

**PEOPLE DIRECTORATE**



**HEALTH AND SAFETY  
POLICY AND GUIDANCE**

**Fostering Service**

POLICY INFORMATION SHEET

Name of Document	Health and Safety Policy and Guidance
Reference Number	CIC/FS/34
Service area	Fostering Service, Children in Care Division, Children & Family Services Department
Target Audience	All Staff in Halton Borough Children and Families Services
Date policy is effective from	December 2019
Date of review(s)	November 2021
Status: Mandatory (all named staff must adhere to guidance) Optional (procedures and practice can vary between teams)	Mandatory
Location of Document	<a href="#">Halton Borough Council Children and Young People Social Care Online Procedures</a>
Related document(s)	<a href="#">Fostering Policies and Procedures</a> <a href="#">Children in Care Policies and Procedures</a> <a href="#">Children in Need Policies and Procedures</a> <a href="#">Halton Children and Young People Safeguarding Partnership Board Online Procedures</a>
Superseded document(s)	Health and Safety Policy and Guidance 2011
Responsible officer(s)	Divisional Manager, Children in Care

## **POLICY STATEMENT**

Halton Borough Council Fostering Service is committed to ensuring that children placed for fostering are cared for safely.

The Prospective Foster Carers Assessment will consider health and safety issues in respect of: -

- The Home
- Garden and Outside Areas
- Car Safety
- Health Related Issues
- Internet Use
- Pets

Health and Safety Guidelines will be discussed with prospective foster carers as part of the Home Study Assessment Process.

A Health and Safety Assessment Questionnaire and Pet Ownership Questionnaire will be completed prior to approval as prospective foster carers. This will be reviewed prior to the placement of a child to ensure appropriate safety equipment/measures are in place for the individual child.

## **GUIDANCE**

This Guidance has been prepared with reference to:

- **Childnet**
- **Child Accident Prevention Trust**
- **Royal Society for the Prevention of Accidents**
- **Homefirst Community Trust**
- **The Lullaby Trust**
- **ASH**
- **RSPCA**
- **NHS**
- **CoramBAAF**

In order to highlight areas of concern and to assist prospective foster carers in providing a safe and healthy environment for children.

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## 1. Facts and Figures

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- More accidents happen at home than anywhere else.
- More than two million children under the age of 15 experience accidents in and around the home every year, for which they are taken to accident and emergency units.
- Children under the age of five and people over 65 (particularly those over 75) are most likely to have an accident at home.
- Over 76,000 children under the age of 14 are admitted for treatment of which over 40% are under 5 years of age.
- Falls are the most common accidents, which can cause serious injury.
- Every year over 62 children under 14 die as a result of an accident in the home.
- Around 25,000 under-fives attend A&E departments each year after being accidentally poisoned.
- An average of 13 children a day under the age of 4 suffer a severe injury from a burn or a scald. A hot drink can still scald a small child up to 15 minutes after it is made.
- More accidents happen in the lounge/living room than anywhere else in the home.
- Every year more than 4,200 children are involved in falls on the stairs and 4,000 children under the age of 15 are injured falling from windows.
- Boys have more accidents than girls.

All the above have been taken from [ROSPA](#)

Things to be mindful of:

- Young children are not able to assess risk for themselves. They also have poor co-ordination and balance and need to touch and explore to learn about the world around them.
- As children get older they learn new skills and begin to understand what they are able to do safely but need to test out their new abilities and to feel that they are taking some risks. These factors all mean that children are particularly vulnerable to accidents in the home.
- More accidents happen when people are in a hurry, under stress, or in unfamiliar surroundings.

- Children grow and learn new skills rapidly. It is important that the adults who care for them know what risks each stage brings. It is impossible to completely ‘childproof’ a home but knowledge of the potential for accidents and of effective safety measures can reduce the risk of serious injury.

## 2. The Risks to Children

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Some children will be developmentally immature and are likely to be more at risk from hazards than their peers. Others will not have received appropriate guidance in this area from their own parents and will be unaware of potential dangers.

The Foster Care assessing social worker completing your assessment will have completed a health and safety assessment with you as part of this process. Any significant issues identified will need to be rectified prior to a child being placed.

## 3. Safety in the Home

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Every year in the UK more than 6,000 people die in accidents in the home and 2.7 million turn up at accident and emergency seeking treatments ([ROSPA, 2019](#)).

There are a number of precautions which should be taken to ensure the safety of all members of your household. These are highlighted in the sections below.

## 4. Fire Precautions

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- Install a smoke alarm on each floor of your home. These are relatively cheap and easy to install.
- The Fire Service undertake fire safety checks, offer advice and install smoke alarms free of charge. Contact your local Fire Service to arrange this.
- Where homes have attic bedrooms, or only one exit, it is particularly important that a fire safety check is arranged.
- Plan an escape route and make sure everyone knows how to escape.
- Exit routes should always be kept clear of prams, toys and other obstacles.
- When exit doors are locked (e.g. at night), the key must be easily accessible.
- Ensure that all members of the household know how to dial 999 and how to escape in the event of a fire.
- Ensure that everybody knows what to do if trapped by a fire: get everyone into one room (ideally with a window and a phone), shut the door, put bedding around the bottom of the door and call for help through the window.
- Run through your fire escape plan regularly. Review your plan if the layout of your home changes.

- Do not attempt to fight the fire yourself unless it can be dealt with quickly and at no personal risk.
- Ensure that fixed guards protect fires.
- Store spare gas cylinders for heaters out of doors. Do not use paraffin heaters or free standing fires.
- A cooker guard should be fitted if caring for small children and flexes to electrical appliances should be kept short and out of the reach of children.

The above list is not exhausted. For a more in-depth guide refer to [Fire Safety in the Home](#).

## 5. Carbon Monoxide

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Carbon Monoxide (CO) is a poisonous gas that is produced when any faulty or badly-serviced gas and other fossil fuel such as coal, oil or wood is burnt without enough oxygen. You can't see it, smell it or taste it so you don't know when it is present.

A build-up of Carbon Monoxide can be extremely dangerous and can cause a variety of symptoms, or even death. All heating and cooking appliances should be serviced regularly, and a CO detector should be fitted.

For more information visit [ROSPA Carbon Monoxide Safety](#).

## 6. Gardens and Outside Play

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Encourage children to play outdoors whenever possible. It helps with their development and physical activity.

But you should look out for dangers that may be a risk to children.

Always supervise children playing outdoors.

If a child is playing in the garden you should make sure that:

- Where gardens slope or have steps, thought must be given to any risks this might present for a child. Steps should have a handrail.
- Garden space and fences should be maintained in a safe condition and garden exits secured.
- Water butts, ponds or streams or anything that collects water should be either emptied, netted, covered or fenced off.
- Garden equipment and insecticides should be locked away when not in use.
- Outside play equipment must be age appropriate and maintained in a clean and safe condition.

- Greenhouses and cold frames should have protected toughened glass and be fenced off.
- Garages and garden sheds often contain sharp tools or dangerous chemicals and should be sound and secure.
- Drains and flue outlets etc. should be secure and fitted with an appropriate guard/cover.
- Washing lines should be out of reach and if caring for young children, carers should be aware of the hazards presented by rotary washing lines.
- Mushrooms and poisonous plants are removed.
- Extreme caution must be exercised when using barbecues, these should never be left unattended.

For more information please visit [keeping children safe when playing outdoors](#).

## 7. Car Safety

### Seatbelt law at-a-glance

	Front Seats	Rear Seats	Who is responsible?
Driver	Seatbelt Must be worn if fitted	-	Driver
Child up to 3 Years of Age	Correct child restraint must be used	Correct child restraint must be used. If one is not available in a licensed taxi or private hire vehicle, the child may travel unrestrained.	Driver
Child Aged 3 to 11 and Under 135cm in height (about 4.5 Feet)	Correct child restraint must be used	Correct child restraint must be used if seatbelts are fitted.  If a child seat is not available, a child may travel using just the seatbelt in these situations : <ul style="list-style-type: none"> <li>• In a licensed taxi or private hire vehicle</li> <li>• For a short distance if the journey is unexpected and necessary</li> <li>• There isn't room to fit a third child seat</li> </ul>	Driver
Child Aged 12 or 13 years or Younger Child 135cm or more In height	Adult seatbelt must be worn if fitted	Adult seatbelt must be worn if fitted	Driver
Passengers aged 14 years and over	Must be worn if fitted	Must be worn if fitted	Passenger



The table above has been taken from [ROSPA – Road Safety Factsheet: Seatbelts](#)

If seat belts or child restraints are fitted in the rear of the car, it is the driver's legal responsibility to ensure that children under the age of 14 years use them. It is also the responsibility of the driver to ensure that passengers are carried safely and vehicles should not be overloaded.

Cars must be well maintained, regularly serviced, adequately insured, and covered by a current MOT certificate if the age of the car requires it.

Car keys should not be accessible to children and young people and should always be stored safely and securely.

## 8. General

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- Matches and sharp knives should be stored safely.
- Decorative swords are dangerous and should be safely disposed of. Where they are displayed, they must be secure in their scabbard and inaccessible for children to reach.
- Bleaches, disinfectants, aerosol sprays and other dangerous substances must be kept out of the reach of children and young people, or locked away. Cupboard clip-locks are a cheap and safe precaution for pre-school children.
- Medicines, tablets and alcohol should also be securely stored in a locked cupboard.
- Stair gates must be fixed securely where appropriate.
- Windows should be bolted where possible or made safe by the fitting of limited opening devices. The keys should be kept securely at hand in case of an emergency.
- Protective covers should be used to prevent young children interfering with low electric sockets.
- Pull cords on window blinds can be a hazard to children. Cutting the loop reduces the danger.
- Bags must not be hung on bunk bed corners – children can become entangled.
- Hot drinks can scald even half an hour after being made. They must be kept well out of reach and never held whilst holding a child.
- Very young children can drown in as little as 3cm of water. They must be supervised at all times when bathing, using a paddling pool etc.

Most childhood accidents can be dealt with fairly easily although medical advice should be sought if there is any doubt. It is advisable to have a well-stocked First Aid box available. Consideration should be given to whether children are allergic to certain ointments and lotions in common use. All medication should be kept securely out of the reach of children.

## 9. Hygiene

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Good hygiene standards prevent the spread of illness and infection. The risks of cross infection are higher for children moving between homes and this needs to be recognised, particularly in relation to young children.

A range of minor and major infections can be transmitted via blood and body fluids. Hygiene standards should be maintained for all children and young people looked after, e.g. cuts and sores on the hands should be kept covered with waterproof, adhesive dressings. Hands need to be washed thoroughly before and after carrying out first aid procedures or after contact with bodily fluids. Disposable gloves should be used when carrying out first aid procedures.

Good hand-washing is one of the easiest and best ways of preventing cross-infection. This practice should be followed by responsible adults, encouraging children to do the same.

Because the faeces of a baby can carry live traces of the polio virus following vaccination, it is advisable to check with your GP that you are immunised against polio and to maintain thorough hygiene standards after each nappy change.

## 10. Diet and Nutrition

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It is important to promote a healthy lifestyle and to eat a varied and balanced diet. Food and mealtimes can be a source of tension and eating disorders can create a great deal of worry. It is important to recognise that children may come from different backgrounds in terms of diet, and to recognise the need to be flexible and introduce new foods appropriately. Attitudes towards food, mealtimes and eating habits are extremely important and influential.

## 11. Building and Contents

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Homes should be in good repair, adequately insured, safe and hazard free for children. All glass that can be reached by a child should be toughened to relevant British safety Standards, or fitted with protective safety film. Electrical equipment should be well maintained and in good order. Gas fires /boilers/cookers should be regularly serviced by an appropriately qualified person. Portable electrical equipment should be safe and adequately maintained. Doors, windows and floor coverings should be safe and secure

## 12. Reducing the Risk of Sudden Infant Death Syndrome (SIDS)

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Sudden infant death syndrome (SIDS) – sometimes known as "cot death" – is the sudden, unexpected and unexplained death of an apparently healthy baby. Below is a list of things you can do to help prevent SIDS:

- Do not let anyone smoke in the same room as the baby.
- Do not let the baby get too hot (or too cold) – a room temperature of 16C to 20C, with light bedding or a lightweight baby sleeping bag, will provide a comfortable sleeping environment for your baby.

- Place baby with their feet to the foot of the cot, Moses basket or pram. This is known as the “feet to foot” position.
- Keep baby's head uncovered – their blanket should be tucked in no higher than their shoulders.
- The safest place for a baby to sleep is in a cot in a room with the main carer for the first six months
- Do not share a bed with a baby
- If a baby is unwell, seek medical advice promptly.

For more comprehensive and up to date advice please read [NHS: Sudden Infant Death Syndrome](#).

### **13. Alcohol**

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Children may have experienced trauma and abuse associated with alcohol use so it is vital that foster carers have full background knowledge of the child, and are sensitive to the child's perception of adult drinking patterns and behaviour.

### **14. Drugs**

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Drug use is illegal, dangerous, and detrimental to children.

### **15. Smoking**

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Because of the particularly high health risks for very young children and toddlers who spend most of their day physically close to their carers, the Department has a very clear policy that children under five years, children with a disability, children with respiratory problems such as asthma, and all those with heart disease or glue ear, should not be placed with smoking families.

#### **Passive Smoking**

Children need support to be healthy and stay healthy. Foster carers need to provide an environment that encourages improvements in the health and wellbeing of children and young people in their care. Children often have little choice about smoke in their environment. Breathing other people's smoke - passive smoking - has consequences for children because their lungs are smaller and their immune systems less mature. They also breathe quicker, taking in more harmful substances per pound of body weight than adults. It has been found that the risk of sudden infant death syndrome (cot death) is doubled when the parent or carer smokes up to nine cigarettes daily, and trebled when ten or more cigarettes are smoked. Lower respiratory tract infections (pneumonia and bronchitis), asthma and glue ear occur more frequently in young children in smoking households. Passive smoking is also associated with persistent coughing, wheezing, bronchitis, asthma, sore throats, middle ear problems, snoring, impaired lung growth and slower developmental progress.

#### **Active Smoking**

About 500 children start smoking in the UK every day. Many children have their first cigarette at home and in one study, 22% of children said that they had first smoked with their parent figures. Children are twice as likely to smoke if their parent figures do. In

contrast, children are seven times less at risk of smoking than their peers if their parent figures disapprove.

## **Electronic Cigarettes**

The use of electronic cigarettes (e-cigarettes) is a relatively new development but is a growing phenomenon. These are battery operated devices that provide a nicotine delivery system which does not contain tobacco. There is compelling evidence to suggest that they are effective in helping people to stop smoking, and that they are unlikely to be taken up by those who are non-smokers.

Electronic cigarettes produce a vapour, but there is currently no evidence to suggest that second-hand or passive vapour is harmful to health. However, the potential for children or young people to 'model' their care-givers use of electronic cigarettes should be considered as this could normalise smoking behaviour.

As such HBC takes the position that whilst prospective carers should not be precluded from consideration due to their use of electronic cigarettes, the use of these devices should be restricted to outdoors and not around any children in their care.

### **For context, BAAF's position statement on the use of e-cigarettes devices is:**

*We are continuing to monitor research, discussing the issue regarding e-cigarettes and in light of the latest Public Health England report, which states that "the hazards associated with use of products (e-cigarettes) currently on the market is likely to be extremely low, and certainly much lower than smoking" we are updating our recommendations.*

*At the next meeting of our Health Group Advisory Committee (HGAC), we will be recommending that agencies now consider e-cigarettes as different to tobacco cigarettes.*

*Agencies should therefore recognise the low risk to children and not see the use of e-cigarettes as a reason to preclude foster carers or adopters purely on this basis. Each circumstance should be risk assessed on an individual basis.*

### **The Fostering Network also concur in their position statement:**

*Whilst current research evidence suggests that the use of electronic cigarettes is effective in helping people to stop using traditional tobacco cigarettes, there is little to suggest that it is encouraging smoking. The Fostering Network considers the current research evidence provides no compelling reasons for restricting the use of e-cigarettes. Therefore foster carers should not be prevented from fostering or applying to foster because of their use of e-cigarettes.*

However, we advise it is good practice not to use them in front of children and young people until more evidence is gained about the role modelling effect of this on the smoking behaviour of children more generally. We endorse the content of the briefing paper produced by [ASH Foster Care, adoption and electronic cigarettes](#) which gives a comprehensive overview of the topic and is an aid to policy development.

## 16. Pets

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Pets can be important members of the household and can bring benefits for children of all ages who grow up with them. There are however a number of health risks associated with household pets. They can also injure and cause emotional distress to children unfamiliar with animals or who have had negative experiences of them.

Children and animals are unpredictable. Household pets are expected to be well looked after and children should be taught to behave responsibly towards animals.

It is expected that basic animal welfare such as regular worming of domestic pets will be undertaken. Pets' housing, sleeping and toileting arrangements, routine and training must be carefully considered, and good hygiene standards observed. Foster carers need to be able to demonstrate that they have measures in place for the welfare of all concerned.

Information about your pets is important when it comes to making decisions about placements, for example of a child with allergies or asthma.

The presence of certain dogs in a household will need to be carefully considered and may be incompatible with fostering.

For more information on keeping children safe and dogs happy see <https://www.rspca.org.uk/adviceandwelfare/pets/dogs/company/children>

## 17. Internet Use

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Children in care can be particularly vulnerable when accessing social networking websites and parents will need to be vigilant in ensuring that any internet usage is adequately supervised. Computers should have "parental controls" activated and these should be reviewed regularly. Children will also need your involvement, experience and guidance so that you can make sure their experience of the internet is educational and enjoyable whilst also safeguarding them from any potential risk of harm. For tools and advice on online safety visit <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/online-safety/>

## 18. Firearms

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Prospective foster carers must disclose if they hold or have access to firearms. Where applicants confirm that they hold firearms, a current firearm certificate must be seen and a copy placed on file. The assessing worker must be satisfied that guns and ammunition are stored in such a way that they cannot be accessed by children or young people.