your role as a Foster Parent is to support children and young people in building self-esteem and pride. Find out all you can about the child/young person’s background, history and culture. Discuss with them their dietary preferences, what they like to eat. Find out where there might be local resources and community groups where children/young people can meet others of their culture or religion or other children/young people with disabilities. You can attend training on how to deal with discrimination, equality and diversity and discuss with other ideas of how to deal with racism and discrimination. Challenge discrimination.

**Keeping Memories Safe**

Life Story work is a way of giving a CiC a chance to learn about their past life and history. The information is put together sensitively in an album or digitally and simply called Life Story Book. This piece of work is usually completed by a specialist who is often a social worker. The responsibility for life story work for babies will be with the social worker but for children and young people the work will very much depend on what they want to include and how much research can be done. This also means that the time taken to complete the work depends on what is already available as well as whether photographs need to be taken and visits made.

Your role in this is also vital. So important information is not lost you will be expected to keep significant information relating to the child/young person while they are living with you. This might include photographs, when they had their first tooth, when the tooth fairy came for the first time, birthday celebrations, holidays, school certificates and achievements and other milestones (learning to swim, first time on a plane, first time baking a cake etc.). But also, funny stories, descriptions of what they were like when they first arrived, the list is endless.

Work together with your child/young person, involve them in recording memories and adding to their Life Story Book. Get a sturdy box and get them to decorate it and find somewhere safe to keep this. Add to it ticket stubs, photos and all the things they want to save to support their Life Story Book. Make copies of everything you can even if it’s photos of a favorite item in the box, say a cuddly toy, just in case something gets lost or damaged. Children and young people often want to rip up diaries or photo’s if they have had a bad day, fallen out with a friend or let down over contact. They might not seem that interested in keeping memories but as they get older, they may well want to look back and you can play a key role in making sure their memories are not lost forever.

**Transporting a Child/Young Person by Car**

Children in Care should be treated as part of the family and you will be expected to transport them the same as any other family member.

Your vehicle must have an uptodate MOT, Tax and insurance cover – you must advise your insurance company that you are a Foster Parent and child and young people in your care will travel in the vehicle. You should have a first aid kit and fire extinguisher in the vehicle and where outdoor activities are planned you should carry a first aid kit whenever possible.

Your vehicle should be a smoke/vape free zone. It is a legal responsibility of anyone driving or is responsible for the safety of the vehicle to prevent people smoking in the vehicle.

The law requires all children travelling in cars to use the correct car seat or booster until they are over 135cm tall or over 12 years of age; whichever they reach first. After this they must use an adult seat belt. The same rules apply for children with disabilities unless they have a medical exemption. There are available disabled person’s seat belt and/or restraint designed for children’s specific needs. Only EU-approved baby seats, child car seats or booster cushions can be used in the UK. There have a label showing a capital ‘E’ in a circle.

The law about providing seat belts and child seats in taxis, coaches, buses and minibuses is different from cars, as is the law about children having to use them in these vehicles. However, transport organisations who carry children in taxis, buses, coaches or minibuses still have a duty of care to ensure that they carry them safely.

***SEE www.childseats.org.uk DEPARTMENT FOR TRANSPORT ROSPA WEBSITE FOR FURTHER DETAILS AND CLARIFICATION.***

**IT IS THE DRIVER’S RESPONISBLITY TO ENSURE THAT CHILDREN AND YOUNG PEOPLE ARE CORRECTLY RESTRAINED IN THE VEHICLE.**

It is always a good idea to plan ahead and take toys or books to occupy small children as well as the older children and young people on all journey’s as even a short journey can be delayed due to traffic, roadworks or breakdowns.

The protocol for breakdown is the standard direction to put on hazard lights, exit the car on the safest side i.e. on a motorway hard shoulder this would always the left. Everyone travelling in the vehicle must get out and stand well away from the road. Then call the emergency services/breakdown.

**Overnight stays and babysitters**

There will naturally be times when you want to go out or need to keep an appointment without the children/young people in your care.

Foster Parents are required to think carefully about their choice of ‘babysitter’ to ensure that the needs of the child can be met. It is not appropriate for anyone under the age of 18 years to ‘babysit’ your child/young person. As part of your Form F Assessment you will have been asked to identify a Nominated Person who can look after your child/young person overnight in your absence. You can nominate more than one person and you can change or add to your network at any point. It is a very simple process and does not need to go back to panel to approve changes; your SSW will assist you to review the support you have available to you.

It is important that children and young people can enjoy and are not excluded from activities such as sleepovers with friends and relatives. It is paramount that these arrangements are made in such a way that safeguards their best interest and their welfare. You would be expected to make the same checks as you would for your own children and young people and find out all that you can about the people/friends they want to visit or to stay with; you should meet the adults, have an address, and telephone number and be confident that the child/young person will not be at risk of harm. You should ensure that the adult has your contact details as well as your child/young person. You should have a clear idea of sleeping arrangements and how and when they will be home. These details should be discussed at the time of the Placement Agreement Meeting and within the Delegated Authority document, so the LASW has input and the CiC’s ‘voice’ is also considered.

Even if the authority consent for overnight visits has been delegated to you (so that the child/young person’s LASW does not have to be consulted), you should still inform them as soon as possible either before or a within 1 working day after.

The rule of thumb is that if a child/young person is not sleeping in their own bed (this could be away on holiday with you or at a friends for the night) you should inform PCFS just for our information.

You should only share information on a need-to-know basis and if you give any information record in the daily logs what you have shared.

**Sleepovers (Respite)**

Para.3.87 of the Fostering Guidance (Volume 4) says in full:

*Fostering services should seek to identify, as part of the approval process for a prospective carer, any individuals who may play a significant role in providing support for those carers. These may be back up carers, regular baby-sitters, or family. There is no requirement to assess or approve these people as foster carers. In some cases, it may be appropriate for checks such as criminal record checks to be carried out, but there is no requirement and professional judgement should be used (see also the section in this guidance on delegated authority). The order for a disclosure check to be requested, the fostering service would need to be aware of such arrangements, and so the individual’s involvement would need to be agreed by the fostering service.*

If the foster parent still remains ‘on call’ and available to provide support for whoever is providing the care, then delegated authority remains in place. This will also cover sleepovers in a private household, stay’s overnight with a friend, or who the child may accompany on a holiday or on a school trip.

* If, however it is a more formal undertaking of responsibility for the child or young person to provide a complete break for the foster parent then it would be necessary to place the child or young person with an approved foster parent.
* The decision whether to approve as a foster parent will be based on the circumstances that apply in each situation.

Whether the placement arrangement is under delegated authority or the need is for a placement with an approved foster parent, it will be based on the circumstances that apply in each separate situation and with discussions with the LASW.

**DBS checks and other enquiries that PCFS consider appropriate.**

If a member of the foster parents network is going to be looking after a child or young person on a regular basis, especially if overnight, this would be considered regulated activity and a DBS will be sought. However, if it is just an occasional care arrangement or baby-sitting arrangement, there is no legal basis for a DBS (this would also apply to children/young people staying overnight at a friend’s).

For regulated activity (including overnight stays) alongside the DBS, in most circumstances, PCFS will require a Local Authority check on that person’s home address; even if they are providing the care at the child/young person's ‘home’ address (where they are living with their usual foster parent).

In consideration for either a sleepover with approved foster parents or under delegated authority consideration must be given to…

* The degree of responsibility you are asking the member of the support network to take
* Length of stay
* Is the care being provided at the child/young person’s usual home address
* Does this involve regular members of the foster parents support network
* Are they providing baby-sitting support
* You would need to consider the length of a holiday (if with friends and/or family) and it is in the UK or Abroad.
* If under delegated authority, how are the foster parents going to keep in contact with the child and/or support network member?
* Financial arrangements
* Consultation with the child/young person’s social worker

**Administering First Aid and Medication**

Part of the initial Placement Planning meeting and document is the Delegated Authority. This will give you clear directions about what decisions you can make about giving consent for medical treatment (and other day to day practicalities you will need as a Foster Parent).

**First Aid**

Every approved Foster Parent must complete Pediatric First Aid training, this must be updated as a minimum every 3 years. Failure to complete this and keep it in date could result in your approval being considered by the fostering panel, it is a mandatory training requirement.

As part of your initial assessment a Health & Safety Check will have been completed; this is reviewed annually in line with your Annual Review. Part of the check will be to ensure you have a fully equipped first aid box in the home and in any of your vehicles used to transport children/young people. First aid boxes should be kept in a safe place not within reach of small children but accessible when it might be needed. The first aid box is also usually checked at an unannounced visit.

If a child/young person requires first aid you should apply it, if safe to do so, and add to the H&M Information Pack and the daily log.

If you need to seek medical advice or you have assessed the situation and consider it a medical emergency you must not delay sending for medical help, calling an ambulance or the police if this is needed.

**Remember your First Aid training and once you have called for help:**

* Do not move the child/young person unless they are in immediate danger or to place them in the recovery position.
* Try to find out what happened.
* Do not try and make them vomit.
* Collect any drugs or spillages (e.g. vomit for analysis).
* Observe the child/young person – keep them calm, warm and quiet in the recovery position

IF THEY ARE UNCONSCIOUS.

* Ensure they can breathe (that their airway is clear) and place them in the recovery position
* Do not move them if they are likely to have a spinal or serious injury (it might not be obvious).
* Do not give anything by mouth.
* Do not try to make them sit or stand up.
* Do not leave them on their own.

**Preparing to move on**

Once a young person reaches the age of 16 planning should have started for their move on into adulthood. This does not mean that the young person will be leaving your home imminently. Young people leave foster care at different times depending on their individual circumstances.

Many young people return to their birth family; some move on to independent accommodation and others stay with their foster family beyond eighteen. The Children and Families Act 2014 places a duty on Local Authorities to assess and support young people to remain living with their Foster Parents until they are 21 years old (or 25 in some cases) or until they have completed their education or training course. This is known as Staying Put.

Where young people have an on-going cognitive disability and meet the adult services – Fair Access to Care Services criteria (Putting People First), Foster placements should be converted to Adult Placements/Shared Lives Arrangements when the child reaches their eighteenth birthday.

Whenever the moves take place it is important that the young person is as well-equipped as possible to live independently. You will be very much involved in the planning and the review process for this preparation for independence.

Your role as a Foster Parent is crucial and ongoing. From an early age children develop their independence skills as a natural part of growing up. If young people are going to thrive independently there are more specific things that they have to do; for example, cooking, using a washing machine and managing money. Working with your young person you will be involved with identifying skills that can be completed and those that need more support using an Independent Skills Assessment. This is a ‘live’ document that will be revisited frequently to ensure progress.

You can help your young person in lots of ways. Encourage them to cook for themselves (or the whole family) and do the washing up; create a cookbook of successfully mastered recipes. Let them do their own laundry; washing, drying, ironing, folding and putting away. Teach them the value of money and budgeting; give them responsibility for their own clothing allowance (this should also be discussed with your SSW and the LASW) moving onto a weekly allowance for food and toiletries etc.

As well as the practicalities of day to day living your young person will need your emotional support as they consider their future.

Not all placements end in a positive way, but many do but either way it is important to discuss your feelings with your SSW. **Many young people remain in contact with their Foster families when they have moved on and positive relationships and contact is continued; they have been part of your family and formed an attachment so a JOB WELL-DONE by you and your family.**

***SEE TRANSITIONS - MOVING A CHILD/YOUNG PERSON ON***

**Appendix 1**

Logo

Description automatically generated with medium confidence**Fostering Expenditure**

Breakdown of Fostering expenditure by Foster Parents from ‘Care Element’ of Fostering Allowance.

|  |  |
| --- | --- |
| Clothing | £15.00 per week – only to be given directly to the child/young person if agreed by LASW as part of an Independence  Plan |
| Pocket Money | £5 up to the age of 10  11 and up £1 per year of age  i.e. aged 11 = £11 etc |
| Saving | £10 per week  Although some LA’s deduct £5 at source so then only £5 saved by Foster Parents |
| Mileage | 200 miles per fortnight (equating to 100 miles per week) is included in the Care Element of your Fostering allowance. This is to cover travel to school, contact, professional meetings and medical appointments etc.\*  After this mileage is paid at 35p per mile. \*\*  If mileage is for a specific piece of work i.e. travel to and from contact or school that will regularly be over the 200 miles per fortnight allowance, then this must be discussed, and an agreement reached with LA to cover and support the costs.  Providing a Sleepover (respite) - mileage is paid to Sleepover Foster Parents at 35p per mile with no mileage deducted but an accurate tally of your mileage is still required using the standard mileage claim form. |
| Activities | Minimum £15.00 per week |
| Birthday | £100 to support a gift and the celebration |
| Religious festivals | £100 |
| Miscellaneous Costs | £10 per week to cover mobile top up, specialist toiletries/skin care etc. |

(Although not all are applicable to Parent and Child Placements).

\*This should be included in your fortnightly 200-mile allowance.

\*\*To ensure an accurate tally of your mileage per fortnight please record all mileage covered and then deduct the 200 miles. You should keep a record for the year for your accounting purposes as ‘up to 10,000 miles is non-taxable’. Please submit to your SSW who will sign this off and submit for payment in line with the fortnightly pay run.

SEE Finance section in **The Foster Parents Manual** for further explanations of the Fostering Allowance breakdown in line with Gov.UK

**Appendix 2**

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**Foster Parent Mileage Claim Form**

Foster Parent Name:

Period Claimed: From: To:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **From**  **(postcode)** | **To**  **(postcode)** | **Purpose of Journey** | **Miles Claimed** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **Total miles** |  |
|  |  |  | **Total miles less 200** |  |
|  |  |  | **Total miles claimed** |  |
|  |  |  | **Travel @ .35p per mile** |  |
|  |  |  | **Total Claim** | **£** |

|  |  |
| --- | --- |
| **I Agree the above claim is a true record.** | |
| **Signature:** |  |
| **Name:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Authorised By:** |  |
| **Date:** |  |

**Appendix 3**

**A picture containing logo

Description automatically generatedSafeguarding/Significant event**

**If still no then here is no further action needed.**

If not a safeguarding issue/significant event, consider whether any other action is required i.e.:

* Update risk assessment
* Action plan

Notify LA children’s Social Worker immediately by telephone and completed PCFS internal forms (significant event form) and send to SSW within 24 hours.O9urs. Hou

SSW/Fostering Manager to consider if significant event is sch 6 or 7

If sch 6 – complete form for monitoring, and notify RI

If Sch 7 - Ofsted notification to be completed within 24 hours by worker who has dealt with the concern, and notify RI

Yes

No

Is it still a safeguarding concern? Is this a significant event?

Foster Parent to immediately share your concern with SSW/Registered Manager/OOH

**APPENDIX 4**

**National Minimum Standards**

**STANDARD 1 – The child’s wishes and feelings and the views of those significant to them**

Outcome:

• Children know that their views, wishes and feelings are taken into account in all aspects of their care; are helped to understand why it may not be possible to act upon their wishes in all cases; and know how to obtain support and make a complaint.

• The views of others with an important relationship to the child are gathered and taken into account

**STANDARD 2 – Promoting a positive identity, potential and valuing diversity through individualised care**

Outcome:

• Children have a positive self-view, emotional resilience and knowledge and understanding of their background.

**STANDARD 3 – Promoting positive behaviour and relationships**

Outcome:

• Children enjoy sound relationships with their Foster family, interact positively with others and behave appropriately.

**STANDARD 4 – Safeguarding Children**

Outcome:

• Children feel safe and are safe. Children understand how to protect themselves and are protected from significant harm, including neglect, abuse, and accident.

**STANDARD 5 - Children Missing from Care**

Outcome:

• Children rarely go missing and if they do, they return quickly.

• Children who do go missing are protected as far as possible and responded to positively on their return.

**STANDARD 6 - Promoting good health and wellbeing**

Outcome:

• Children live in a healthy environment where their physical, emotional and psychological health is promoted and where they are able to access the services to meet their health needs.

**STANDARD 7 - Leisure activities**

Outcome:

• Children are able to enjoy their interests, develop confidence in their skills and are supported and encouraged to engage in leisure activities.

• Children are able to make a positive contribution to the Foster home and their wider community.

**STANDARD 8 - Promoting educational attainment**

Outcome:

• The education and achievement of children is actively promoted as valuable in itself and as part of their preparation for adulthood. Children are supported to achieve their educational potential.

**STANDARD 9 - Promoting and supporting contact**

Outcome:

• Children have, where appropriate, constructive contact with their Parents, grandparents, siblings, half-siblings, wider family, friends and other people who play a significant role in their lives.

**STANDARD 10 - Providing a suitable physical environment for the Foster child**

Outcome:

• Children live in Foster homes which provide adequate space, to a suitable standard. The child enjoys access to a range of activities which promote his or her development.

**STANDARD 11 - Preparation for a placement**

Outcome:

• Children are welcomed into the Foster home and leave the Foster home in a planned and sensitive manner which makes them feel loved and valued.

• Children feel part of the family. They are not treated differently to the Foster Parent’s own children living in the household. The child’s needs are met and they benefit from a stable placement.

**STANDARD 12 – Promoting independence and moves to adulthood and leaving care**

Outcome:

• Children are prepared for, and supported into, adulthood so that they can reach their potential and achieve economic wellbeing.

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Description automatically generatedAppendix 5 Managing Allegations**

**PLEASE NOTE – DO NOT SHARE ANY INFORMATION WITH THE PERSON WHO THE ALLEGATION IS REGARDING – OMIT ANY STAGE REQUIRED FOR THIS AND SPEAK TO PERSON ABOVE THEM**

You should receive feedback back within 1 working day, however if you have not been informed withing 3 working days, contact the children’s services again.

**If still NO then there is no further action needed.**

If not a safeguarding issue/significant event, consider whether any other action is required

Fostering Manager will need to notify LA children’s Social Worker immediately by telephone and an PCFS internal form (significant event form) to be completed and sent to SSW within 24 hours.

SSW/Fostering Manager to consider if significant event is sch 6 or 7

If sch 6 – complete form for monitoring, and notify RI

If Sch 7 - Ofsted notification to be completed within 24 hours by worker who has dealt with the concern, and notify RI

Fostering Manager to contact Local Authority Designated Officer (LADO) if concerns relate to a foster parent/staff member/ or other professional.

Yes

No

Is it still a safeguarding concern? Is this a significant event?

Immediately share your concern with SSW/Fostering Manager/ RI/OOH

**Appendix 6**

Use this for to help you decide if the young person is MISSING FROM CARE or AWAY FROM PLACEMENT. Score 3 for a YES, score 2 for a NOT KNOWN, and 1 for NO.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Missing Episode Details:** | | | | |
| Child’s name: |  | | | |
| MAT completed by: |  | | | |
| Date/time missing: | Date: | | | Time: |
| Missing from where?: |  | | | |
| Circumstances before missing: |  | | | |
|  | Yes (3) | NK (2) | No (1) | Score: |
| History of self-harm? |  |  |  |  |
| Physical disability? |  |  |  |  |
| Learning Disability? |  |  |  |  |
| Medical needs? |  |  |  |  |
| Previously missing? |  |  |  |  |
| Known problems? |  |  |  |  |
| Drug use? |  |  |  |  |
| Alcohol use? |  |  |  |  |
| Young offender? |  |  |  |  |
| Sexual misconduct? |  |  |  |  |
| Being bullied? |  |  |  |  |
| Victim of racial, homophobic or sexual abuse? |  |  |  |  |
| Age 12-14 add 2 points | Age 15-17 add 1 point | | |  |
| Other information (not scored) |  | | | |
| Total Score | | | |  |

If a child or young person is aged 11 or under then they should be reported as **MISSING FROM CARE** straight away.

Score 14 or less: Unless previously discussed this is likely to be an **AWAY FROM HOME** for the first 24 hours

Score 15 or over: consideration must be given to making a **MISSING FROM CARE** report

Please see missing policy on Tri-X and process flow chart.

**Appendix 7 Missing Process Flowchart-When a Child/YP CAN be contacted**

Contact the child/YP and speak to them directly

Report the child/YP to their placing LA to report them **Away from Home**/ unauthorised absence and notify SSW in Office hours or PCFS OOHS

**Missing from Care**

**Away from Home**

**NB: ALL Missing episodes however long or short need to be reported as a significant event to consider if Risk Management Strategy (RMS) is needed or needs to be updated.**

See **Missing Process Flowchart – when a child CANNOT be** contacted

At this stage Foster Parents are to complete the **Missing Assessment Tool**, which will help indicate next steps.

If a Child/Young person becomes uncontactable at any time and/or a Foster Parent cannot verify where they are and whether the situation is safe, the foster parent is to explain that they have a duty of care to report them as **Away from Home** or **Missing from Care** to the Police and LA.

For older teenagers it may be more appropriate to negotiate with them to remain where they are as long as the foster parent can ascertain the details and speak to an adult present. They are then to report the Child/YP as **Away from Home**

Placing LA and PCFS to be kept up to date with any changes, and all notified as and when the child returns home.

When contact is made, make arrangements to collect Child/YP or for them to return home immediately

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**APPENDIX 8**

**Missing Process Flowchart-When a Child/YP CANNOT be contacted**

**NB: ALL Missing episodes however long or short need to be reported as a significant event to consider if Risk Management Strategy (RMS) is needed or needs to be updated.**

Contact the child/YP and attempt to speak to them directly if possible

If they cannot be reached, contact school, friends, associates, close family contacts (if appropriate) to collate information about places and times that the child/YP was last seen.

Walk or drive to places where the child/YP likes to visit or has previously visited and places they like to go to with friends.

If contact still cannot be made and all appropriate action taken, Foster Parents are to complete the **Missing Assessment Tool**, which will help indicate next steps.

**Away from Home**

**Missing from Care**

Report the child/YP missing to their placing LA to report them **Away from Home**/unauthorised absence and notify SSW in Office hours or PCFS OOHS

Report the child/YP as **Missing from Care** to the Police (the police force area they went missing from) and note down the CAD reference number. Then contact the Child/YP’s placing LA to report them **Missing from Care** and provide the CAD reference. Following this, Foster parents are to contact SSW in office hours or PCFS OOHs to inform

Police, Placing LA and PCFS to be kept up to date with any changes, and all notified as and when the child returns home.

**APPENDIX 9**

|  |
| --- |
| **Fostering Service Placement Categorisation and Expectation of placement** |
| **Standard Placement**  Standard fee – no additional need or complexities assessed |
| **Standard placement with additional needs**  Elevated fee to cover:   * Bespoke activities * Equipment/adaptations required * Higher level of supervision * Managing more complex behaviours – emotional/physical impacts * Attending additional appointments/ meetings   May be out of school or educated at home |
| **Placement with significant physical/developmental/learning needs**  Elevated fee to cover:   * Bespoke activities * Equipment/adaptations required * Higher level of supervision – double manning may be required * Managing more complex behaviours – emotional/physical impacts – maybe waking nights * Attending additional appointments/ meetings – these could be more regular and further away * Increased contact arrangements * Unable to use Sleepover (respite) * May be out of school or educated at home |
| **Parent and Child placement (2 x placement rate minus living costs for Parent – benefits)**  Elevated fee to cover:   * Additional adult in the home * Monitoring though the night * Consistent supervision * Practical support * Accompanying Parent and child to meetings/activities/appts * Unable to use Sleepover (respite) |
| **Parent and Child + 1 additional child/or additional Parent (3x people)**  Elevated fee to cover:   * Additional adult or child in the home * Monitoring though the night * Consistent supervision * Practical support * Accompanying Parent and child to meetings/activities/appts * Unable to us Sleepover (respite) * One FP may need to remain in the home if more than 1 adult – impacting FPs activities |

Jargon Buster

|  |  |
| --- | --- |
| Abuse | Is the improper usage or treatment of a thing, often to [unfairly](https://en.wikipedia.org/wiki/Distributive_justice) or improperly gain benefit. Abuse can come in many forms, such as: physical or verbal maltreatment, injury, assault, violation, rape, unjust practices, crimes, or other types of [aggression](https://en.wikipedia.org/wiki/Aggression) including emotional abuse, sexual abuse, neglect, financial/material abuse, institutional abuse, discriminatory abuse and exploitation. This maybe by an adult or adults or by another child or children. |
| Accommodation (S20) | Voluntary accommodation under Section 20 of the Children Act 1989. This means the person with Parental responsibility for the child agrees with the children entering into care. |
| Achieving best evidence (ABE) | This is the national protocol for interviewing children and vulnerable adults as part of a criminal investigation |
| Acquired gender/Affirmed gender | This is an individuals declared gender identity. A gender person feels they have no gender. Androgynous presentation includes both male and female elements. |
| ADHD | Attention deficit hyperactivity disorder is a condition that affects child and adult’s behaviour. They can seem restless, may have trouble concentrating and may act on impulse. |
| ADM | Agency Decision Maker is a senior person (Social Worker) within PCFS who makes the final decision on Fostering panel’s recommendations. |
| Adoption | Legally taking a child and bringing them up as your won – the fact of being adopted. |
| AP  Alternative Provision | Schools and pupil referral units can use a range of alternative provision to try to prevent students from being excluded or to re-engage students in their education. |
| Appropriate Adult | This is a Parent, Foster Parent, guardian or social worker whose role is to safeguard the interests, rights, entitlements and welfare of children (and vulnerable adults) who are suspected of a criminal offence. They must be present for a range of police processes including interviews, intimate searches and identification procedures. |
| Applicant | Anyone who has applied to become a Foster Parent |
| ASD | Autism spectrum disorder is a group of neurodevelopmental disorders that can cause significant social, learning, communication and behavioural challenges. Included in the spectrum are Autism, Asperger syndrome, childhood disintegrative disorder, and pervasive developmental disorders not otherwise specified. |
| Assigned Gender | Is the discernment of an infant’s sex at birth. In the majority of births, the genitalia is inspected (by a relative, midwife, nurse or physician) when a baby is delivered and the sex is assigned. |
| Asylum seeker | A person who has left their home country as a political refugee and is seeking asylum in another country. |
| Away From Home | A CiC whose whereabouts are known but who is not at their Foster home or the place they are expected to be and their Foster Parents are concerned. |
| CAF | Common Assessment Framework is a four-step process whereby practitioners can identify a child/young person’s needs early, assess those needs holistically to deliver coordinated services and review progress. |
| CAMHS | Child and Adolescent Mental Health Service – now known as CYPMHS, please see CYPMHS |
| Care Proceedings | Care proceedings can be brought by the local authority under Section 31 of the Children Act 1989 if there is concern that a child is suffering or likely to suffer Significant Harm attributed to the care being given to the child or likely to be given if an Order is not made, not being what it would be reasonable to expect a Parent to give, or the child is beyond Parental control – the Threshold Criteria.  If the Threshold is meet the Court can make a Care Order (or initially an Interim Care Order) or Supervision Order. |
| CCE | Child Criminal Exploitation – Children who are trafficked, exploited or coerced into committing crimes are victims in need of safeguarding and support. These children are often perceived as ‘having made a choice’ and still criminalised however perceptions are changing. CCE does not always involve physical contact as it can also occur through the use of technology. |
| CEOP | The **Child Exploitation and Online Protection Centre**. The Child Exploitation and Online Protection Centre (CEOP) work with safeguarding and child protection partners across the UK and overseas. It protects children from harm online and offline with a focus on child sexual exploitation and online protection issues. |
| CIN (S17)  Child in Need | Is a child in need if they are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining a reasonable standard of health or development without the intervention of service from the LA to support him/her. Section 17 of the Children Act 1989 |
| CP (S47)  Child Protection | This refers to section 47 of the [Children Act 1989](https://frg.org.uk/get-help-and-advice/a-z-of-terms/children-act-1989/). Section 47 places a duty on [children’s services](https://frg.org.uk/get-help-and-advice/a-z-of-terms/childrens-services/) to look into a child’s circumstances if they receive information that the child may be at risk of [significant harm](https://frg.org.uk/get-help-and-advice/a-z-of-terms/significant-harm/). These enquiries are referred to as ‘section 47 enquiries’ or ‘section 47 investigations. |
| Children’s Guide | PCFS a ‘Children’s Guide’ to help settle child and young people whether new to care or moving from a previous Foster family.  We recognise that they may have lots of questions. This covers all areas of care, a who’s who, pocket money and lots of other information.  This is included in the Welcome Packs given to all young people living with a PCFS family that Fosters. |
| Children’s Guardian | They are qualified in social work and trained and experienced in working with children and families. They are appointed by the court to represent the rights and best interested of the child involving Children’s services. Their role is gives the child a ‘voice’ in the court arena. |
| Chronology | This is used to give a clear timeframe for anything from school exclusions to episodes of missing etc. to provide a clear picture of knowledge and information to support significant events. A useful tool for sharing information. |
| CiC (Child in Care)  Previously LAC - Looked after Child | This is the term most common used (and the term most preferred by children and young people in care) term for those children who are looked after by the state. This includes a child that is Accommodated by the Local Authority, a child who is subject to an Interim Care Order, full Care Order or Emergency Protection Order, also a child who is remanded by a court into Local Authority accommodation or Youth Detention Accommodation. This includes those who are subject to a care order or those temporarily classed as looked after on a planned basis for short breaks or respite care. |
| CiC Review  LAC Review | A CiC Review is sometimes referred to as a Statutory Review and is a meeting that covers the arrangements for ensuring the plans put in place for a child in care happen. These reviews have a definite timeline. So initial review will be within 7 days of placement then after 28 days and then every 6 months. For a child in the same, settle home after several years this can move to an annual review. The child’s role in this meeting is vital – it is their meeting. |
| CAF -Common Assessment Framework | This is the process used to identify children who have additional needs, assess needs and strengths and provide co-ordinated multi-agency support planning to meet these needs. |
| Complaints Process | The formal complaints process is intended to ensure that all complaints are handled fairly, consistently and whenever possible to the complainant’s satisfaction. PCFS has a responsibility to deal reasonably and sensitively taking action when appropriate. |
| Consent | To [agree](https://dictionary.cambridge.org/dictionary/english/agree) to do something, or to [allow](https://dictionary.cambridge.org/dictionary/english/allow) someone to do something Consent can be given orally or in writing and could be an intervention or information being shared. Consent can be withdrawn at any point. |
| CONTEST | The aim of CONTEST is to reduce the risk to the UK and its interests overseas from terrorism, so that people can go about their lives freely and with confidence. It has 4 key objectives **Pursue**: to stop terrorist attacks; **Prevent**: to stop people becoming terrorists or supporting terrorism; **Protect:** to strengthen our protection against a terrorist attack; and **Prepare:** to mitigate the impact of a terrorist attack |
| Child Arrangement Order | There were introduced in April 2014 and replace Contact Order and Residence Orders. It is a private law order regulating arrangements for:   * who a child is to live, spend time or otherwise have contact with, and * when a child is to live, spend time or otherwise have contact with any person   This is discharged by a Care Order but can be made under Section 34 of the Children Act 1989 requiring the local authority to allow the child to have contact with a named person. |
| County Lines | Criminal exploitation and is when gangs and organised criminal networks groom and exploit children and young people to sell drugs. Often the children/young people have to travel across counties and use dedicated mobile phones ‘lines’ to supply drugs. |
| CSE | Child sexual exploitation is a type of [sexual abuse](https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-abuse/). When a child or young person is exploited, they're given things, like gifts, drugs, money, status and affection, in exchange for performing sexual activities. Children and young people are often tricked into believing they're in a loving and consensual relationship. This is called [grooming](https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/grooming/). They may trust their abuser and not understand that they're being abused. The victim may have been sexually exploited even if the sexual activity appears consensual. It does not always involve physical contact; it can also occur through the use of technology. |
| Cyberbullying | The use of electronic communication to bully a person, typically by sending messages of an intimidating or threatening nature. |
| CYPMHS | Children and young people’s mental health services - (CYPMHS) is used as a term for all services that work with children and young people who have difficulties with their mental health or wellbeing. This is a multi-agency team comprising of social workers, psychiatrists, psychologists, psychotherapists and community psychiatric nurses (CPNs). These professionals are available to work with children and young people who have identified emotional, behavioural and social challenges.  You may also see the term children and adolescent mental health services (CAMHS) used. This is an older term for the main specialist NHS community service within the wider CYPMHS that may be available locally. |
| DBS | Disclosure and Barring Service conducts criminal record checks and police checks and maintains a list of people barred from working with children and vulnerable adults and is a vital part of PCFS safer recruitment process. |
| Department of Education  DfE | Is responsible for Children’s Services and Education, including early Year, higher and further education, apprenticeships and wider skills in England. It is a ministerial department, supported by 18 agencies and public bodies. |
| Depression | Major depressive disorder or clinical depression is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think and handle daily activities, such as sleeping, eating or working. |
| Designated Teacher - DT | Has a leadership role in promoting the educational achievement of CiC. The DT should make a positive difference by promoting a culture where the personalised learning need of every CiC matters and their personal, emotional and academic needs are prioritised. |
| Discretionary Leave to Remain | This is a form of permission to live in the UK granted by the Home Office outside of the rules. This means that someone can live and work in the UK for a designated period of time. The *leave* means you can legally live in the UK for a set amount of time; normally 30 months but the duration is based on the facts of the case. Discretionary Leave to Remain by the Home Office may be eligible to apply for permanent settlement after 10 years of continuous residence in the UK. |
| Domestic Abuse or Violence | This is an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer. It is very common. In the vast majority of cases (but not always) it is experienced by women and is perpetrated by men.  Also consider psychological and/or emotional abuse, financial or economic abuse, harassment and staking and online or digital abuse. |
| Duty of Care | Working with children means you have a responsibility to care for individuals, promote their wellbeing, and prevent them from anything that results in harm. This is your legal duty of care and something you must always abide by; this is not something you can opt of. |
| EDT | Emergency Duty Team – social service team that responds to out-of-hours referrals when intervention is required to keep a child or adult with care and support needs and where it would not be safe, appropriate or lawful to delay that intervention to the next working day. |
| EHCP | Education, Health and Care Plan (EHCP) was formerly known as a Statement of Special Education Need is a legally binding document outlining a child or teenager’s additional educational, health, and social care needs. The document has to list all of the child’s additional educational needs, provision to meet each of the needs and that provision has to be specific, detailed, and quantified. The plan names the school/setting which is to provide the provision and the plan is legally enforceable ultimately through Judicial Review. EHCP plans are for those children (0-16) or young people (16-19) or adults (19-25) with special educational needs who require support beyond that which an educational setting can provide at SEN support. A child who has educational needs may also have additional health and social care needs and those can be included in the plan so long as they relate to education. |
| EMDR | EMDR is an acronym for ‘Eye Movement Desensitisation and Reprocessing’. EMDR is a powerful psychological treatment method that was developed by an American clinical psychologist, Dr Francine Shapiro, in the 1980s. As a Senior Research Fellow at the Mental Research Institute, she published the first research data to support the benefits of the therapy in 1989.  EMDR is a complex and powerful therapy. I was initially developed for the treatment of posttraumatic stress disorder (PTSD). Therapists always have a background in mental health before undertaking training in EMDR.EMDR therapy focuses directly on the memory and is intended to change the way that the memory is stored in the brain, thus reducing and eliminating the problematic symptoms. EMDR incorporates the use of eye movements and other forms of rhythmic left-right (bilateral) stimulation; often tapping. |
| EPO | An Emergency Protection Order is issued with the aim of protecting a child from ongoing or imminent risk of physical, mental or emotional harm where emergency action is needed. Subject to certain exceptions it can be made for a period of eight days. |
| Every Child Matters | Every Child Matters came about as a direct result of the death of Victoria Climbie (25th February 2000) and the following public enquiry. After Victoria’s death, the parties involved in her case were widely criticised. A public inquiry, headed by [Lord Laming](https://en.wikipedia.org/wiki/Herbert_Laming,_Baron_Laming), was ordered. It discovered numerous instances where Victoria could have been saved, noted that many of the organisations involved in her care were badly run, and discussed the racial aspects surrounding the case, as many of the participants were black. The subsequent report by Laming made numerous recommendations related to child protection in England. Victoria’s death was largely responsible for the formation of the [Every Child Matters](https://en.wikipedia.org/wiki/Every_Child_Matters) initiative; the introduction of the [Children Act 2004](https://en.wikipedia.org/wiki/Children_Act_2004); the creation of [Contact Point](https://en.wikipedia.org/wiki/ContactPoint), a [database](https://en.wikipedia.org/wiki/Database) that held information on the contacts of the various children's services with particular children (closed by the [2010 Coalition government](https://en.wikipedia.org/wiki/Premiership_of_David_Cameron)); and the creation of the Office of the Children's Commissioner chaired by the [Children's Commissioner for England](https://en.wikipedia.org/wiki/Children%27s_Commissioner_for_England).  The policy applied to every child from birth until the age of 19. It listed 5 key principles which all children should have rights to.   * Be healthy * Stay safe * Enjoy and achieve * Make a positive contribution * Achieve economic well-being   In 2010 the Government moved away from Every Child Matters policy and put the emphasis on health visitors and social workers to carry out health checks at the child’s home. Alongside this the terminology also changed and now anyone working with children will be familiar with the term, safeguarding. All organisations working with or coming into contact with children must have safeguarding policies and procedures to make sure every child regardless of whether they are considered vulnerable, their age (up to the age of 18). Gender, religion or ethnicity, are protected from harm.  Every Child Matters has now been widely adopted into legislation. |
| Fabricated/Induced Illness  formerly known as Munchausen Syndrome | This is a condition whereby a child suffers harm through the deliberate action of his/her main care giver, and which is attributed by the adult to another cause. |
| FGC | Family Group Conference is a process led by family members (supported by professionals) to plan and make decisions for a child who is a risk. In the second part of the meeting family members meet on their own to make plans to support the child. |
| Forced Marriage Protection Order | Under the Family Law Act 1996 (FLA 1996), the court can make a forced marriage protection order (FMPO) that can be used to protect the person who has been or is being forced into marriage against their will by imposing restrictions against of passports. |
| Fraser Guidelines  (please also see Gillick Competent) | The Fraser guidelines apply specifically to advice and treatment about contraception and sexual health. They may be used by a range of healthcare professionals working with under 16-year-olds, including doctors and nurse practitioners.  Following a legal ruling in 2006, Fraser guidelines can also be applied to advice and treatment for sexually transmitted infections and the termination of pregnancy (Axton v The Secretary of State for Health, 2006).  Practitioners using the Fraser guidelines should be satisfied of the following:   * the young person cannot be persuaded to inform their parents or carers that they are seeking this advice or treatment (or to allow the practitioner to inform their parents or carers). * the young person understands the advice being given. * the young person's physical or mental health or both are likely to suffer unless they receive the advice or treatment. * it is in the young person's best interests to receive the advice, treatment or both without their parents' or carers' consent. * the young person is very likely to continue having sex with or without contraceptive treatment. |
| Gender Dysphoria | Gender dysphoria (GD) is the distress a person experiences due to a mismatch between their gender identity—their personal sense of their own gender—and their sex assigned at birth. The diagnostic label gender identity disorder (GID) was used until 2013 when the condition was renamed to remove the stigma associated with the term disorder. People with gender dysphoria are typically transgender. |
| Gender Identity | A person’s perception of a having a particular gender, which may or may not correspond with their sex at birth. |
| Gender Presentation | Gender expression or gender presentation is a person’s behaviour, mannerisms, interests and appearance that are associated with gender in a particular cultural context, specifically with the categories or femininity or masculinity. This also includes gender roles. These categories rely on stereotypes about gender. |
| Gillick Competent  (please also see Fraser Guidelines) | Gillick competency applies mainly to medical advice, but it is also used by practitioners in other settings. For example, if a child or young person:   * would like to have therapeutic support but doesn't want their parents or carers to know about it * is seeking confidential support for substance misuse * has strong wishes about their future living arrangements which may conflict with their parents' or carers' views.   Medical professionals need to consider Gillick competency if a young person under the age of 16 wishes to receive treatment without their parents' or carers' consent or, in some cases, knowledge.  If the young person has informed their parents of the treatment, they wish to receive but their parents do not agree with their decision, treatment can still proceed if the child has been assessed as Gillick competent. |
| Grooming | Grooming is when someone builds a relationship, trust and emotional connections with a child or young person so they can manipulate, exploit and abuse them. Groomers may also build a relationship with the young person’s family or their friends to make them seem trustworthy. |
| Hate Crime | Hate crime or hate incidents. The law recognises five types of hate crime on the basis of: Race, Religion, Disability, Sexual orientation, Transgender identity. This is defined as any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice, based on a person's disability or perceived disability; race or perceived race; or religion or perceived religion; or sexual orientation or perceived sexual orientation or transgender identity or perceived transgender identity. |
| HCPC | The [Health and Care Professions Council](http://www.hcpc-uk.org/) are an organisation which regulates health, psychological and care professionals in the United Kingdom. They set standards, hold a register, quality assure education and investigate complaints. They regulate:   |  |  | | --- | --- | | * Arts therapists * Biomedical scientists * Chiropodists/Podiatrists * Clinical scientists * Dietitians * Hearing aid dispensers * Occupational therapists * Operating department practitioners | * Orthoptists * Paramedics * Physiotherapists * Practitioner psychologists * Prosthetists/Orthotists * Radiographers * Speech and language therapists. |   All social workers have to be registered with professional body. Until 2018 this was the HCPC. 2018 saw the formation of Social Work England to manage registration of all social workers in England. |
| Health Action Plan | Health action plans were promoted by the government’s ‘Valuing People’ (Department of Health, 2002) which aimed to improve the lives of people with learning disabilities. Health action plans are a record of a person’s health, and also give information about what that person needs and wants to do to stay healthy. Health action plans are part of a person’s person-centred planning. |
| Health Assessment  (IHA) & (RHA) | The health assessment is an essential opportunity to determine the health and wellbeing needs of the child/ young person in your care; it is something they are entitled to. The health assessment, carried out by a Health Care Professional, will assess the child/young person’s historical and current physical, emotional and mental health needs. The health professional will offer advice and guidance during the assessment and make recommendations to ensure the child’s ongoing health needs are met and good health is sustained. In order to work within Government guidelines, social care and the health team for CiC are required to work together to ensure the child is seen for their health assessment within statutory timescales.  All children are required to be seen for an Initial Health Assessment (IHA) with a Doctor when they come into care. This is required to take place within 28 days of coming into care (20 working days). Children under 5 years will be seen every six months for a review health assessment (RHA). Over the age of 5 RHA’s are carried out every 12 months. RHA’s may be carried out by a Doctor or Nurse; and may be someone already known to the child such as the Health Visitor, School Nurse or Paediatrician. |
| Health Care Plan | Now see EHCP |
| Hidden Disability | This is a disability that might not be immediately obvious. |
| Home Remedies | This is medication that can be brought ‘over the counter’ without a prescription including Paracetamol and Calpol. |
| Honour Based Violence | This is a crime or incident which has or may have been committed to protect or defend the honour of the ‘family and or community’. |
| Human Trafficking | Human trafficking involves the recruitment or movement of people for exploitation by the use of threat, force, fraud, or the abuse of vulnerability.  Trafficking is a crime that can occur across international borders or within a country. It often crosses multiple geographic and legal boundaries.  Men, women and [children](https://www.gov.uk/guidance/childrens-health-migrant-health-guide) may be trafficked for various purposes. They include labour sectors (for example, agriculture, food processing, manufacturing, services), domestic servitude, forced begging and petty theft and sexual exploitation.  Also see Modern Day Slavery.  All children, whatever their immigration status, are entitled to safeguarding and protection in this country. |
| ICS | Clinical commissioning groups (CCGs) were established as part of the Health and Social Care Act in 2012 and replaced primary care trusts on 1 April 2013. On 1 July 2022, Integrated Care Systems (ICSs) became legally established through the Health and Care Act 2022, and CCGs were closed down. ICSs are partnerships of organisations that come together to plan and pay for health and care services to improve the lives of people who live and work in their area.  Each integrated care system has two statutory elements, an integrated care partnership (ICP) and integrated care board (ICB).  Across England, local partnerships are made up of all the public services that provide health and care – the NHS, GPs, local councils and the community and voluntary sector – and plan how best to deliver these services so that they meet the needs of local people, are high quality and are affordable.  Partnership working has taken place across England for some years. These changes make it easier for people to get better access to better, more efficient and joined-up care, and to enjoy better health. |
| LGB  LGBT  LGBTQ  LGBTQ+ | LGBT is an initialism that stands for [lesbian](https://en.wikipedia.org/wiki/Lesbian), [gay](https://en.wikipedia.org/wiki/Gay), [bisexual](https://en.wikipedia.org/wiki/Bisexual), and [transgender](https://en.wikipedia.org/wiki/Transgender). In use since the 1990s, the initialism, as well as some of its common variants, functions as an [umbrella term](https://en.wikipedia.org/wiki/Hyponymy_and_hypernymy) for [sexuality and gender identity](https://en.wikipedia.org/wiki/Sexuality_and_gender_identity-based_cultures).  The LGBT term is an adaptation of the initialism LGB, which began to replace the term gay (or gay and lesbian) in reference to the broader [LGBT community](https://en.wikipedia.org/wiki/LGBT_community) beginning in the mid-to-late 1980s. When not inclusive of transgender people, the shorter term LGB is still used instead of LGBT.  It may refer to anyone who is [non-heterosexual](https://en.wikipedia.org/wiki/Non-heterosexual) or non-[cisgender](https://en.wikipedia.org/wiki/Cisgender), instead of exclusively to people who are lesbian, gay, bisexual, or transgender. To recognize this inclusion, a popular variant, LGBTQ, adds the letter Q for those who identify as [queer](https://en.wikipedia.org/wiki/Queer) or are their sexual or gender identity. |
| Indefinite Leave to Remain  (ILR) | Also known as Indefinite Leave to Enter (ILE) is also referred to as settlement or permanent residence and are types of immigration status in the UK. They mean there is no longer a time limit on a person’s ability to stay in the UK. |
| IRM - Independent Review Mechanism | Set up in 2009; this is a review process set up for adopters and Foster Parents where a Qualifying Determination have been made by the adoption or Fostering service which carried out their assessment that they are not suitable. It is also response when Foster Parents’ approval has been changed or terminated and they disagree with this decision. |
| IEP – Individual Education Plan | This a written working document that enables all members of school staff to see what the child's strengths are and which areas of their development have been identified as needing extra support. An IEP sets out the child’s goals for the school year, and any special support needed to help achieve them:  A school can create an IEP to support any child. This is often done before applying for an EHC plan. It might be instead of an EHC plan, if the school can meet your child’s needs themselves. |
| Initial Assessment | This is a brief assessment of each child referred Children’s services to determine whether the child is a Child in Need or protection of additional services, the nature of any services required, and whether a further, more detailed Care Assessment should be undertaken. |
| Interim Care Order | This grants the Local Authority shared Parental responsibility and is an Order made at the first hearing after Care Proceedings have been issued. |
| LAC | Looked After Children – see CiC Child in Care  Looked After Children is a term that is still occasionally used but Child in Care is much more widely used and preferred by PCFS. |
| LADO | The Local Authority Designated Officer (LADO) is the person who should be notified when it has been alleged that a professional or volunteer who works with children has:   * behaved in a way that has harmed a child, or may have harmed a child * possibly committed a criminal offence against or related to a child * behaved towards a child or children in a way that indicates she or he may pose a risk of harm to children * behaved or may have behaved in a way that indicated they may not be suitable to work with children   The role involves having oversight of allegations about practitioners which meet the above criteria, ensuring that these allegations or concerns about adults working or volunteering with children are recorded appropriately, monitored and progressed in a timely and confidential way. It is also important to ensure that the voice of the child or young person is heard. |
| LASW | Local Authority Social Worker – The child’s allocated social worker from the Local Authority responsible for the child/YP. |
| LSPG | The Local Safeguarding Children Partnership Local Children’s Partnership Groups (LCPGs), bring a number of partner organisations together with the aim of improving outcomes for children and young people in Kent (each Local Authority has a LCPG). They work collaboratively to understand and meet the needs of their local residents. The partner organisations include:   * Kent County Council * district, city and borough councils * Community Safety Partnerships * NHS Kent and Medway * health * schools * colleges * early years * police * housing * voluntary and community sector. |
| Medical Advisor | The role is to evaluate medical information form Foster Parents’ medicals, about prospective Foster Parents and give a view to the Fostering panel about their suitability as Foster Parents. |
| Mental Illness | Also called mental health disorders and refer to a wide range of metal health conditions that affect mood, thinking and behaviour. Mental health illness include depression, anxiety disorders, schizophrenia, eating disorder and addictive behaviours – this list is not exhaustive. |
| Missing from Care | A CiC whose whereabouts are not known and who is not at their foster home or the place they are expected to be and their Foster Parents are concerned, necessitating in the police being called and the child/YP being reported missing from care. |
| Modern Day Slavery  Modern Slavery | Modern slavery is the illegal exploitation of people for personal or commercial gain. It covers a wide range of abuse and exploitation including sexual exploitation, domestic servitude, forced labour, criminal exploitation and organ harvesting. Victims of modern slavery can be any age, gender, nationality and ethnicity. They are tricked or threatened into work and may feel unable to leave or report the crime through fear or intimidation. They may not recognise themselves as a victim.  Also linked to Human Trafficking |
| National Minimum Standards | National Minimum Standards (NMS) applicable to the provision of Fostering services. The NMS, together with Regulations relevant to the placement of children in Foster care such as the Fostering Services (England) Regulations 2011 (the 2011 Regulations), form the basis of the regulatory framework under the Care Standards Act 2000 (CSA) for the conduct of Fostering services.  The standards are minimum rather than best possible practice. PCFS expects all members of the team to more than meet the NMS and aspire to exceed them in all areas. |
| Neglect | This is a form of Significant Harm which involves the persistent failure to meet a child’s basic physical and/or psychological and emotional needs and is likely to result in the serious impairment of the child’s health or development |
| Network | The Network is a multi-disciplinary team of practitioners and professionals unique to a child, young person or family to offer support on a case-by-case basis. The network provides joined up working, information sharing and early intervention. |
| Neuro Sequential Development | Brue Perry has developed a model called ‘Neuro Sequential Model of Therapeutics which provides a framework for intervention for complex PTSD  This model provides an understanding of how a child’s adverse childhood experiences have shaped their emotional world and outward behaviour. This provides a base to work with a child to help them with their developmental trauma using an innovative therapeutic approach called the ‘Neuro-Sequential Model of Therapeutics’. This model recovers and repairs each part of a child’s brain in a specific, phased, and effective order ensuring that the child’s different environments work together using this model as a whole; including home school, therapy, and even the GP. Working on the principle that the brain develops from the bottom up and that children can be ‘developmentally ‘stuck’ **but** only if treatment (and Parenting/schooling) is organised in the right order the brain injury can repair developmental trauma. |
| Nominated Support | A person works with the Foster Parent and supports them. They provide back up support and/or Sleepovers (respite) if the Foster Parents need it. |
| Non-binary  Non-gender | The idea that there are only two genders is sometimes called a ‘gender binary’ because binary means ‘having two parts’ – male and female. Non-binary is one term people use to describe genders hat don’t fall into one or these two categories either male or female. |
| Occupational Therapist (OT) | As such, an occupational therapistis a health care practitioner who uses therapeutic techniques to improve, rehabilitate, or maintain a person’s ability to perform everyday activities. |
| PACE | Playfulness, Acceptance, Curiosity and Empathy  Dan Hughes created PACE as a way of thinking, feeling, communicating and behaving that aims to make children and young people feel safe. It is a model that can be utilised to support Foster Parents to help children and young people develop their own self-awareness, emotional intelligence and resilience. And as recommended by Sarah Naish. |
| Panel Advisor | The principle role is to provide professional advice to panel as well as ensuring that follow-up to actions is provided and minutes are completed within time frames. |
| Panel Chair | A member of the independent panel who chairs the panel meeting and facilitates the panel reaching a recommendation. They should be able to demonstrate a sound understanding of the Fostering process. They are required to be able to identify key issues, problems and suggest solutions to raise concerns about panel and/or agency practice. |
| Parental Responsibility | Who holds the rights and responsibilities of Parents determines who is responsible for the care of a child and who can have a say in important decisions in a child’s life, such as where they go to school, their religion and where they live.  This can be shared between the Local Authority and Parent/s through a Court Order. |
| Person Posing a Risk to Children | Was known as a Schedule 1 Offender which are those convicted of an offence listed in the first schedule of the Children and Young Persons Act 1933. This is a list of serious offences that includes murder, manslaughter, assault, cruelty and a range of sexual offences**.**  The term Schedule One Offender has now been replaced as ‘Person Posing a Risk to Children’. |
| PEP  Personal Education Plan | All CiC must have a Care Plan or which the PEP is an integral part and should be initiated as part of the care plan. The ultimate goal is to promote positive educational and recreational activities and support children to be aspirational about their education, training and employment. The child/young person should be involved in this process. They are reviewed twice a year. |
| Physical Abuse | This is generally defined as ‘any nonaccidental physical injury’ and can include any action that causes physical harm. |
| Placement Order | A Placement Order is a court order authorising the local authority to place a child for adoption with any prospective adopters it chooses. It continues until it is revoked, the child is adopted or reaches the age of 18 years. |
| Placing Authority | This is the Local Authority responsible for the child/young person where they were living when they became a CiC. |
| Police Protection | Section 46 of the Children Act 1989 allows an emergency measure to be taken when a child is considered to be at immediate risk of harm, such as physical or sexual abuse. Police Protection Orders last for 72 hoursand enable the police to remove a child from their home and find alternative accommodation for them until Social Services decide whether to apply for a Care Order. |
| Prevent Strategy | This is one of four strands of the Governments counter terrorism strategy CONTEST. Prevent is designed to support people at risk of joining extremist groups and carrying out terrorist activities. In practice it aims for police and other organisations to build relations across the UK and requires faith leaders, teachers, doctors and others to refer any suspicions about people to a local Prevent body. An assessment is then made about whether further action is needed. |
| PSO  Prohibition Steps Order | It is a legally binding order that prohibits someone (usually a Parent) from exercising some elements of their Parental responsibility.  Such orders usually stop a third party from carrying out a certain activity in relation to the child or children, for example removing a child from school, changing their surname or taking them out of the country.  Parents, guardians or holders of a residence order (lives with a [child arrangement order](https://nationallegalservice.co.uk/child-arrangement-orders-explained/)) can apply for a prohibited steps order under S8 of the Children Act 1989 with the only exception to this rule arising if the child is 16 years old or over or if the child is currently in the care of a Local Authority. |
| Protective Factors | Conditions or attributes in individuals, families, communities or the wider society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities. |
| Psychosis | Psychosis (also called a 'psychotic experience' or 'psychotic episode') is when a person perceives or interpret reality in a very different way from people around them. They might be said to 'lose touch' with reality. The most common types of psychotic experiences are [hallucinations](https://www.mind.org.uk/information-support/types-of-mental-health-problems/psychosis/types-of-psychosis/#hallucinations), [delusions](https://www.mind.org.uk/information-support/types-of-mental-health-problems/psychosis/types-of-psychosis/#delusions) and [disorganised thinking and speech](https://www.mind.org.uk/information-support/types-of-mental-health-problems/psychosis/types-of-psychosis/#DisorganisedThinkingAndSpeech). Psychosis affects people in different ways. They might experience it once, or have short episodes throughout their life, or live with it most of the time. |
| PRU  Pupil Referral Unit | This is an alternative education provision which teach children who aren’t able to attend school and may not otherwise receive suitable education. This could be because they have a short- or long-term illness, have been excluded or are a new starter waiting for a mainstream school place. PRUs that convert to academy status become alternative provision (AP) academies. |
| P&C Parent and Child | Parent and child placement. This is where a CIC is placed into a foster home with one or both of their parents present, with the expectation that they continue to be cared for primarily by their parent/s. |
| 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. Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. From 1 July 2015 all schools, registered early years childcare providers and registered later years childcare providers were subject to a duty under section 26 of the Counterterrorism and Security Act 2015, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty. This advice complements the statutory guidance to help childcare providers think about what they can do to protect children from the risk of radicalisation |
| Referral | This is the information provided by a local authority, often their referrals or placing or commissioning team, about a child, young person or Parent and Child they need to find a Foster placement for. This information is considered by PCFS and matched alongside where a family’s lives, their experience and training, family members, local schools and any other needs from the referral to ensure the best possible match between placement and Foster family. At this point PCFS would start discussions with the LA and with the Foster family. |
| Residence Order | This was a private law order lasting until a child reached age 18, although the court could direct that it should end earlier. Residence orders (and contact orders, which are say who a child can see) were replaced by Child Arrangements orders on 22 April 2014. |
| Restraint | A measure or condition that keeps someone or something under control. The action of keeping someone or something under control. The deprivation or restriction of personal liberty or freedom of movement.  PCFS is a no restraint service  In exceptional circumstances when there is a danger or a child or to property restraint can be used as a last resort. A restraint at any level must be reported as soon as possible. |
| Return to Care Interview | Statutory guidance (Department of Education 2014) states that all children who go missing from care should be offered a ‘return to care interview’ to provide them with appropriate support moving forward. Statutory guidance states that LA’s should offer an independent return interview. |
| Risk Assessment | PCFS has developed a Risk Management Strategy which is an approach to risk that encompasses all aspect of safety and risk for the everyday practicalities of a child/young person’s life.  This is based on historical behaviour, but it is a ‘live’ document and monitored in line with current risks as they present as well as how the risk can be reduced to increase safer care.  The Risk Management Strategy will look at preferred supportive intervention strategies and when and how it is appropriate to use them.  Your child/young person and their LASW as well as you and your SSW are all integral to the process.  It is reviewed following any significant event or incident and as a minimum in line with the CiC Reviews. |
| Risk Management Strategy | See above Risk Assessment |
| Safeguarding | There are several key principles underpinning safeguarding to ensure the welfare and happiness of all children, mainly:  A child’s needs should be put first —always.  It's important to help and support children as early as possible before issues escalate and become more damaging.  Safeguarding is everybody’s responsibility and everyone at a setting should act in a timely and coordinated manner to respond to any concerns about the welfare of a child. |
| Schedule One  Offender | Schedule 1 offenders are persons convicted of an offence listed in the first schedule of the Children and Young Persons Act 1933. This is a list of serious offences that includes murder, manslaughter, assault, cruelty and a range of sexual offences**.**  The term Schedule One Offender has now been replaced as ‘Person Posing a Risk to Children’. |
| SCR  Serious Case Review | Conducted by LSCB’s in England an SCR is held after a child or vulnerable adult dies or is seriously injured under circumstances where abuse or neglect are thought to have been involved. Its purpose is to learn lessons to help prevent future similar incidents. |
| Single Agency Assessment | As part of a [Strategy Discussion](http://trixresources.proceduresonline.com/nat_key/keywords/strategy_discussion.html) and the [Section 47 Enquiry](http://trixresources.proceduresonline.com/nat_key/keywords/sec_47_enq.html) assessment process a decision can be made whether a single agency assessment should be undertaken. This can be in the form of a Standards of Care. |
| SMART Outcomes | S=Specific  M=Measurable  A=Achievable  R-Realistic  T=Timely  Are targets that are often used in settings for children with Special Educations Needs as well in the workplace. |
| Social Worker | Social work is a regulated profession (Social Work England) in which social workers are uniquely educated and qualified to support individuals and families in meeting some of life’s biggest challenges. Social workers play a pivotal and often leading role in safeguarding people’s rights, building relationships to support and empower children, adults and families to make important choices about the direction of their lives.  All CiC have their own LASW. Foster Parents also have their own social worker called a Supervising Social Worker (SSW). PCFS provides an SSW for all its Foster Parents. |
| Strategy Discussion or Meeting | This is normal held following any enquiry that indicates a child or young person has suffered or is likely to suffer significant harm. The Strategy Discussion will determine if there are grounds for a Section 47 Enquiry. |
| Supervising Social Worker SSW | An SSW is a registered Social Worker and all Foster Parents will have an allocated SSW to support them and their family.  See also Social Worker above |
| Team Around the Child  TAC | This model is based on a group of people who want the best for the child or young person**.** The Team Around the Child aims to bring together practitioners from different services to agree and co-ordinate an individual support plan. This will be achieved by providing practitioners, the young person and their family and their Foster family with the opportunity to discuss and consider the young person's strengths and needs; consider solutions and agree actions. |
| Trafficking | The word ‘trafficking’ is often confused with ‘smuggling’, but it is actually a form of modern slavery. The international definition of trafficking comes from the United Nations Palermo Protocol (2000). This defines trafficking as:  [*“The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.”*](https://www.unodc.org/unodc/en/organized-crime/intro/UNTOC.html)  Trafficking can involve crossing international borders, but it can also happen within the same country, city or town.  Under the Modern Slavery Act, a person commits the offence of Human Trafficking if they arrange or facilitate the travel of another person with a view to that person being exploited. |
| Trans+ | Of or relating to people with gender expressions outside traditional norms, as transgender, genderqueer, agender, or nonbinary: |
| Transgender | A transgender (often abbreviated as trans) personis someone whose gender identity or gender expression does not correspond with their sex assigned at birth.Many transgender people experience dysphoria, which they seek to alleviate through transitioning, often adopting a different name and set of pronouns in the process.Transgender is an [umbrella term](https://en.wikipedia.org/wiki/Umbrella_term). In addition to [trans men](https://en.wikipedia.org/wiki/Trans_men) and [trans women](https://en.wikipedia.org/wiki/Trans_women), it may also include people who are [non-binary or genderqueer](https://en.wikipedia.org/wiki/Non-binary_gender). Other definitions of transgender also include people who belong to a [third gender](https://en.wikipedia.org/wiki/Third_gender), or else conceptualise transgender people as a third gender, and the term may be defined very broadly to include [cross-dressers](https://en.wikipedia.org/wiki/Cross-dressing). |
| Transitioning | This refers to the process of someone coming out and living in their gender identity, rather than the sex they were assigned at birth. Transitioning can involve many different elements and stages, such as changing their social identity, legal identity and/or gender expression. |
| Transsexual | Denoting or relating to a transgender person, especially one whose bodily characteristics have been altered through surgery or hormone treatment to bring them into alignment with their gender identity. |
| UASC - Unaccompanied Asylum-Seeking Child/Young Person  UM - Unaccompanied Minor | Children and young people who are seeking asylum in the UK but who have been separated from their Parents or carers. While their claim is processed, they are cared for by a local authority. They are a diverse group of children, with different cultural backgrounds and a wide range of languages. |
| Up skirting | Up skirting is where someone takes a picture under a person’s clothing without their permission with the intention of viewing their genitals or buttocks (with our with underwear). It is now a specific criminal offence in England and Wales. The Voyeurism (Offences) Act, which was commonly known as the Up-skirting Bill, was introduced on 21 June 2018. It came into force on 12 April 2019. |
| Virtual School | Virtual School acts as a local authority champion to promote the progress and educational attainment of children and young people who are or who have been in care so that they achieve educational outcomes comparable to their peers. Ensuring that they receive a high-quality education is the foundation for improving their lives. The school does not exist in real terms, or as a building. Children do not attend it - they remain the responsibility of the school at which they are enrolled. VSK is simply an organisation which has been created for the effective co-ordination of educational services at a strategic and operational level. |
| Welfare Check | The welfare checklist consists of seven statutory criteria that must be considered under the Children Act 1989 when reaching decision in cases involving the well-being of children.  1.Ascertaining wishes and feelings of the child  2.The child’s physical, emotional and educational needs  3.The likely effect on the child if circumstances changed as a result of the court’s decision  4.The child’s age, sex, backgrounds and any other characteristics which will be relevant to a decision  5.Any harm the child has suffered or may be at risk of suffering  6.Capability of the child’s Parents (or any other person the courts find relevant) at meeting the child’s needs  7.The powers avaible to the court in the given proceeding’s |
| Whistle Blowing | You’re a whistle blower if you’re a worker and you report certain types of wrongdoing. This will usually be something you’ve seen at work - though not always. The wrongdoing you disclose must be in the public interest. This means it must affect others, for example the general public. |
| Working Together to Safeguard Children | Working together to safeguard children 2018 is statutory guidance to promote the welfare of children. It should be used by anyone who works with children in any capacity. It is important that a child-centred approach helps guide the behaviour of practitioners when establishing a safeguarding system. And reflects recent changes to legislation including: -   * Integrated Care Boards: from 1 July 2022, integrated care boards have replaced clinical commissioning groups as a result of the Health and Care Act 2022 * Public Health England: has now been replaced by the UK Health Security Agency and the Office for Health Improvement and Disparities (OHID), which is part of the Department of Health and Social Care, and by the UK Health Security Agency. The Chief Public Health Nurse role has transferred to OHID * Domestic Abuse Act 2021: references to the Domestic Abuse Bill should be read as the Domestic Abuse Act 2021 * UK GDPR: references to the GDPR should be read as the UK GDPR. The UK GDPR is the retained EU law version of the GDPR. The UK GDPR sits alongside the Data Protection Act 2018 |
| YOT  Youth Offending Team | In England and Wales, a youth offending team (YOT) is a multi-agency team that is coordinated by a local authority and overseen by the Youth Justice Board. It deals with young offenders, sets up community services and reparation plans, and attempts to prevent youth recidivism and incarceration. |
| Youth Offender Institution | His Majesty's Young Offender Institution (HMYOI) is a type of prison in Great Britain, intended for offenders aged up to 18, although some prisons cater for younger offenders from ages 15 to 17, who are classed as juvenile offenders. Typically, those aged under 15 will be held in a Secure Children's Home and those over 15 will be held in either a Young Offender Institution or Secure Training Centre. A person is a young offender until they become 18, where they will be sent to an adult prison or can remain in the YOI until they turn 21 if deemed appropriate. |

**Updates**

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| Section updated | Page | Date | Name |
| Sleepovers (Respite) | 63 | Feb 2024 | Sue Barhtolomew |
| Unique Tax Reference | 7 | Feb 2024 | Sue Barhtolomew |
| Delegated Authority | 46 | Feb 2024 | Sue Bartholomew |
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