Handbook for Carers

www.edinburgh.gov.uk/fostering
Welcome to your updated Carers’ Handbook - online!

We hope you will find the new and updated information contained here helpful. We have spent over a year interviewing carer groups, providing clarity on finance and compiling updates to legislation. Our new Handbook is online so that we can update it more often and it will always be available to you. This replaces any previous issues, so you can recycle your old handbook.

The fostering landscape is always changing, so if you spot anything you think needs updating, please get in touch by email: fosterchildren@edinburgh.gov.uk, phone: 0131 200 4000, or speak to your worker.

We have made this online resource searchable, so you can enter a keyword to take you directly to the section you need. We hope you will find this resource a useful part of your fostering toolkit for years to come.

Best wishes

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1.1 Communities and Families Service

Family Based Care is a centralised service within the Children’s Services division of the council Communities and Families services.

Seven priorities have been agreed by the Children’s Services division and its partners, for example police and health: These are held within CEC Children and Families Service Plan 2015-2018*.

- improving support so that problems are identified and addressed early
- improving educational outcomes for the lowest achieving 20 per cent of children with particular focus on early literacy skills
- improving outcomes and life chances for Looked After Children
- improving children’s and young people’s health outcomes, including healthy weight, emotional and mental health, sexual health and drug and alcohol misuse
- tackling youth crime and reducing anti social behaviour
- increasing the number of young people in positive destinations
- continuing to improve outcomes for children in need of protection.

*Report can be obtained from your FBC SW.

1.2 Family Based Care

Family Based Care’s own mission statement and principles are based on the Department’s aims, legislation and care standards. The agreed mission statement is:

Each child or young person who needs to be cared for or looked after in a family-based resource is provided with a placement that meets his or her needs, when he or she needs it and for as long as needed.

To meet this, the principles underpinning Family Based Care services are to:

1. Have the needs, rights and views of children and young people at their heart.
2. Be designed and delivered in ways that encourage children’s and young people’s physical, cognitive and emotional development, their attachments, their resilience and safety and discourage further damage, discontinuity, loss and rejection in their lives.
3. Support parents and relatives to be appropriately involved in the care of their children.
4. Promote equal opportunities and value diversity among children and young people, parents, carers and staff.
5. Recruit and retain, or buy in, a sufficient number of good quality carers.
6. Value the carers with whom they work, recompensing, supporting and appraising them in their complex, demanding and time-consuming roles.
7. Value the staff delivering services, managing and supporting them to achieve high standards of practice.
8. Work collaboratively among their own staff, with carers and with other staff, both within the City of Edinburgh Council and other agencies with which they work. Be efficient and consistent in their planning and decision-making and have processes that are readily understood by all of the groups.
9. Develop policies and procedures that assist their work and the work of others in the Department. Adhere to legislation (Acts and Regulations) at all times and follow government guidance and departmental policies except where there is a demonstrably good reason not to do so.
10. Measure, evaluate and disseminate findings about the impact of their interventions. Continuously improve.
11. Provide best value for money.
1.3 Care standards
National Care Standards, developed by the Scottish Government, provide nationally agreed standards for the levels of service to be provided for carers and for the children and young people who are looked after by them. The aim of the standards is to improve the quality and consistency of services for children and young people in foster care.

The standards cover:

• recruiting, selecting, approving, training and supporting foster carers
• children and young people with foster carers
• supporting and monitoring foster carers
• the work of the agency fostering panels and other approval panels.

The Care Standards are available online by searching National Care Standards at – www.gov.scot/publications

1.4 The registration and inspection of foster care services
The Care Inspectorate administers and inspects a range of services, including fostering and adoption services. They inspect and evaluate services annually against the care standards. Other than day carers, who have to be registered child minders, individual carers are not registered and inspected.

Carers may be asked to take part in these inspections by attending focus groups, individual interviews or providing information to help the Care Inspectors. The Annual Inspection reports are available on the Care Inspectorate website - www.careinspectorate.com

See also section 2.8 about making complaints to the Care Inspectorate.

1.5 The legal context of fostering
The ways that children are ‘accommodated’ and the ways that foster care is provided are determined by law. The main statutes that you need to be aware of are:

• The Children (Scotland) Act 1995
• The Adoption and Children (Scotland) Act 2007
• The Looked After Children (Scotland) Regulations 2009.
• The Children’s Hearing (Scotland) Act 2011
• The Children and Young People(Scotland) Act  2014
• The Looked After Children(Scotland) Amendment Regulations 2014

For those of you who are caring, or are hoping to care, for a child on a permanent basis, the main legislation is:

• The Adoption and Children (Scotland) Act 2007
• The Adoption Agencies (Scotland) Regulations 2009
• The Adoption Support Services and Allowances (Scotland) Regulations 2009.

Click on www.legislation.gov.uk to search the Act or Regulations. It is not necessary for carers to have in depth knowledge of legislation unless this is something about which you have a particular interest. The main points are described below.
How do children become looked after and accommodated?
You will hear the children you care for described in a number of ways, for instance ‘looked after’, ‘looked after and accommodated’, ‘looked after away from home’ and ‘in care’. The correct terminology is ‘looked after and accommodated’ although ‘looked after away from home’ is also an accurate description. The term ‘in care’ went out of date when the 1995 Act was implemented but is still regularly used.

In order for a child to become looked after and accommodated they have to meet certain legal criteria:

• Their parents, or persons with parental responsibilities, must have agreed to them being accommodated by the local authority or the local authority has found that there is no one who has parental responsibilities or the child is lost or abandoned. This is called section 25 accommodation or is sometimes called voluntary accommodation. If the parent asks to take the child back, this cannot be prevented unless the social worker successfully applies to prevent this in one of the ways described below. However, if a child has been accommodated continuously for more than six months under section 25, the parent has to give 14 days notice.

• The child has been made subject of a supervision order by a children’s hearing and this includes a direction that the child does not live at home. There are a range of grounds specified that can lead the children’s hearing to make a supervision order, for instance that the child is beyond control or likely to suffer unnecessarily because of a lack of parental care. The supervision order usually contains directions concerning the frequency of contact between the child and parent and may contain directions about other matters. Parents cannot remove children subject to supervision orders from foster carers without the children’s hearing agreeing to this.

• The child is subject to an order, authorisation or warrant. The ones you are most likely to come across are a child protection order (CPO) or an Interim Compulsory Supervision Order (ICSO). A CPO is an emergency order, made by a sheriff, which allows the local authority to remove the child from home immediately. CPOs are used when the level of concern for the child is so great that it is assessed that it is not possible to wait for a children’s hearing to be held. CPOs are time limited. An Interim Compulsory Supervision Order is made by a children’s hearing when the panel decides that the child should be in a place of safety immediately. This might be with foster carers, with kinship carers, in residential care or in hospital dependent on the child’s needs.

Whichever legal way the child or children living with you is accommodated, you should ensure that you get a copy of the order.

There are a number of people or organisations you may hear about or meet when a child is accommodated. A brief description of them is as follows:

The Children’s Reporter: Not to be confused with a journalist, the reporter works for the Scottish Children’s Reporter’s Administration (SCRA). The reporter is usually a trained lawyer but may be a social worker. It is their job to decide whether sufficient ‘grounds’ exist for a case to be referred to a children’s hearing. Where parents or children contest the grounds, there has to be a ‘grounds hearing’ in front of a sheriff.

The Sheriff: The sheriff is the equivalent of a judge in most other countries. As well as grounds hearings, they hear appeals concerning children’s hearings decisions and they make decisions in permanence order and adoption cases.
The **Children’s Panel** is made up of volunteers from a range of backgrounds who are interested in helping children. Three of them have to be present at children’s hearings. They meet with the child, unless the child is excused from attendance, the parents, the social worker, often school staff and other ‘relevant people’. Foster carers are often accepted as relevant persons and you will be asked to attend to give your views to the hearing. It is an offence not to attend. The panel has to determine whether a supervision order is needed and, if so, whether the child can be supervised at home or whether he or she needs to be accommodated away from home.

**Safeguarders** can be appointed by a children’s hearing or a court when they consider that they need an independent person to investigate what will be in the best interests of a child.

**Curators ad litem** are appointed by the court in adoption cases and permanence order applications. Again they are independent of the court and the local authority and their duty is to safeguard and report on the best interests of the child.

### What are our duties towards accommodated children?

Once a child is accommodated, the local authority has a number of legal duties towards him or her:

- to safeguard and promote the child’s welfare, taking the welfare of the child as their paramount concern. Social workers must visit accommodated children at least every three months but many will need more frequent visits. They must also have a written child’s plan and review it regularly
- to make use of services that would be available for children were they cared for by their parents
- if achievable and in their best interests, to place siblings together or geographically close.
- to take steps to promote regular and direct contact between a child and anyone with parental responsibilities provided this is consistent with safeguarding the child’s welfare.
- to provide advice and assistance with a view to the time when the child is no longer looked after
- to find out and have regard to the views of the child, his or her parents and any other relevant person, when making decisions about a child
- to take account, so far as is achievable, of the child’s religious persuasion, racial origin and cultural and linguistic background.

As foster carers, you will play a key role in helping us to meet these duties. It is also important that you do not, either by mistake or purposefully, do something that is in conflict with these duties.
2.1 Fostering panels
The City of Edinburgh Council’s Fostering Panels are set up under Regulation 17 of the Looked After Children (Scotland) Regulations 2009. The fostering panels’ roles include:

- making recommendations to the Agency Decision Maker (senior manager) on the approval and remit of prospective foster carers and day carers
- agreeing the remit details, e.g. age, gender and number of children, or approval to care for a specific child known to the applicants
- undertaking carer reviews.

Each panel has between three and five members who have relevant knowledge, skills, experience and expertise. The panel may include professionals, carers and previous service users. The Department’s medical adviser may also be present if there are specific health issues to discuss. An experienced panel member will chair the panel.

2.2 Reviews
The regulations require that each carer is reviewed within one year following approval and then at least every three years. The review meeting is an opportunity for the carer, worker and the panel to look back at the carer’s work. It is an opportunity for recording and valuing the carer’s contribution and for raising any concerns. It also allows carers to give feedback to the Department. This helps to provide information on the quality and range of services provided by the Department and shapes future recruitment, assessment and training strategies. Early reviews can take place at the fostering panel. They occur when:

- there has been a significant change in the carer’s circumstance, eg separation, health issues, significant change in work patterns or a house move
- there is any request or recommendation regarding change or variation of approval status, eg increase in number or ages of children to be placed. This can also include termination of approval
- any significant incident, complaint, allegation or child protection investigation has occurred.

If an early review has taken place, the next review will be scheduled three years later unless you, the panel or your Family Based Care social worker thinks an earlier review would be helpful.

Changes re REMIT
The LAC Regulation Amendments 2014, introduced from December 2014, sets a maximum foster care placement limit of three children, with exemptions for sibling groups and emergency placements. The new law means that any new care placements made since then cannot have more than three unrelated children. The new law does not affect placements that were functioning successfully before that date.

Review reports
The panel will consider reports prepared by the carer, Family Based Care social worker and the child’s social worker. These should include the views of fostered children, their parents and where applicable, the carers’ children and/or any other household member.

Included in the reports and discussion will be the:

- carer’s main achievements, strengths and skills, relating to core competencies
- support carers have received
- contribution carers have made
- particular skills and training needs.
Checks
The review process includes maintaining up to date checks to ensure the continued well being and safety of carers and the children they look after. The following checks will be made:

- Disclosure Scotland records check as needed
- Medical:
  - record check every three years
  - full medical examination may be requested if there is a health problem
  - full medical examination every six years
- Health and Safety check and car document checks every three years
- Local Authority check
- Pet questionnaire
- Unannounced visit pro-forma completed
- Checks may be requested at other times if a specific issue or concern has arisen.

For any adult who is 16 or over who is a member of the household or any regular babysitter:

- medical record checks every three years
- Disclosure Scotland checks as needed.

Reports should be shared with the carer at least a month before the review date so that any issues can be discussed.

Review panel meeting
The carer and Family Based Care Social Worker will attend and contribute to the discussion. A copy of the panel agenda will be available. The panel will ask questions to gain further information and to hear views. The panel may choose to discuss their recommendation on their own, prior to advising the carer. However, they may also choose to reach their recommendation with the carer and worker present throughout.

The panel may recommend:

- approval for the following three years (or a specified shorter period). This may include changes to age, gender or number of children to be cared for. It may also include a change to a different type of fostering, eg from respite to full time fostering
- the end of the carer’s work with the Department, if the carer has decided that they want to retire or do not wish to continue for another reason
- that a carer should be de-registered because the Department has not been satisfied with their performance. This is a very unusual occurrence and the carer will be advised well in advance that this is likely to be the recommendation and the reasons for it.

The discussion and recommendations from the panel will be recorded and sent to the agency decision maker who reaches a final decision. The carers will be notified in writing of the agency decision maker’s decision and reasoning. This will include information on how to ask for a Review panel if not satisfied.

A request for a Review panel should be sent in writing to the Panel Co-ordinator within 28 days of notification of the decision. A panel with different membership will be established to reconsider the recommendation made and a different agency decision maker will make the decision. For information about making a complaint, see section 2.8.
‘Stretching’
As a carer, you may occasionally be asked to take on responsibilities outwith your specific approval when there are high demands on services. This may relate to:

- the number of children looked after
- the age or the gender of the children.

Before taking on any additional responsibility you should consider any request carefully with your Family Based Care Social Worker. Any stretch lasting beyond three months should return to panel.

2.3 Foster Carer Agreement and Child’s Planning Agreement
The Carer Agreement is an agreement between approved foster carers and the City of Edinburgh Council. This is required under Regulation 24 and Schedule 6 of the Looked After Children (Scotland) Regulations 2009. It ensures that foster carers have a full understanding of their entitlements and obligations. Following approval, the foster carer agreement should be completed and signed by the foster carer and a representative of the Council. The carer will retain a copy and one will be placed in the carer’s file.

When a child is placed with a foster carer a Child’s Planning Agreement, related to the needs of the child, should be drawn up between the carer and the child’s social worker. This agreement should be done in advance of the placement being made and, for emergency placements, within three working days of the child being placed. This will cover issues such as:

- information to be supplied concerning the child’s background
- arrangements for contact with the child’s family
- any specific financial issues related to the child, eg clothing allowance
- arrangements for medical and other consents
- the frequency of social worker visits to the child and carer.

2.4 Confidentiality
Foster carers will receive confidential written and verbal information about children, their parents and families. This will normally be from social workers but may also be from others, eg doctors or teachers. You should check with whom you can share the information. Foster children and their families should be given a clear explanation by their social worker of what sort of information has been shared with you and why.

Some information may have to be shared with your close family or babysitters who have regular contact with the children. This will ensure their safety and the safety of the children placed. Your Family Based Care Social Worker should discuss this with you. Where other people without a need to know ask inappropriate questions, a polite and firm refusal to discuss the matter is usually sufficient.

Information which you receive from children or others about actual or potential harm to the child or another person must be shared with the relevant social worker as soon as possible. There can be no agreement between a carer and a child to keep such information secret. Storage of confidential information

Carers are advised to keep all reports and papers relating to individual children or the Children and Families Department in a lockable filing box or cabinet. These are provided by the Department. Any data held on a computer should be kept and subsequently destroyed securely. Information that identifies a child or family should not be sent by e-mail or fax. When a placement ends, all paperwork relating to the child’s placement should be returned to the child’s social worker.
Confidentiality with other carers

Confidentiality must also be respected within carer support groups, training or when meeting informally with other carers. Specific issues can be discussed regarding a child, so that experiences of how situations have been dealt with can be shared. The confidentiality for the child, however, must be respected. Carers sharing information must be able to do so with the confidence that individuals do not discuss the information outside of the group.

Enquiries from the media

Under no circumstances should a carer give information or have a discussion with the press or any media organisation about children in their care other than where they have prior agreement from the Department. Children who are looked after by the local authority cannot be photographed or featured in the media unless their parents or the Chief Social Work Officer, if the Department holds parental rights, has given permission. Any enquiries from the media must be referred immediately to the carer’s Family Based Care Social Worker or his or her team leader.

Access to foster carer files

The Looked After Children (Scotland) Regulations 2009 require the local authority to retain confidential files for all approved foster carers. This file holds details of their approval, amendments to approval and termination of approval. It also contains a record of each placement with the foster carer. Records for approved foster carers must be retained for at least 25 years from the date on which the approval was terminated or until the carer’s death, if earlier. The local authority must ensure that the information contained is treated as confidential and can be accessed only by court order or as provided for under legislation.

The Data Protection Act (1995) and Access to Medical Reports Act (1988) regulate access to files kept by local authorities. Third party information cannot be shared without the consent of the provider of that information, eg a personal reference.

2.5 Recording and report writing

Keeping a record of daily work with the child and the family is important. Carers are provided with record sheets and these should be used for keeping detailed records, and kept in the locked box supplied by FBC.. The diary provided should be used solely to record appointments, dates etc, and should not contain details of any children. The Family Based Care Social Worker can offer guidance on recording practice and training is provided. Records must be kept for the following reasons:

• to record significant events in a child’s life and therefore contribute to the child’s life history
• to show patterns of behaviour over time, recording progress or regression, eg sleeping, eating, bed-wetting
• to assess the child’s needs, contributing to future planning for the child
• to record contact with the birth family and the child’s reaction to this
• to provide reports or important information for LAAC reviews, children’s hearings or court proceedings
• as a safeguard for carers in the face of complaints or allegations.

Children and parents have a right to access information written about them. You should take account of this when recording and writing reports. It is important to:

• keep records short and up to date – take time each day so that events are fresh in your mind and as accurate as possible
• be clear whether you are giving an opinion or reporting facts
• sign and date your entries
• explain to the child, if old enough, that you are keeping the record and the reasons for it.
Some examples of what to record are as follows:

- accidents, illness or medical/dental appointments
- requests for help to any agency
- contact arrangements with the child’s family or missed appointments
- reactions to contact with the family – the child’s behaviours and if applicable the child’s own words
- specific care arrangements for the child if the child is staying elsewhere
- things that the child has said which cause concern
- details of problem behaviour, including what happened before and after
- important events or changes in circumstances
- details of occasions when the child has gone missing and where they were found
- police involvement
- damage to property
- information from school, including attainments and achievements
- visits, meetings and arrangements with social workers, including hearings and reviews.

Children who are looked after and have had a succession of moves during their childhood, often struggle to make sense of their identity as they have little information about their past. It is helpful if foster carers keep a memory box for each child in their care. See also section 4.16 concerning memory boxes.

### 2.6 Child protection procedures

Everyone has a responsibility to make sure children are safe and well cared for. If you have a child protection concern about a child in your care, this must be reported immediately to the child’s social worker or their team leader. In the case of a child not in your care, reports should be made to Social Care Direct on 0131 200 2327. If out of hours, the Emergency Social Work Service (ESWS) should be contacted.

Social work staff and the police may investigate these concerns. During an investigation, social workers and police will speak to the child, their family and any other relevant people, eg teachers, health visitors or the carer. They will discuss with health staff whether it is necessary for the child to have a medical examination. If so, the child will be examined by a paediatrician to make sure there are no injuries or other problems, eg poor growth or infections that require treatment. In some cases there may be a police doctor present. If there are any injuries, these may be photographed by the police for evidence. The investigation will be carried out in a sympathetic manner with the child’s safety and welfare being the most important consideration.

Child abuse encompasses much more than physical abuse, it can include:

- emotional abuse
- sexual abuse
- neglect
- non-organic failure to thrive.

**Responding to a child’s disclosure of abuse**

Many children placed with carers have suffered serious abuse in the past. Sometimes social workers may suspect that a child has been abused but he or she has never disclosed any information. It is only when a child feels safe that they start to talk about it. If a child starts to talk to you about abuse, it is vital that you:

- stop what you are doing so that you can take the child aside to have a quiet chat
- listen carefully, rather than ask questions. Do not ask leading questions such as ‘did mummy’s boyfriend hit you?’
• show the child that you are taking whatever he or she has told you seriously
• tell the child that he or she is not to blame and that they were brave to speak up
• make it clear to the child that this cannot be kept a secret and that the information will need to be passed on to their social worker
• write down what has been said as soon as possible, using the child’s exact words.

It is important that carers do not attempt to question or interview a child as, if the carer questions the child in the wrong way, they could interfere with the formal process of gathering evidence needed for court proceedings. A carer must immediately inform the child’s social worker or their team leader. The carer may also find it helpful to discuss the feelings evoked by the disclosure with their Family Based Care Social Worker.

2.7 Child protection case conferences and core groups
The child’s situation may need to be discussed at a child protection case conference. This is a formal, multi-agency meeting that shares agencies’ risk assessments and identifies necessary actions to protect a child. This meeting also decides whether the child’s name should be placed on the child protection register. The register is a list of children for whom there are identified risks and who require a formal child protection plan. As the carer for the child at this time you will often be invited to attend a child protection case conference and to provide a report.

The carer’s contribution to case conferences is very important. The Family Based Care Social Worker will advise on the content of the report and can arrange for it to be typed. Reports will be shared with the child and their parents. The only exception to this is ‘restricted access information’. The chair of the case conference decides whether or not a report or part of a report will be restricted.

Case conferences usually last between 1½ to 2 hours. Review case conferences are held every six months to review progress and decide whether the child’s name needs to remain on the register. Carers may also be invited to become a member of the core professional group that meets more regularly to monitor progress.

2.8 Allegations and complaints
Allegations may be made about carers or members of their family by children, their families, neighbours, professionals or others who have contact with them. Allegations are more serious than a complaint (see below) and can concern physical, emotional or sexual abuse, neglect or inadequate care. The Fostering Network booklet, Safer Caring, states that one in six foster carers will have a complaint or allegation made against them during their fostering career. Safer caring practices (see section 6.11) that are learnt through preparation and training must be followed and should reduce the risk of unfounded allegations. Some children are abused within foster care but most allegations of abuse are unfounded.

A child or member of their family may make an allegation against a carer because:

• something has happened recently that reminds the child of an event that took place before the child was with the carer
• it is a way of trying to regain control over his or her life
• the child can misinterpret an innocent action such as putting an arm round them to offer comfort
• the child or his/her family sees making a false allegation as a way of getting away from the foster home
• he or she has actually been abused by the carer or a member of their family.
If an allegation or suspicion of abuse is made, it will be considered in accordance with the Edinburgh and Lothians Inter-Agency Child Protection Procedures (3.8.15)*. All allegations of abuse about a carer are dealt with by appropriately trained child protection staff and senior managers of the Department. Such investigations are uncommon but can take considerable time to conclude.

The Council has a duty of care towards carers and when an allegation of abuse has been made, carers will receive clear advice about process and timing, though not necessarily about the detail of the investigation. The carer’s Family Based Care Social Worker will ensure the carer has adequate information about what is happening and potential sources of advice and support, although they will not be able to discuss the detail of the allegation.

The Department provides individual membership of the Fostering Network. This can provide both personal and individual support as well as legal support and, if necessary, any legal expenses. Fostering Network’s booklet Allegations Against Foster Carers contains valuable information about what is likely to happen if an allegation is made, the investigation, legal procedures and where to get support. A copy can be obtained from the carer’s Family Based Care Social Worker.

Children in placement should not have to move unless it is the only immediate, safe solution or they refuse to remain in the placement. This will be balanced against the need to minimise distress and disturbance. If it is decided that the child should be moved, this can happen immediately without any period of notice. Written notice of the decision and confirmation of the date that the placement ended will be given as soon as possible.

After completion of an investigation, unless an allegation has been judged completely unfounded, the fostering panel will review all the circumstances and make a recommendation. Whether or not there is foundation for the allegation, the carers, their family and the child involved may need support and counselling after the event, either individually or together. The Family Based Care Social Worker and the child’s social worker can facilitate this. If the child has moved, continued contact between the child and the carers may or may not be possible dependent on the circumstances. The child’s needs and future will normally be planned through a LAAC review. The needs of the carer and their family will be discussed with their Family Based Care Social Worker and his or her line manager.

The absence of a criminal conviction does not necessarily mean that abuse has not occurred. In some instances, even after full investigation, a serious allegation remains unsolved. The fostering panel will have to consider all the circumstances and recommend if the carer’s family should continue to look after the children on behalf of the Council. This recommendation will be made to the agency decision maker. Carers have the right to ask for a review of this decision. See section 2.2. If a child is subject to a supervision requirement, the children’s hearing must be informed of any allegation no matter what the outcome. The Care Inspectorate will also be informed.

The child and his/her family will be told of the outcome of the allegation in a manner suited to their age and understanding. Written information about the outcome will be sent to the parents or guardians of the child, the person against whom the allegation was made and senior staff in the Children and Families Department.

Detailed records will be kept of all allegations, investigations, findings and outcomes. Information relevant to the carer will be retained in the carer’s file. Information relevant to the child will be held in the child’s file. Any reference to the carer will be held in a restricted access section of the child’s file.

The Fostering Network’s advice and mediation service 0141 204 1400 or www.thefosteringnetwork.org.uk

*A copy of this procedure can be obtained from your FBC sw.
Complaints about carers
Caring for someone else’s children is not easy and fostering a child will place great demands on the carer and their family. Sometimes a complaint may be made against them. For example, a child may complain to their social worker that they are not getting enough pocket money. A member of the child’s family may complain about the child’s clothing or a neighbour may complain about their car being damaged. If a complaint is made about a service provided on behalf of the Council, the Department has a responsibility to investigate it. Depending on the nature of the complaint, there are a number of ways this may be dealt with. It may be resolved through a joint meeting with the carer’s Family Based Care Social Worker and the child’s social worker and Children’s Rights officer or it may involve meeting with the Family Based Care Social Worker and his or her manager.

If it is not possible to resolve the issue or it is more serious, a formal complaint can be made by contacting the Social work Advice and Complaints Service by email – socialwork.complaints@edinburgh.gov.uk. An investigator from a different section of the Department, who is independent from the case, may be appointed. If a formal complaint is made to customer care and complaints, the carer will receive clear written advice on the process for dealing with the complaint. There is a leaflet on ‘How to make a suggestion or complaint about our service.’ Carers have a right to representation or support in interviews relating to complaints. They may wish to seek advice or support from the Fostering Network. During the investigation process, carers should be informed about the progress of the investigation. At the end of the investigation, whenever possible, the carer should be given feedback. Sometimes, to protect the confidentiality of a third party, information cannot be shared with them.

Complaints by a Carer
Social Work Complaints process
All carers have the right to complain about the service that they are offered or if they feel they have not been treated fairly. Complaints can be a helpful way of recognising gaps in services and help to maintain a high quality service. Comments, complaints and issues should, wherever possible, be resolved in discussion between yourself and your Family Based Care Social Worker. If that is not possible, a meeting can be arranged with their line manager or a more senior manager. If you are unhappy with the response or feel unable to approach staff directly, you can email socialwork.complaints@edinburgh.gov.uk or telephone the Social Work Advice and Complaints Service on 0131 553 8395.

The Care Inspectorate registers and inspects fostering services and a direct complaint can be made to them. It is not required that you go through the local authority complaints procedure first but it is preferable.

Care Inspectorate, Compass House, 11 Riverside Drive, Dundee DD1 4NW. Tel: 0845 600 9527 or enquiries@careinspectorate.com

Scottish Public Services Ombudsman

A complaint can also be made to the Scottish Public Services Ombudsman, although you are required to use the Council’s complaints procedure first. The Ombudsman should be contacted within 12 months of the date that problem you are complaining about first occurred. In special circumstances, the Ombudsman may be prepared to deal with matters out with this period. Write to the Scottish Public Services Ombudsman, 4 Melville Street, Edinburgh EH3 7NS. http://www.spso.org.uk

See 4.10 for Comments or complaints from children or young people.
2.9 Serious incidents and accidents

Any serious incident or accident which involves a child must be reported immediately to the child’s social worker, line manager, duty worker or, if out of hours, the Emergency Social Work Service (ESWS). You can also receive support, help and information from your Family Based Care Social Worker. In some circumstances you may be required to fill in a form or to provide information to the child’s social worker or the Family Based Care Social Worker. They will advise you of the required steps and of the information you should provide. All such incidents will be reported by FBC to the Care Inspectorate.

A serious incident includes when a child or young person:

- runs away – a document “Children and Young People Missing from Local Authority Care” is available, from your FBC sw, which offers guidance. This protocol covers Lothian and Borders Police along with the councils of City of Edinburgh, West Lothian, East Lothian, Midlothian and the Borders.
- commits an offence
- is hospitalised
- suffers or discloses any incident of abuse.

If the carer has an accident or suffers serious physical or mental health problems that may affect their ability to care, they should contact their Family Based Care Social Worker as soon as possible.
3.1 Information on fee payments
Fostering fees are the financial reward for carers. They acknowledge the time, skill and effort involved in caring for a child. Mainstream fees are age related. Specialist fees are not age related. The carer is paid a fee for each child placed. For detailed information on fees see the information sheet that is issued annually. Respite foster carers, day carers and foster carers who provide befriending are paid as follows:
• Respite carers are paid the relevant fee i.e. mainstream/specialist, and an allowance pro-rata for the time spent caring for the child
• Foster Carers who provide befriending are paid at a specific befriending rate

3.2 Information on allowances
Fostering allowances are age related. Allowances cover all the normal costs of caring for a child such as food, local travel, hobbies, activities and personal hygiene. Where a child's needs indicate additional expenditure may be required due to their disability, their carer should apply for appropriate disability benefits.

Allowances are only payable when the child is in placement with the carer. Allowances cease when the child leaves the placement. If a child goes home overnight or has regular or occasional respite, the carer will receive an adjusted proportion of the maintenance allowance. For further information on allowances see the information sheet which is issued annually.

Once young people have an income in their own right, they make a contribution towards their clothing and personal expenses, unless they are on a very low income. A table of expected contributions from young people is detailed in the annual information concerning allowances. Please advise the child's social worker and your FBC social worker as soon as a young person is in receipt of earnings or benefits. All looked after young people who stay on at school beyond school leaving age or go to college are entitled to an education maintenance allowance. Carers should ensure that they or the young person apply for this allowance as it is intended as an incentive for young people to stay on at school or go to college.

Continuing Care – CEC has a duty to assess the needs of Young People who are already accommodated with foster carers and wish to remain with those carers past their 18th birthday. The possibility of the young person remaining with their carer, including any financial implications for the carer will be discussed with the carers and their FBC sw.

Retainers
Retainers are paid to full time carers in recognition that they are available to take placements. A retainer can be paid for up to four weeks for mainstream carers and 12 weeks for Specialist Carers. Emergency carers receive one specialist fee throughout the year to recompense them for their 24 hour availability. If a child moves into a vacancy as soon as another child leaves, retainers are not paid. When a retainer is being paid, the carer may be asked to undertake short term pieces of work out with their normal remit, eg taking a child to give another carer a weekend break. Occasionally retainers can be paid for longer, for instance if there is a bereavement or serious illness within the family. This must be agreed with the FBC team manager.

Where a carer is suspended from taking placements due to a child protection or standards of care investigation, a retainer can be paid for up to 12 weeks, if agreed by the FBC Team Manager.

Exceptional circumstances
Occasionally the demands of a child in placement means that no other child can be placed with the carers, even though they are registered to take more than one child. In these circumstances, a second fee may be payable following discussion with the child’s social worker, the carer’s FBC social worker and authorisation by the FBC team manager. This payment will be reviewed 3 monthly.

Clothing allowance
The weekly amount of clothing allowance for each child depends on their age and is set down in the fees and allowances information sheet that is issued annually. The clothing allowance is intended to ensure that items are renewed and replaced, as necessary. Respite carers do not receive clothing allowance as it is expected that the children’s clothing is provided by the parents.
All children should be adequately clothed when placed with full time carers. However, this may not be possible if a child is placed without any additional clothing. If it is necessary for the carer to buy clothing in advance of receiving an agreed grant, this must be agreed with the child’s social worker and receipts must be retained and given to the social worker. Parents may wish to provide clothing – it is helpful if carers can accommodate parents’ views as far as practicable. It is expected that when the child leaves the care placement, he or she will have an adequate set of clothing. The carer should make an inventory of clothing when the child arrives or leaves, so that the child’s clothing needs can be assessed and disputes avoided.

How the clothing allowance is spent is a matter of judgement between the carer, the child, his/her parents and the child's social worker. Carers should keep a record of how clothing money is spent and receipts retained for inspection by their FBC social worker. The foster care diary can be used for this. Any unspent clothing allowance should be returned to the Carer Payments Team at the end of the placement. Exceptional, one-off payments may be made for expensive items, eg if the child is taking part in a special religious ceremony. Such needs must be discussed with the child’s social worker and your FBC social worker in advance.

Pocket money
The recommended pocket money allowance forms part of the standard maintenance allowance. This is paid to full time carers but not to respite carers. Children should be encouraged to open a savings or bank account.

Christmas, or other religious festivals, and birthday allowances
These allowances are paid to cover additional expenditure at one week’s standard allowance. Christmas allowances are paid four weeks prior to Christmas. If a child moves just prior to their birthday or Christmas, the purchased gift(s) should be passed to the new carers as these allowances are not paid twice.

Holiday and school trip allowances
Before booking any holiday for an accommodated child or young person this must be discussed and pre-authorised by the child’s sw and the FBC social worker.

A holiday activities allowance is paid to all carers in their May payment. This is to cover additional expenditure over the school summer holiday period. It is paid at the equivalent of two weeks standard allowance. It is paid to foster carers whether or not they actually take the foster children on holiday. If a child moves prior to or during the school summer holiday, the allowance will be reclaimed on a pro-rata basis (if it is half way through the holiday, half the allowance will be reclaimed) unless the carers have already taken the child away on holiday. If a child moves into a carer’s home during the school summer holidays, the holiday activities allowance will be paid on a pro-rata basis.

The normal fee and maintenance are paid during holiday periods and it is expected that both the maintenance and the holiday activities allowance will be used towards the actual costs of caring for the child on holiday. Consequently, the following expenditure can be reclaimed:

- Travel costs - where an individual fare is paid for the child (eg train, coach or air fare), the actual cost , home to destination (return) will normally be reimbursed. Where a child is travelling in a car with the carers, their share of the mileage will be paid on a pro-rata basis, eg if there are four other people in the car, one fifth of the mileage will be paid.

Accommodation costs -where accommodation does not include any meals, the child’s share of the accommodation will normally be paid, eg if there are four other people sharing a chalet or caravan, one fifth of the rent will be paid. If the child is sharing a hotel room with another child, one half of the room rate will be paid.

Meals- the cost of meals should be covered by the maintenance allowance. If meals are included in the cost of the accommodation, the following will be deducted from payment for the accommodation: one tenth if breakfast is provided, two tenths if breakfast and dinner are provided and three tenths if it is full board. For example, if the child is in accommodation that provides bed, breakfast and evening meal and the cost is £300 per week, you will receive eight tenths of that amount, ie £240.

Payment will not be made for children 0-2yrs unless proof of additional cost is provided.

- Holiday insurance - the full cost of holiday insurance for the child will be paid.
- Package holidays (ie where both travel and accommodation are included in the price) Other than where the carer can ascertain from the holiday provider the breakdown of costs between travel and accommodation it will be assumed that one third of the cost is travel and two thirds accommodation.
Occasionally carers take unusually expensive holidays, either because this is part of their lifestyle or because they are attending a special occasion. **Departmental agreement to the holiday must be sought in advance of any booking.** The Department will normally make a reasonable contribution towards costs. Young people may get invited to go on holiday with a friend or through a youth group. Such arrangements need to be agreed by the child’s social worker.

The cost of school trips will be covered by the Department if it is in the child’s best interests to attend. This should be discussed with the school and the child’s social worker and application for funding should be made to the Family Based Care social worker.

Carers should give the child’s social worker and Family Based Care social worker good notice if considering taking a child on holiday or going on a school trip. Do not book any holiday without prior discussion with your FBC social worker. This will allow grants to be processed on time. In some instances, the child’s parents will need to consent to a holiday or trip. If carers are likely to want to take a child abroad, the social worker should be asked to make a passport application as soon as possible as there can be difficulties. Responsibility for processing applications for holiday grants lies with Family Based Care.

**CEC do not support children’s holidays during term time.** Any such extraordinary request must be discussed and agreed in advance with your FBC sw and the child’s Practice Team social worker, and would require authorisation from senior managers.

**Travel allowances**

Carers cannot claim travel expenses for activities that are part of normal family life such as transporting a child to the local school or to go shopping. However, reasonable costs for travel undertaken as part of the fostering role will normally be reimbursed. Approved journeys may include:

- regular or distant hospital appointments
- visits to prospective carers or adopters
- journeys to a residential school
- travel to reviews
- visits to the child’s family
- travel to training events
- transport to a non-local school
- collecting the child and dropping them off at the start and end of the respite

As far as possible, such expenses should be agreed in advance with your liaison worker who can provide advice on how to claim and relevant forms. Receipts/tickets will be required. Claims should be made at regular intervals – at least three monthly and before the end of the financial year on 31 March. Claims that are more than six months old cannot be approved. When a private car is used, payments will be at an agreed mileage rate. VAT receipts for petrol must be obtained and attached to the claim form.

**Other expenses**

Where carers deliver training or take part in carer recruitment or similar activities, this will be paid at the befriending rate and should be claimed on a carer expenses form and passed to your FBC social worker.

**3.3 Equipment**

Once carers are approved, the Department has the responsibility to provide essential equipment to carers. The FBC social worker will talk to the carer about any furniture or equipment in the home which is available for any child placed, and what additional items are required.

The social worker will complete the necessary arrangements including the approval and delivery. Equipment will either be new or, if used, clean, in good condition and will meet relevant safety standards. Cot mattresses for children under one will be provided new.

The type of equipment can include safety equipment such as fireguards, window catches and equipment to suit the child’s age, such as a cot or high chair.

A full list can be obtained from the carer’s social worker. Items will be replaced as a result of wear and tear.
Major items of essential equipment are ‘on loan’, with the exception of bed linen. If carers stop fostering, or change their age range, these items should be returned.

If the procurement process for equipment is not followed then CEC cannot guarantee full re-imbursement of sums paid by carers.

3.4 Insurance
Carers are expected to have adequate home, contents, vehicle, personal injury and third party liability insurance. Carers should inform their insurance companies that they are fostering. If insurance companies are not given full information, any claim could be discounted on the grounds that they were not completely aware of material facts. If carers have any difficulty in obtaining insurance cover, this should be discussed with their FBC social worker.

Any damages or theft caused by a foster child should, in the first instance, be claimed through the carer’s own insurance company. If the claim is not accepted, there is an excess to pay or the carer’s insurance premium is increased as a result of a claim, this should be discussed with your FBC social worker, who can help you submit a claim to the Department. The Council has public liability insurance in place. This covers carers for accidental death, injury or illness to any third party or their property as a result of their actions as foster carers as long as these were accidents and not intentional. There are terms and conditions that apply to this insurance.

It is the carer’s responsibility to ensure that their car insurance covers any additional liability relating to their role as a carer. Any vehicle used for transporting children must be maintained in a legal and roadworthy condition and used in compliance with statutory regulations. Carers must also ensure that their insurance has a business clause which allows them to transport children in foster care. This should not cost any extra.

Carers must have their own holiday insurance and insurance for their foster children if they take them on holiday. The carers should check if the child can be covered by their own holiday insurance or if they need to obtain this through another company. If difficulties are experienced, the Fostering Network may be able to provide advice.

It is vital that any accident or injury to the child, carer, their family, or anyone else, is reported to the carer’s FBC social worker and the child’s social worker. They will advise on any actions, forms or reports that should be completed. Any delay may invalidate any insurance claim.

Individual membership of the Fostering Network is purchased for carers. This entitles members to legal advice and representation, if required. Terms and conditions are available from the Fostering Network on 0141 204 1400.

3.5 Carers’ holidays
Full time carers are entitled to take a paid break from fostering each year, although many choose not to do so. The carer fee continues to be paid when carers take a break but the allowances stop as these are paid for the costs of caring for the child. The maximum holiday entitlement is three weeks. Other than in emergency circumstances, eg the need to care for an ill family member, FBC social workers should be notified at least three months prior to the break so that alternative placements can be identified and children can be well prepared for the temporary move. Relatives and friends of some carers have been approved as respite carers to cover for holiday breaks. Carers should speak to their FBC social worker if they have relatives or friends willing and able to undertake respite care.

Where carers have chosen not to take holiday breaks, they can accumulate paid breaks to take when a placement ends. This is for a maximum of six weeks. Carer’s holiday entitlement runs from January to December – full calendar year.
3.6 Administration of fees and allowances
All fees are paid in advance. These payments are authorised by the team leader in the Family Based Care team responsible for the carer. Allowances are also paid in advance. The child’s social worker authorises allowances by sending a change of circumstances form to the Carer Payments Team. The Carer Payments Team cannot authorise the start and end of placements, although they will try to sort out payments whenever they can. Most payments are made into the carer’s nominated bank account, and this is the preferred method on grounds of safety and speed. Carers are advised to check their payment notifications letters on receipt and contact the Carer Payments Team, should they require clarification or have concerns. Payment notification letters should be retained.

Under or overpayments
Carers should inform their FBC social worker and/or Carer Payments Team immediately if payments appear to be delayed, inaccurate or overpaid. Arrangements can then be made to pay what is due. As carers are paid in advance, when a placement ends the carer has usually been overpaid. Overpayments will be recovered, when possible, from fees/allowances for ongoing/new placements. When this is not possible an overpayment letter will be sent. Repayment by instalments may be negotiated.

The Carer Payments Team contact details are as follows:

The City of Edinburgh Council
Children and Families Carer’s Payments Business Centre 1/9
Waverley Court
4 East Market Street
Edinburgh EH8 8BG
Fax: 0131 529 6219
e-mail: cf.carerspayments@edinburgh.gov.uk
Telephone: 0131 469 3255/ 3458/ 3453

3.7 Tax, national insurance and pensions
Carers are self-employed and it is important that the tax implications of this are understood. For tax purposes, carers will usually have to fill in a Self Assessment tax form each year. HM Revenues and Customs (HMRC) provides very helpful information concerning this process that can be accessed on the website address given below.

All carers should keep a record of:
• total income from fostering
• the date of birth of each child placed, date placed and, where applicable, the date they left
• those who intend to use the profit method (see HMRC website) to calculate taxable profit should keep detailed records to support their claim for expenses
• all records must be kept for six years after the end of the tax year in question
• carers should retain all the payment slips they receive from the Council.

Newly self-employed helpline 0845 915 4515
Guidance notes for foster carers on: www.gov.uk/foster-carers

National insurance contributions (NIC)
As carers are classed as self-employed. Please check with your local social security office re NIC payments. Registration is required even if carers are exempt from income tax, although you can apply for small earnings exception. Foster carers who wish to protect their state pension, bereavement and incapacity benefit should consider paying a self-employed contribution, even if their earnings are below the threshold. Advice should be obtained from the Self-employment helpline: 0845 915 4655.
**State Pension**
To qualify for a full pension sufficient NIC or credits must have been made from employment, self-employment or certain benefits. Voluntary contributions can also be made. A second state pension was introduced in 2002 for those caring for children aged six years and under, people with disabilities or those who have a very low income.

*Advice: [www.gov.uk](http://www.gov.uk)*

**Pensions Forecast:** 0845 3000 168  
**Home responsibilities protection (HRP)**

This protects entitlement to basic state pension by reducing the number of years of NIC or credits that are required. Carers can claim HRP for any full tax year (after April 2003) when they have been a carer. The claim must be made within three years of the end of the tax year in question.

**3.8 Benefits and children with disabilities**
There are a number of benefits designed to assist parents/carers in meeting the extra costs involved in caring for children with a disability. These are based on individual circumstances. The child’s social worker should assist you in applying for relevant benefits. The benefit most likely to be applicable for foster children in your care is disability living allowance (DLA). Further advice is available through the Advice Shop and the [www.gov.uk](http://www.gov.uk) website.
4.1 Carer placements
All requests for carer placements are made to Family Based Care by social workers from the Children’s Neighbourhood Practice and Hospital teams from the City of Edinburgh Council. Once a carer has been identified who can meet the needs of the child, either the carer’s own Family Based Care social worker or the Intake worker will telephone the carer for an initial discussion. If both feel the possibility can be explored further, a discussion will be arranged between the carer and the child’s social worker. It is essential that carers receive full information about the child, including:

- their history
- information about the child’s needs
- family background and contact arrangements, including any restrictions on contact
- health and education issues
- any issues relating to the child’s ethnicity, religion, language and culture
- behavioural problems
- issues relating to sexuality and safe caring
- information about the reasons for the child being ‘looked after’
- the plan for the child and what the child and the family know about this
- the child’s legal status, any planned changes in legal status and who has parental responsibilities.

If it is agreed that the placement will go ahead, written information, including a copy of any legal order and consent to medical treatment, will be provided.

A Child Plan Agreement Meeting will be held within three working days if an emergency placement, or, if a planned placement, this can be held before the child is placed. See section 2.3.

In some emergency circumstances there may be very little, or even no, information about the child. In cases like these the Practice Team social workers will continue to seek information and share it with you whenever it becomes known. The Child Plan Agreement Meeting will take place within 72 hours of placement.

4.2 When a child is placed
The Scottish Government has issued National Placement Descriptors for care planning. When a child is placed with a carer, the placement will be defined as:
Permanent, Long-term, Interim, Emergency, Short Break

When a placement is made in an emergency, the first few days are important in helping the child deal with separation from their family, or previous carers, as well as helping them to settle into unfamiliar surroundings and situations. It is helpful to the child at the start of the placement to:

- show the child all the rooms in the house and particularly remind them where the toilet and bathroom are
- allow them to keep familiar toys and clothes, even if they are dirty or torn
- find out if they sleep with a light on or not
- explain family routines – as discussed in your family/safer caring policy
- provide information on pocket money.

The child will probably be upset about leaving their present carers and familiar surroundings, sometimes with little preparation. Each child may react in a different way but all will need reassurance from their carers and, if they are old enough, a chance to talk about their feelings. For example, a child who is usually ‘clean and dry’ may start to wet or soil; some may be unusually clingy; other children may act out their distress by lying, stealing or running away. All these symptoms will usually lessen as the child settles down and begins to trust their carers.
Planned placements
If the placement is planned, it can be useful for parents and children to have information about the carers beforehand. It is helpful if carers can provide a profile of themselves and their family, including photographs and descriptions of their lifestyle and routines.

Before introductions begin, a planning meeting will be held with the child’s social worker, possibly the child and their family and the carer’s Family Based Care social worker. The meeting will discuss the reasons for the placement, its aims and the needs of the child. Carers will be given as much information as possible about the child and an opportunity to talk to those who know the child well. Arrangements may also be made for the parents to meet the carer. The child’s social worker will discuss the move and appropriate details about the prospective carer with the child and their family.

Introductory visits will be arranged and will continue at a pace suitable to the child’s age, understanding and previous experience.

4.3 The different types of care
Carers are normally approved to provide one or at most two types of care. Some experienced carers provide three or more types of care. The different types of care are described below. It is possible that carers will want to develop or widen their caring remit as they become more experienced or that children placed with them will experience more than one type of care simultaneously. For example, a child in foster care may continue to receive day care from a familiar day carer.

• Day carers provide care for children under eight years of age who are generally living with their own families and who, for a variety of reasons, need care during the day. This support can help children remain with parents who are experiencing difficulty and can prevent family breakdown. Day carers must be registered childminders with the Care Inspectorate as well as approved by the City of Edinburgh Council as day carers.

• Mainstream carers provide full time care for children at any age from birth up to the age of 18 and sometimes beyond. Wherever possible children are kept together with their siblings and occasionally young parents are placed with their babies. Mainstream carers are described as temporary carers as it is not expected that children stay with them permanently – they either go back home or to live with relatives or friends (known as kinship carers) or move on to permanent carers, adopters or to residential care. However, it is not unusual for temporary carers to develop strong bonds with children placed with them and to ask if they can stay. If you wish to be considered as a permanent carer for a child already in your care this should always be discussed in the first instance with your Family Based Care social worker, who will explain the process involved.

• Permanent foster carers provide full time care until adulthood for children who cannot return to live with their own families. The children are usually subject to permanence orders and it is possible for some of the parental rights and responsibilities, previously vested in the parents, to be vested by the court in the foster carers. Where carers have previously been caring for the child on a temporary basis, they need to go through a ‘permanence conversion’. This is a re-assessment that ensures carers have sufficient health and vigour to care for a child until adulthood and, in particular, that they have the skills to manage the adolescent years. Ultimately any recommendation about a change of status would be presented to an Adoption and Permanence Panel and agreed by an Agency Decision Maker.

• Adopters provide a child with a family for life by obtaining an adoption order through the courts. The child is then legally a member of the adoptive family, are no longer Looked After and Accredommodated, with all rights and responsibilities that this brings. The children placed need stability and security for the rest of their childhood and a family who they can turn to and return to.
in adult life. They also need a family who appreciate that their birth family may still be important to them and that some contact, direct or indirect, may be needed. Sometimes interim carers are approved as adopters as this is in the best interests of the child. They need to go through a 'permanence conversion' as described above.

- Specialist carers are organised in two different schemes although there can be overlap in the attributes of the children placed.

**Specialist Foster Carers: Criteria for Approval**

**Background**

The City of Edinburgh Council Specialist Fostering Scheme currently includes around 28 fostering families who care for around 30 children assessed as having specialist needs. The scheme offers full time and respite foster placements. Carers in the scheme receive an enhanced rate of pay and are offered a high level of support by their Family Based Care social workers. Specialised training is offered regularly.

In assessing a member of the public who is applying to become a specialist foster carer, or re-assessing an existing foster carer, a number of considerations are relevant.

All foster carers are assessed on their ability to promote the health, education and personal and social development of children and young people in their care. (National Care Standards, Foster Care and Family Placement Services March 2005) In the City of Edinburgh Family Based Care service, foster carers are assessed using the CoramBAAF fostering competencies which represent a range of knowledge, values, and skills. Using the framework of these competencies, a description has been provided of the attributes of a successful Specialist Foster Carer in the scheme.

**Competencies**

**Caring for Children**

Specialist foster carers undertake a complex, demanding and, at times, exhausting role. It can also be extremely rewarding, and an opportunity to make a real difference in the life of a child or young person. In order to become a specialist carer, the prospective carer(s) must:

- Evidence a high level of emotional strength, resilience, and enthusiasm to care for children with complex social, emotional, and behavioral difficulties. While all foster carers are required to be patient, tolerant, consistent, thoughtful, and empathic, specialist carers need these attributes in abundance. Carers need to demonstrate that they are secure, resilient people who can maintain effective functioning through periods of stress.
- Demonstrate an ability to set boundaries and manage children's behaviour which is rooted in and interest and understanding of the child, and the unique needs of the child. Structure, a predictable routine, and consistent approaches from carer's are crucial, as they are for any child who is accommodated.
- Demonstrate an understanding of the impact of trauma, loss abuse and neglect on a child’s development, and on the child’s ability to develop trust and form attachments to others.
- Have the capacity to accept, and celebrate, the individual child and place emphasis on recognising potential, and building on strengths, rather than focusing on difficulties.
Working as part of a team

- Alongside education and social work professionals, looked after children with specialist needs can have many different professionals working with them. Carers need to demonstrate that they are well organised and able to attend frequent appointments and meetings, communicate effectively, and understand complex information. Carers need to demonstrate that they can sustain working relationships with professionals, advocate for their child's needs, and accept support when it is needed.
- One foster carer (principal carer) must be at home full time (not undertaking paid employment) in order to be able to respond to the changing needs of the child/young person.

Managing their own development

- Specialist Foster Carers need to demonstrate that they are able to learn, and apply new information and skills. They will need to attend generic training, and training specific to the needs of the child/children they care for.
- It is important that specialist carer's are able to discuss, and reflect upon, how personal experiences, past and present, may impact on their role as foster carer's.

Specialist Disability Foster Carers: Criteria for Approval

Background

The City of Edinburgh Council Specialist Disability Foster Care Scheme includes around 60 fostering families who care for around 120 children with disabilities. Placements are very successful when measured by rate of placement breakdown, and also by measures of children's wellbeing in placement. Many children achieve permanence within fostering placements in the scheme. The scheme offers full time placements, respite for children in the community, and respite for children placed with foster carers. Carers in the scheme received an enhanced rate of pay and are offered a high level of support by their Family Based Care social workers. Specialised training is offered regularly.

There is a wide range of disabilities amongst the children in the scheme. Almost all have a learning disability. A large number of children have autism alongside a learning disability. A number of children have a physical disability and complex health needs. Because children's needs can vary so widely, carers usually come forward with an interest in caring for a child with a particular type of needs, and children are carefully matched with foster carers and their families.

Most of the foster carers who are currently part of the Specialist Disability Foster Care Scheme have a background of working with children or adults with disabilities, often in special school or residential care settings, or in healthcare. In other cases, foster carers have had children placed with them at a young age, and it became apparent, as these children grew, that they had disabilities. The carers' skills and abilities grew with the child, as birth parents' do.

In assessing a member of the public who is applying to become a specialist disability foster carer, or re-assessing an existing mainstream foster carer, a number of considerations are relevant.

All foster carers are assessed on their ability to promote the health, education and personal and social development of children and young people in their care. (National Care Standards, Foster Care and Family Placement Services March 2005) In the City of Edinburgh Family Based Care service foster carers are assessed using the CoramBAAF fostering competencies which represent a range of knowledge, values, and skills. Using the framework of these competencies, a description has been provided of the attributes of successful Specialist Disability Foster carers in the scheme.
Competencies

Caring for Children

Prospective specialist disability foster carers need to evidence that they can provide a good standard of care, promoting healthy emotional, physical, sexual, and intellectual development, to a child with additional needs for support. Successful disability foster carers have high aspirations for the children in their care, helping them develop their abilities to their fullest potential, and to be as independent as possible.

The capacity to accept - and celebrate - the individual child is central to caring for a child with a disability. Carers take a positive attitude toward disability with an emphasis on recognising potential and building on strengths rather than focusing on deficits.

Carers provide care appropriate to the individual child. Children in the scheme have a wide range of needs and this can include close supervision to keep them safe, the use of special communication methods such as sign language and visual tools, and the provision of personal care. Carers also carry out health care tasks such as gastrostomy feeding, administering medication, supporting posture and respiration, and managing epilepsy and diet. A child's needs for attachment and stimulation are prioritised as they would be for any child; the child is not seen as a set of conditions.

An ability to set boundaries and manage children's behaviour is rooted in an understanding of the child. Carers support a child to better understand their world, and seek to understand a child through the messages they are giving through their behaviour. Structure, a predictable routine, and consistent approaches from carers are important, as they are for any child who is accommodated.

Providing a safe and caring environment can include providing a physically safe environment with modifications such as the use of reins, stair gates, "safe spaces" for sleep, and the removal of ornaments and dangerous items such as toxic garden plants. Occupational therapists can advise carers, but carers need to have an understanding of the hazards in the environment and an ability to sustain vigilant care over a long period of time. For some children, carers need to be alert and have a high level of energy.

Carers provide personal care in a way which provides dignity and privacy and encourages children to expect this. Children with disabilities are particularly vulnerable to abuse and carers need to be alert to the signs of abuse and be able to communicate about this.

Working as part of a team Alongside education and social work professionals, looked after children with disabilities can have many different medical professionals working with them. Carers need to demonstrate that they are well organised and able to attend frequent appointments and meetings, communicate effectively, and understand complex information. Carers need to demonstrate that they can sustain working relationships with professionals, advocate for their child's needs, and accept support when it is needed.

Managing your own development Caring for a child with disabilities is complex and carers need to demonstrate that they are able to learn and apply new information and skills. They will need to attend generic training, and training specific to the needs of the child they care for.

Caring for a child with disabilities can be physically and emotionally demanding as the level of attention and supervision required is intense and does not lessen over time to the extent it does with mainstream children. Carers need to demonstrate that they are secure and resilient people who can maintain effective functioning through periods of stress.
Carers would generally evidence of the above abilities through having cared for a child with disabilities in their employment, or through caring for a child already in placement with them.

- Disability Respite Carers look after children affected by a disability for short, regular periods. In addition to the general qualities and experience of all carers, these respite carers must have understanding of disability and a spare room for the child to have as his/her own bedroom. The children and their families benefit from short, regular breaks and carers usually offer one weekend in four or overnights during the week as well as holiday breaks. Children can also be befriended, which can be for a few hours each month.

- Specialist and Mainstream Respite Foster Carers and Befrienders offer a similar service to Disability Respite Carers but for children in need who are not disabled. Respite carers offer overnight care to children, eg at weekends or for holiday periods, while Befrienders do not offer children overnight care. Most respite carers and Befrienders offer care to children who are looked after full time by their parents, Specialist Foster carers or kinship carers. It can provide a break from a difficult family situation, be part of a plan to hold a family together or sustain a longer term placement.

4.4 Private foster care
Understandably, people confuse the difference between private foster carers and local authority foster carers. However, private fostering is quite different from local authority fostering. The term is used when a parent or person holding parental rights and responsibilities places a child under school leaving age, for 28 days or more, in the care of someone else who is not a close relative or an officially approved foster carer. There is a duty on the parent and the carer under the Foster Children (Scotland Act) 1984 to notify the local authority of the arrangement. While fostering panels do not approve private foster carers, the Council still has a duty to secure the well-being of every private foster child. They must carry out necessary checks and take into account the wishes and feelings of the child about the placement.

If you think private fostering may apply to you or someone you know, contact Children and Families Social Care Direct 0131 200 2327. A qualified social worker will give you further advice. You can also find more details on the Council's website www.edinburgh.gov.uk/privatefostering

4.5 Valuing Diversity
The City of Edinburgh Council has an equal opportunities policy. Carers have an important role in helping children develop skills to deal with all forms of discrimination. A child’s ethnic origin, religion and cultural and linguistic heritage are important and help them to form a positive identity. Children should be helped and supported to understand and take a pride in their cultural heritage and feel comfortable about their origins. If it occurs, they should be helped to tackle racism or sectarianism. Carers who are asked to care for a child from a different ethnic, cultural, linguistic or religious origin from themselves will be provided with additional information and support to help the child. For instance, adapting the family’s diet to include dishes that the child will be familiar with and taking the child to a familiar place of worship. For some children, extra care may be required to ensure their hair and skin are treated appropriately. Some children may have greater susceptibility to genetically inherited conditions, eg sickle cell anaemia. If appropriate, a befriender from the child’s community may be involved.

Some children will have distorted ideas about their gender, for instance boys may have been brought up to think it is acceptable and necessary to be violent or girls may have been emotionally abused because their parents did not want a girl. Carers, both by example and discussion, can help children understand that there are different, more positive ways of behaving and feeling about themselves and can help them to have positive self esteem. Young people may have questions and concerns about their sexual orientation. Carers should offer guidance and information in a non judgemental way, if
necessary seeking help from relevant organisations.

If a child placed has a disability, see section 6.12.

4.6 Bullying and anti-discriminatory practice
Achievement of safe caring involves the prevention and effective handling of bullying in the carer’s home, the local community and school. The Council has published guidance on Responding to Bullying. This document would be available from your Family Based Care Social worker

Responding to bullying
Bullying is an act of aggression causing embarrassment, pain or discomfort to another. Children can be perpetrators or recipients of bullying, or both. Bullying can take many forms: physical, verbal, by gesture, extortion or exclusion and individuals or groups may be involved. It is important that carers respond appropriately to bullying. Children placed with carers may be particularly vulnerable to bullying because of their ethnicity, disability, looked after status, previous neglect of their health or physical appearance and/or poor self-esteem.

For some children, the impact of previous adverse experiences may result in bullying and controlling behaviour towards other children. Whilst bullying is often associated with what happens within or journeying to and from school, carers also need to think about the possibility of bullying within the home (between foster children or between carers’ own children and foster children) or within the neighbourhood/community and about how they might respond. Carers need to be aware that technology can provide new and different opportunities for children to bully or be bullied – abusive e-mails, chat, instant messaging or texting with mobile phones.

Carers should:
• obtain a copy of the bullying policy for the school the child attends
• be alert to signs of distress that might indicate a child is being bullied
• give clear messages to all children about the unacceptability of bullying
• ensure that methods of managing children’s behaviour and sanctions do not contain any elements of bullying
• find opportunities to promote the child’s self-esteem
• take any incidents of bullying involving a foster child seriously and inform the child’s worker
• agree with the child’s worker who is responsible for informing the school (when relevant)
• ensure that the child is able to express their wishes and feelings about how to proceed
• take action to address any incidents of bullying within the home.

4.7 The Child’s Plan
Each child placed with carers should have a written plan. All children who are looked after, including those in respite placements which last more than 24 hours, require such a plan. The child’s social worker must ensure the child’s plan is in place. Whenever possible, this is completed in consultation with the child, the child’s parents or wider family, the carer and other important individuals or agencies in the child’s life. It details the assessment of the child’s needs and care arrangements. If the plan is not completed before the child is placed, it should be drawn up as soon as possible after the child arrives. The plan covers a range of issues usually including:
• the immediate and long-term plans for the child
• details of the services to be provided to meet the child’s care, educational and health needs
• the role of the child’s parents or any other person in the child’s life
• the arrangements for involving those people and the child in decision making.
4.8 Review of the Child’s Plan
All local authorities are required by legislation to review the Child’s Plan to ensure it is appropriate and meets the needs of the child, to consult formally with parents and children to see how the current plans are working, and to make sure they meet the best interests of the child. It also confirms the work of those involved with the child/young person and agrees future plans with the child.

Reviews must be held at six weeks following the child’s placement, three months subsequently and then every six months thereafter. These are the minimum requirements and reviews may be held more frequently if:

- there is a major change in circumstances
- the plan is no longer appropriate
- rehabilitation to parents or wider family has failed and it is appropriate to achieve a permanent placement for the child as soon as possible
- the child no longer needs to be looked after by the Council.

The carer will be fully consulted and involved in the review process. You will be expected to provide a Carer’s Report and attend the meeting. Your report should detail the child's progress in placement and highlight any concerns. This should be discussed and completed with your Family Based Care social worker beforehand.

Reports should be prepared and distributed before the review and will be shared with the child and their family. These usually include reports from:

- the child (if old enough)
- the child’s social worker
- the child’s school or educational establishment
- the parent(s)
- others involved with the child or their family
- the carers.

Children aged 12 and over normally attend their review. Attendance of younger children will be considered in relation to their age and understanding. Carers and social workers play a valuable role in preparing the child by helping them complete their report “Have Your Say” supporting them within the meeting and ensuring that their views are presented. The child may also have an independent representative from an Advocacy Provider. Reviews are held where the child is living or another suitable venue.

4.9 Independent support for children in foster care
A child may have a very positive relationship with their carer and family and be offered a high standard of care. However, because of their different experiences, they may feel isolated and may benefit from having contact or speaking with a person who has no direct responsibility for looking after them. LAAC reviews and the child’s social worker should ensure that the child or young person has a named ‘trusted person’ who they are able to contact for independent help and support.

4.10 Complaints by children and young people
Children can make a direct complaint to the Advice and Complaints Officer by completing a complaints or suggestion form or telephoning 0131 553 8395. Information concerning complaints by children may be shared with the Children’s Rights Team.

Other services for children who wish support or who may have a problem or a complaint are:

- The Scottish Child Law Centre. This provides free advice from a lawyer. Their advice line is open; Monday to Friday, 9.30 am to 4.00 pm. T.0131 667 6333, Freecall Under 21s call from a landline:
Children and Young People’s Commissioner
The Office of the Commissioner was established by the Scottish Government. Its duty is to promote and safeguard the rights of children up to the age of 18. Their primary responsibility is to generate widespread awareness and understanding of the rights of children, and to review the adequacy and effectiveness of any law, policy and practice as it relates to children. The Commission can carry out an investigation into how a service provider has considered the rights, interests and views of children in making decisions or taking actions that affect them.

More information is available from:
Scotland's Commissioner for Children and Young People, Rosebery House, 9, Haymarket Terrace, Edinburgh EH12 5EZ. Telephone 0131 346 5350
The Young Person’s freephone 0800 0191179 or visit www.sccyp.org.uk

4.11 Family group decision making
A family group decision making meeting is a structured process which can shape the direction and content of planning and decision making for children in a wide range of circumstances. The planning is led by the child’s family as far as is safely possible and within the legal constraints of each situation. The family group will usually include extended family such as grandparents, aunts, uncles and siblings, as well as parents, and may include friends. Meetings are prepared and convened by co-ordinators who are independent of case management. A family group meeting may be called to support a child and their parents when a child is returning home or to consider whether there is anyone in the family network able to provide a permanent placement for the child. Foster carers are often invited to be involved.

4.12 Contact between children and their family and friends
The local authority has a duty to promote direct contact between children looked after by them and their parents or people with parental responsibilities. They also have a duty to promote contact between siblings if they are living apart. Contact with wider family such as grandparents, aunts and uncles may also be beneficial.

Whenever statutory orders are made to remove a child from the care of his or her parents, the sheriff or children’s hearing may make conditions or orders determining who the child may have contact with and its frequency. The child or a relevant person, including foster carers, can return to the sheriff or children’s hearing to seek to have these reviewed.

Purpose of contact
Contact has three particularly important purposes:

- to enhance the psychological and developmental progress and well being of children who are away from their families
- to increase the likelihood of a child returning to live with his or her family where that is consistent with the child’s welfare
- to test out parenting capacity.

Contact can include face to face meetings, letters, telephone calls, exchange of photographs and sending gifts and cards.
Planning contact
Carers will have details of the contact arrangements and this will be discussed when the child first becomes looked after. The need for, and benefits of appropriate contact for the child, are considered in making each foster placement. The child’s social worker carries out a risk assessment before making contact arrangements for the child.

The child’s social worker in consultation with the foster carer, the child and the child’s family and friends, co-ordinates contact arrangements. This will include the frequency and location of contact and any supervision required. There are times when carers may make the arrangements directly with the birth parents or siblings, in consultation with the child’s social worker. Details of all contact arrangements should be contained in the placement agreement and discussed at LAAC Reviews.

When parents visit the carer’s home
It is important when birth parents are visiting the carer’s home that they have an opportunity to be alone with their child, except where there are specific instructions that they meet only under strictly supervised conditions. Occasionally contact from birth families needs to be supervised because of concerns about possible harm that may arise for the child or to observe their parenting skills.

Visiting may be timed so that, for example, the parent can bathe the child and put them to bed or have half an hour in their room to help with schoolwork. Carers should try to keep them up to date about their child and what they have been doing. If the plan is for the child to return home, it is essential that parents know what doctors, teachers and others have said about their child. Helping a child maintain contact with his or her birth family is one of the most important tasks carers are asked to do. It is also one of the most difficult tasks to undertake. It is important that carers support children who are having contact with their birth families. On occasions, children may refuse to see their parents. Although the child’s feelings must be accepted and respected, carers have an important role in helping the child to understand their own family’s situation better so that the child may become more willing to have contact with their family.

It is not always easy, or even possible, to get on with parents and build up a working relationship with them. Some parents can be unreliable about visits. The carer needs to ensure that the child’s expectations are realistic, for example saying; ‘your mum said she’d try to come today, but she’s got a lot on so might not manage it. If she doesn’t come, we’ll go out and do something else’. Many children feel it is their fault when a parent lets them down – they are unlovable or it is something they have said or done. It is crucial that carers find ways of handling their own feelings on these occasions. Negative comments should not be made about the parent as this may force the child into impossible choices of loyalty. If carers have concerns about the quality of contact, the child’s negative or unsettled response to it or parents’ lack of reliability, they must discuss this with the child’s social worker or their Family Based Care social worker.

4.13 Education of children
Children who are cared for by the local authority often do not achieve their full educational potential. This may be because of a lack of encouragement by their family or stress because of home difficulties or disrupted education. Carers have a major role to play in helping children prepare for adult life by ensuring attendance at school and encouraging the child to value learning. Access to good education has a direct impact on a child’s wellbeing. It can encourage a sense of being a competent individual and help build positive peer relationships.

Decisions about the school the child will attend should be addressed either before or at the start of the placement. If appropriate, the child should continue at the same school in order to maintain continuity in their lives, although this can mean quite lengthy journeys.
The educational needs of the child will be reviewed on a regular basis as part of the care plan. If a child is to be enrolled at a local school, the foster carer should only do this following discussion with the child’s social worker. There will be discussions at placement agreement meetings and LAAC Reviews about who should receive report cards and other information, and who should attend parent evenings and other meetings. Parents may wish to be involved in these and an agreement needs to be reached about the carer’s responsibility and if/how this is to be shared.

Carers should keep in close contact with the school as any other good parent would. They should read to, or with, children and encourage older children to join a library. They should take an active interest in the child’s homework. They should encourage and advocate on the child’s behalf about any issues or worries that the child has about school. The carers should keep the child’s social worker informed of the child’s progress and consult together if there are any problems. For some children, an educational psychologist may be involved because the child has learning or behavioural difficulties in school.

All schools have a nominated teacher who has a specific responsibility for looked after children who will be able to help and support both the child and the carers. If a child is excluded from school, there should be immediate, clear communication between the school, the child’s social worker and the carers, to ensure that alternative arrangements are in place. Except in an emergency, the child should not be excluded unless their circumstances and alternatives have been discussed at the pupil support group.

Carers can give consent for children to attend school trips and outings, if the child is placed in permanent care. If the child is placed in temporary care it is the child’s social worker who must give consent. Carers should keep the child’s social worker informed of this and must consult if overnight stays are involved. In some situations, where a child has to travel to school or to previous activities out with the immediate area, it is possible that an older child will be issued with a bus travel pass. This should be discussed with the child’s social worker.

**Additional Support for Learning Service (ASLS)**

The Additional Support for Learning Service provides educational support to meet the needs of vulnerable children experiencing interrupted education. They may provide services to learners in hospital; learners who are at home and too unwell to attend school or learners who attend CAMHS TipperInn Schoolroom. The Service also has a Young Mums Unit, which is a resource to facilitate the continuing education of secondary age girls who are either pregnant or have a young child. The unit is based in Wester Hailes Education Centre where there are crèche facilities.

The Service may provide education and behavioural support to Looked After and Accommodated learners; learners who are excluded from school or on the verge of exclusion; learners who are not attending or who are experiencing significant difficulties in school. The Service may provide Pupil Support Assistant support for foster children who would benefit from one to one support to improve educational attainment. The Service may also provide tuition out of school hours.

**4.14 The child’s important paperwork**

**Birth certificates**

The child’s social worker should obtain a full birth certificate for the child. This should be kept on the child’s social work file. There may be occasions when the carer needs access to the original or a photocopy. It may be helpful for the child to have a photocopy of their own birth certificate, which can be placed in their life story book. See section 4.16.
Passports
Obtaining a passport for a child can take some months, depending on the time of year and the amount of background history known about the child. No holiday or travel arrangements should be made or purchased before discussing these with the child’s social worker.

Parents, or the person with legal responsibility for a child, must provide permission before a passport can be issued. Unless parental responsibility has been removed from the birth parents, the Department will have to consult with them about an application for a passport. Should the Department have the right to apply for a passport on behalf of the child, a senior manager within the Children and Families Department will sign this form. Increasingly, some permanent foster carers will have this right vested in them under a permanence order. Some young people leaving care will need help to obtain their passport. This should be discussed with the young person’s social worker.

National insurance number
The young person’s social worker should discuss the obtaining of a national insurance number for any accommodated young person coming up to school leaving age.

Bank Accounts
If the child or young person has a bank account the administration of this must be discussed with their social worker. They can be supported to open an account and should be encouraged to do so for receipt of benefits and other allowances. The child’s social worker or Through Care/After Care worker can advise on this.

4.15 Ending placements
A placement may end when the child or young person returns to the care of their birth family, moves to a permanent placement, to another foster placement or a residential unit. Most moves can be well planned in advance, but some happen as a result of a crisis or by the placement disrupting.

For children, a move can be as disruptive in the child’s life as when they initially became looked after. No child should be transferred to another placement at less than 24 hours notice and it is preferable that 28 days notice is given. Exceptions to this may be if the child or other people are at immediate risk. This could be due to the actions of the child or their family or if emergency circumstances in the foster family, e.g. severe illness, require the transfer.

Generally moves are considered carefully at a LAAC review meeting. Returning a child to the care of their family can be an anxious experience for all involved. It is important that any concerns are shared with the child’s social worker and with the carer’s Family Based Care social worker. Carers should receive extra support at this time. Carers and social workers should be sensitive to the feelings of the child in such a situation. They should be able to return home with the support of all those involved in the placement. There are many situations when the move back home is a happy event for the child and carers. This is especially so where there has been an improvement in the parents’ situation and where the carers feel that they have been successful in initiating or supporting change.

Whatever the reason for the child’s return home, it is important that the child leaves the foster home with a positive message about their stay and what they have achieved in the placement. Even if the child’s stay has been for a short time, carers should ensure that photographs of them, their family, pets and their house are available for the child to help them make sense of their life when older. It is preferable that two copies of photographs with a clear description and dates on the back are provided so one copy can be retained in the child’s file. Carers may also wish to give the child a small keepsake to remind them of their time in the foster home. A special meal or outing for the whole family together to mark the child’s leaving may be a happy memory for all concerned.
The carer’s own children and other children in the foster home may be affected by the move. Children should be given opportunities to express their feelings about the child’s move. Sometimes foster children, or their parents, may want to keep in touch with carers and their families. This can be very helpful for both the child and their parents. They may have come to rely on the support and encouragement of the carers. Continuing contact should be discussed with the child’s social worker and Family Based Care social worker to agree an appropriate level and form of contact.

Children should have adequate clothing when they leave carers. It is important that all personal belongings brought into the foster home or acquired during the placement accompany the child. Occasionally complaints are made regarding disposal of children’s possessions provided by their birth family. It can be useful to keep an inventory of all the child’s possessions. Where the carer has insufficient space to store clothes that no longer fit or toys that are broken or no longer used by the child, it may be appropriate to check if the parent wants them returned rather than immediately disposing of them.

### 4.16 Adoption/permanent care – preparation and placing children

Though it can be difficult, temporary carers need to keep in mind that the child will move on. This may be particularly difficult if there is a delay in finding a suitable permanent placement. Regardless of the time it takes to find a new family, carers must be clear about their role in the child’s life at all times. Clarity about the process involved in achieving a permanent placement and the process of introductions makes it easier for all parties to work together.

The carer’s role is to help the child understand and accept their move to permanent care and to look towards the future in a positive way. Explanations of the differences between temporary and permanent care can be done naturally in the carer’s home especially if the child sees other children move on. In many cases, contact continues between the child and the carer, at least for a while, and this can help reassure the child. Children need to know what is happening and why.

### Life story work

Carers are involved in helping the child to understand facts about his/her life. These need to be explained in a manner which is appropriate to the child’s stage of development and understanding. The child will find it easier to settle into a new family if they have a good understanding about their past, their current situation and why they are moving to a permanent family. It helps the child to develop a sense of him or herself as a person, understanding of their family and why they cannot live with them. Often this is recorded in a book which is called a Life Story Book.

The Life Story Book belongs to the child but carers may offer to keep it in a safe place as photographs or keepsakes cannot be replaced. If possible, duplicates should be taken. Each child in a family group should have their own life story book. Carers will be encouraged to become involved in compiling the book for the child or adding to an existing book, with photos and mementoes from their present placement. How the task is to be undertaken should be agreed between the carer and the child’s social worker. Information compiled by the carer may include:

- family trees and photographs
- developmental milestones, eg when the child cut his first tooth, learned to walk or rode a bike
- injuries, illnesses or hospitalisations
- favourite activities, eg sports, hobbies, Brownies
- favourite friends and playmates
- photographs of the carer’s family, pets, home, neighbourhood and school, and those closely involved in the child’s life. A date, place and names of the people should be recorded on the back of the photo
- humorous incidents and child's antics
- child’s contact with birth relatives and, if possible, photos
• details of trips or holidays with the carers
• pictures or drawings done by the child with a date on the back and any letters, post cards or birthday cards received.

It can also be very helpful to keep a memory box which might contain:

• mementoes such as baby clothes, a child’s comforter or blanket or teddy which gave the child a sense of security when young. Even when the child has outgrown these items, they should be kept as they are useful in times of stress and as a tangible reminder of childhood
• special books, particularly if a present from a parent or relative
• other belongings or mementoes that help to give the child a sense of self or recall childhood experiences.

Every child has a right to privacy and may not wish to make a life story book. However, in these circumstances, a memory box should be kept, including some of the documents such as photos, drawings and certificates which would otherwise go in a Life Story Book, and provided for the child when they leave.

**Linking the child with a permanent family**

Carers have an important role in the linking process. Carers attend the Adoption and Permanence Panel to provide information about the child. Carers must be kept informed throughout the linking process about the progress being made. Before the panel the carer, with the child’s social worker, will meet with prospective permanent carers or adopters to provide further information on what the child is like to live with, give day to day information about the child and answer any queries the prospective carer may have. This meeting is often the first step in establishing a relationship between the prospective carers and present carers. The prospective carers will also receive medical, psychological and school reports and meet with other significant people, eg the medical adviser.

**Introductions**

A co-ordinator is appointed to help plan introductions and any follow up meetings. This helps to ensure that all plans are child-centred and that all necessary tasks are undertaken, with each person being clear of their role and responsibilities. An introduction programme will be discussed in detail, with a written plan made available. Foster carers need to know a bit about the family they are preparing the child to move to. Carers need to give the child a clear message that he or she is allowed to become close to the new family. There must be opportunities for the carers to discuss their feelings and any concerns with their Family Based Care social worker. Carers are in the prime position to observe the child’s reaction to the new family and discuss this with workers.

Preparing the child for their first meeting with the prospective adopter or permanent family will be the task of the child’s social worker and the carer. Ways of helping the child become familiar with the family will depend very much on the age and understanding of the child. The new family may have provided a family book and tapes/DVDs may be useful, especially for young children who will benefit from getting used to images and sounds of voices. The use of close up photographs can help preverbal children to become familiar with the new family’s facial features.

The speed and nature of introductions will depend on the age and previous experiences of the child. The first meeting between the child and the new family should be in a place familiar to the child and with a known adult present. Where possible, the first meeting should be arranged with no other children present, to allow the adults to focus solely on the child. Subsequent meetings will gradually move to the new carer’s home, although this may not always be possible if the new placement is at a long distance. It is important that the move is well planned and that agreement is reached about how this can be achieved so that the child experiences everyone working together on this important day.
Open communication is vital between all parties. This helps the child feel more comfortable and relieves them of the fear of saying or doing something that is wrong. It is important to accept that the child will miss the foster family and that the carers will miss the child. Children must have the opportunity to say their farewell to teachers and friends at school and important people which may include the carer’s extended family and friends who live locally.

**When a child moves to a permanent family**

When a child moves to a new family, he or she may be vulnerable to the same wide range of feelings they had when being accommodated. A child can be sad, angry, frightened or anxious as well as eager, happy or relieved. It can be easier to focus on the pleasant aspects of the move and ignore the fact that the child has ambivalent feelings about it. The same may apply to the carers whose feelings may be equally ambivalent. By recognising and acknowledging their own and the child’s mixed feelings, carers can help the child handle these moves positively.

Contact with the child after the move helps to reassure and to settle the child in to their new home. This may be by phone calls and/or an arranged visit. After several months it may be helpful for the child to visit the carer’s home. It can help the carers, their children and the child, to see that everything is all right.

**4.17 Other issues concerning placement endings**

Carers should check with the child’s social worker about the need for any medical consultation or examination for the child. Any medical details/records and other records must be passed to the child’s social worker. The child’s social worker will notify both the Health Board and the education section of the child’s move.

Return of equipment which is surplus to requirements should be discussed with the Family Based Care social worker. Where a child is moving to another carer or to adopters, it can be helpful if some familiar equipment, particularly their bedding, moves with them. Where this is equipment routinely used by the carer, the Family Based Care social worker should ensure it is replaced.

**4.18 Children being moved by the Department against the carers’ wishes**

The Children and Families Department has responsibility for the welfare of children and it has the legal right to make decisions about a child’s care. Very unusually, the Department may exercise the right to remove a child from the foster home against the carers’ wishes. Every effort will be made to avoid placements ending in this way. However, if it is felt that the placement no longer meets the child’s needs, it may be in their best interests to be removed from the foster home. Other than in situations of abuse, this should never occur suddenly, as difficulties or concerns about the quality of care in the placement should be shared and efforts made between the carers, the child’s social worker and their Family Based Care social worker to overcome them. Wherever possible, any major changes in relation to the child in foster care should be considered at a LAAC review.

**4.19 When a child is removed without permission**

Very rarely, a parent or someone else wants to remove a child without permission. The child’s placement agreement should specify who can or should have contact with the child, and whether there are any restrictions. If possible, the carer should try to negotiate with the person who wants to remove the child. The carer should try to make a note of the full name, address, telephone number and relationship of the person to the child. If the person is still insisting on moving the child, the carer should contact the child’s social worker, the duty worker or Emergency Social Care Direct for advice. If the situation is becoming dangerous or the carer is concerned for the welfare of the child, the police should be called by dialling 999.
4.20 Children who go missing

Occasionally children may go missing from care. Some may leave the carer’s home without permission or run away after a dispute, others may leave for school and not return and others may be out with permission but fail to return. The possibility that a child may come to harm whilst absent is a concern to carers and social workers. There are many reasons why a child may be absent or missing. For some, the absence will be immediately worrying and for others the absence may not be so concerning. The history, age and maturity of the child will have a bearing on this. There are currently existing protocols between Police Scotland and local authorities. Carers should ensure they are aware of the particular protocol that exists within their own local authority. This is to ensure that there is good communication and appropriate decisions are made.

Once the absence becomes worrying, the carer should immediately report the child’s absence to the child’s social worker, team leader, duty social worker or ESWS. Social work staff and the carers will agree what immediate actions are required to locate the child, by whom and when. This might include making a thorough search of the carer’s home, and the surrounding area, contacting the child’s friends and relatives, visiting the parents’ address or places the child frequents or which are of interest to the child and the place the child was last seen. The social worker will advise the parent or person with parental responsibility and, if appropriate, ESWS. The social worker and the carer will agree the appropriate timescales for reviewing the absence and when the child should be reported to the police as a missing person. In all cases where the child has been missing for six hours they must be reported as ‘missing’ to the police.

The social worker will decide whether any further action needs to be taken and by whom. If it is suspected, or known, that the child has committed, witnessed or been the victim of a criminal offence, the police should be informed immediately. If there is reason to suspect that the child has been abused, exploited or suffered harm, the child protection guidelines will be instigated.

Follow-up on the child/young person’s return

When the child returns, the carer should ascertain whether or not they are harmed, hungry, cold, wet or exhausted. It is always better to manage the child’s immediate needs and tell them you are pleased they are back than to respond with anger or advice. Subsequently, the social worker and/or the carer will:

- discuss with the child the reasons for the absence to determine what has occurred, what they have been doing and what may have happened to him/her
- reiterate expectations for the future
- identify and record what further action needs to be taken, by whom and when and the plan for implementing this
- offer the child the opportunity to discuss their situation with an independent person, for instance, the Children’s Rights Officer or Who Cares? worker
- the social worker and police will decide if a joint interview is required and who will undertake this
- if necessary, a meeting to discuss the incident will take place and may include the carers as well as the social worker and the police.

Where a child persistently absconds, this should be explored with them. Consideration should be given to the possible reasons, eg conflict with the carers, feeling powerless, bullying, being unhappy in care, peer pressure, physical or sexual abuse. They may want to be with their family and friends, be resorting to previous behaviours or be attracted to street life or to people who may present a risk or exploit them.
4.21 Preparation for adult life
Preparation for adulthood starts at an early age. It is a lifelong process, which needs to begin before a child becomes 16 years of age. Many children who are in foster care return to their own families. For some, this is not possible and they need support to become independent adults. They can be very vulnerable and are much more likely to be homeless, unemployed, exploited or get into trouble than children who have the support of their own family. Carers have the important role of helping young people move on towards greater independence and can provide them with opportunities to learn appropriate skills. The Throughcare and Aftercare service provides and co-ordinates services to care leavers in Edinburgh. The Council has a duty to provide certain services to young people who are accommodated at, or after, their school leaving date up until the age of 19. The Council has the power to provide services to these young people from the ages of 19 to 21. An individual assessment of young people’s needs with a plan of action is developed with the young person and reviewed at least every six months. Their ‘pathway plan’ should cover seven important areas:

- lifestyle
- family and friends
- health and wellbeing
- learning and work
- where I live
- money
- rights and legal issues.

Young people can continue to be looked after until their 18th birthday. It is possible for the young person to stay with carers beyond this point if they are eligible for continuing care. However, many young people wish to become independent sooner than this and carers are often their most reliable support.
5.1 Role of Family Based Care social worker
The role of the Family Based Care social worker is to both supervise and assist carers in the task of looking after children placed with them and ensure safe caring practices are followed. They must also complete reviews, and identify training needs with carers. They ensure adherence to national care standards.

The responsibilities of the Family Based Care social worker are to:

- visit regularly to discuss issues and concerns which arise for the carer or their family
- provide the carer with information and advice to enable them to give consistent, high quality care to the child or children they are caring for
- provide the carer with necessary equipment
- ensure that carer’s payments are authorised
- attend some meetings, such as looked after reviews if the carer considers they need support
- link and, where necessary, negotiate with the child’s social worker in discussing plans for the child
- ensure that the carer has access to the necessary support if an allegation has been made against them.

Unannounced Visits - At least one unannounced visit must take place each year. The reason behind this unexpected call is to obtain a view of everyday life in the home.

Carers and the Family Based Care social worker should be able to work in partnership. They should trust each other, communicate well and talk honestly about the impact and stress of caring as well as the positive aspects, both for them and their family. There should be regular planned contact. This may be increased at times of a new placement, change or unusual stress. Family Based Care social workers will visit from time to time when foster children are at home.

The Family Based Care social worker will keep a written record of each meeting, including any training and support needs expressed by the carer. This will be kept in the carer’s care record.

In the event of the Family Based Care social worker being unavailable in an emergency or if the carer is unhappy with the support they are receiving, they should speak to the worker’s Team Leader. If unhappiness persists, see section 2.8 Complaints by a carer.

5.2 Role of the child’s social worker
Each child placed in foster care has a designated social worker. He or she will visit the child on a regular basis, including meeting alone with the child. The social worker has responsibility for:

- ensuring statutory requirements for his or her care and protection are met
- promoting his or her welfare and development
- monitoring and recording progress of the child’s plan, in consultation with the carer, their Family Based Care social worker and other relevant professionals
- undertaking direct work with the child
- organising, coordinating and monitoring specialist support for the child when required
- managing contact with the child’s birth family and other significant contacts as set out in the child’s plan.

The carer will meet the child’s social worker in a range of meetings, LAAC reviews, panels and can expect regular telephone calls and visits to discuss the child’s development and progress. The carer’s Family Based Care social worker will also have regular contact with the child’s social worker and will occasionally organise joint visits to discuss placement progress.
5.3 Emergency Social Work Service
Outwith office hours, the ESWS, the Emergency Social Work Service, responds to social work emergencies that cannot wait until the next working day.

A team of social workers is on duty from:

- 4.45pm to 8.45pm Monday to Thursday
- 3.45pm Friday to 8.45pm Monday
- 24 hours a day on all weekends and public holidays.

ESWS can provide support and advice to carers on urgent issues over the telephone. There may sometimes be a delay before staff can offer assistance because of other, more urgent, priorities. They may, if the situation warrants, be able to make a visit, though this will depend on other commitments at the time. ESWS will inform daytime colleagues of the carer’s contact.

ESWS must be contacted when:

- the child runs away or fails to return home
- the child is seriously ill, has a serious accident or dies
- the child is in trouble with the police
- there is a suspicion or disclosure of abuse or any child protection matter
- there is a sudden crisis in the home, affecting the placement
- the child has been taken away from the carer’s home without authorisation or agreement.

ESWS can be contacted on freephone number 0800 731 6969.

Howdenhall Hub – is a telephone support line for carers providing care for children 10 years and over. This telephone advice and consultation service is provided by residential staff outwith normal office hours. They can be contacted on 0131 664 8488.

5.4 Support groups
Support groups offer a valuable, fairly informal opportunity for carers to share experiences and learn from each other. They can be a lifeline at times of stress, helping to reduce isolation and providing mutual peer support. The group may decide on set topics or training on specific issues as well as providing an opportunity to share views and ideas. It is important that all information shared in the group is treated as confidential and not discussed outside the group.

There are many groups across the city, Lothians and Fife. Some are mixed and some are specific for those providing a certain type of care, eg respite or specialist foster care. Groups are organised by Family Based Care social workers and/or foster carers. Support groups are generally held monthly. Carers are encouraged to attend as they are considered to be a valuable source of support and development. You should discuss your interest in attending a group with your Family Based Care social worker. There is a support group for the children of families who foster. Your Family Based Care social worker can advise on this.

5.5 Opportunities for carers in developing services
A number of opportunities exist for carers to contribute towards the development of our services. The skills and experiences that you have in working with children and young people are recognised and valued. The Carer Participation Strategy Document lists different ways you can contribute to the development of the Fostering Service. e.g.

- planning, developing and participating in recruitment campaigns
- being a trainer or co-leader with members of staff on training courses, preparation groups and seminars
- membership of fostering panels.
There are also a number of short life forums and focus groups that you can join. Information is available in the carers’ newsletter, from your Family Based Care social worker or in the Participation Strategy document.

5.6 Carer training, support and development

Family Based Care is committed to helping carers develop their skills and knowledge through regular training programmes, support, and development opportunities. Attendance and participation is part of the commitment asked of the carer. Learning styles and training needs vary from carer to carer, so we aim to provide a range of opportunities to reflect this.

The full training, development, and support events and opportunities calendar is held within the CEC Fostering Website. This will provide information on the target audience and booking information.

From the Calendar Carers and their Family Based Care social workers should explore and identify training needs in an ongoing manner. A record of training attended/offered will be kept on your file and will be included in reports and discussions at your carer reviews.

Training needs can be met in a number of ways through:

- carers’ support groups – some of which may have a specialised remit
- discussion with Family Based Care social workers or child’s worker
- courses or seminars, organised by the Department and by specialist organisations
- reading relevant books and journals
- online training courses/research
- coaching by an expert - for example – looking at the impact of trauma and neglect on a child’s attachment.

Attending training events is also a way of meeting other carers and provides an opportunity to benefit from their experience and knowledge and to build up supportive relationships. Joint events with social workers, residential, educational, health and other staff, also provide an opportunity for all participants to share knowledge and skills.

Family Based Care promotes the use of a wide theory base including: Social Pedagogy, Dan Hughes, Attachment Theory

All carers should have the opportunity to attend, or undertake online, training that is regarded as essential:

- safe caring
- child protection
- receiving and storing of information
- equality, diversity and rights
- child development
- internet safety
- first aid.

Carers may attend specific training to develop their own skills, or if they require more specific skills to care for an individual child or children, for example:

- administration of medication
- attachment
- trauma and neglect
- life story work
• moving and handling
• Managing challenging behaviours
• use of self
• caring for children with disabilities, eg children with breathing problems or children who have fits.

There will be occasional training for all carers about guidelines, procedures, or new legislation that affects Looked After Children and carers.

Opportunities may exist for carers to work towards relevant, recognised, qualifications when these are available within the Department’s resources.

Library and information resource bank
The Department and Family Based Care have, or can access, a selection of books, publications and magazines that may be helpful for carers. This should be discussed with your Family Based Care social worker

5.7 Helpful organisations
The Fostering Network (TFN) is a national organisation with Scottish headquarters based in Glasgow. They produce a variety of publications on topics which cover areas that are important to those who are involved in the fostering service. These include leaflets, quarterly magazines, research and good practice documents. They also offer customised training, consultancy, advice, mediation and support for foster carers.

Through individual memberships purchased by the Department, carers have access to the advice and mediation service which offers legal and other advice where an allegation or complaint has been made against them.

The Fostering Network Ingram House, 227 Ingram Street, Glasgow G1 1DA
Tel: 0141 204 1400
e-mail: scotland@fostering.net
www.thefosteringnetwork.org.uk

Other helpful organisations

Adoption UK
55 The Green, South Bar Street, Banbury OX16 9AB
Tel: 01295 752240
www.adoptionuk.org

New Family Social (for gay, lesbian and transgender adopters and foster carers)
Tel: 0843 2899457
www.newfamilysocial.org.uk

5.8 Carers’ safety
The Council has a policy and code of practice in relation to violence at work. It recognises that carers are no different from members of the Department’s staff in potentially having to deal with violent behaviour in the carrying out of their duties. Carers are particularly vulnerable in that they generally work in a situation which is unsupervised and often without immediate direct support. It is, therefore, all the more essential that carers bear in mind issues in relation to personal safety whilst carrying out their duties.
Incidents of violence within care placements are rare. However, this should not lead to complacency in planning how violence is handled. Careful planning and early responses can prevent or reduce the potential for violent outcomes. Where there is a known history of violence within a family or by a child or young person, this information should be shared with you and appropriate strategies agreed prior to placement.

You should always bear in mind the need to protect your personal safety. If there are signs of violence developing, you should obtain support by calling the police or by obtaining other assistance. It is always better to withdraw from a situation and to summon support than to risk it getting out of control.

5.9 Foster carers’ own needs

It is important for all those involved in foster placements to recognise that fostering is only one part of carers’ lives and that they do, and should have, other aspects to their lives which are important to them. In reality, fostering, particularly in the case of those caring for a number of children on a temporary basis, tends to take over the carers’ lives with little space, time or energy available for other activities. Such situations can lead to stress and general tiredness, making it difficult for carers to do their best for their own or foster children. If carers feel stressed or overwhelmed by the task they should feel comfortable discussing this with their Family Based Care social worker in the first instance.

5.10 Carers’ children

Many foster carers have children of their own and it can be the children of foster families who take the greatest strain in fostering. Foster children bring with them a great deal of confusion and distress. It is often carer’s own children who act as recipients of this distress. They may also find themselves embarrassed by the behaviour of the fostered child or feel responsible for him or her. Toys and treasures may be shared or broken.

Carers may experience difficulty in finding a balance between meeting the needs of their own children and respecting the confidence of the fostered child and parents. Carers may wish to protect their own children from the more distressing details of the foster child’s situation by not giving them too much information. However, they should be aware that foster children will often tell everyone their ‘story’. It is important that these issues are fully discussed with the carer’s Family Based Care social worker or with the child’s social worker.

Carers and their children should discuss how fostering impacts on their lives. Involving their Family Based Care social worker in some of these talks can be helpful. Carers’ own children, particularly older ones, might benefit from knowing other children/young people who foster. Family Based Care and the Fostering Network organise groups and have information and training packages. Carers who want to find out more about these resources should discuss this with their Family Based Care social worker.
6.1 Health and safety
Carers should have a copy of Caring about Health; Improving the Health of Looked After and Accommodated Children in Scotland. This is an A-Z health resource pack for staff and carers. Carers can obtain a copy from their FBC social worker.

6.2 LAAC nurses
The Looked After and Accommodated (LAAC) Nurses work with children, young people, carers, residential staff and others to improve the health of children and young people who are looked after and accommodated. They carry out an initial health assessment on each accommodated child or young person and should be advised when a child moves placement or returns home. LAAC nurses will also provide carers and young people with advice on health-related issues and can be contacted by phone.

The LAAC nurses can be contacted at Community Child Health, 10 Chalmers Crescent, Edinburgh EH9 1TS. Tel: 0131 536 0855.

6.3 Edinburgh Connect
Edinburgh Connect is a mental health service which works in partnership with residential staff and foster carers to promote and enhance the mental well-being of looked after and accommodated children and young people. It is part of the Child and Adolescent Mental Health Service (CAMHS) provided by Lothian Health Board. They can provide consultancy for carers about individual children and young people in placement on such issues as attachment problems, challenging behaviour, depression or self-harm. They can also refer children and young people to CAMHS where it seems likely that they will benefit from therapy or treatment.

Connect can be contacted on 0131 651 4130. Referrals to Edinburgh Connect should be discussed with the child's worker and with your worker.

6.4 Health assessments
Children and young people who become Looked After and Accommodated may have a very poor history of healthcare and little recorded medical history. A comprehensive initial health assessment, undertaken by an LAAC nurse, provides a solid base from which to plan and implement the appropriate care and support children need in order to achieve their potential. The objectives of the health assessment are to:

- collate health information from various sources within the health system and produce an up-to-date picture of the child or young person’s health
- identify any areas where health care has been neglected, eg missed appointments, missed immunisations
- recommend and develop a healthcare plan
- develop the child or young person’s own health awareness through discussion of the health assessment recommendations
- encourage the promotion of a healthy lifestyle for the child or young person, eg dental care, healthy eating and safe sex
- initiate any referrals for further treatment.

Carers have a crucial role not only in preventing ill health but also in promoting positive health by following through recommendations made in the health assessment, ensuring health appointments are kept and helping the child or young person to take an interest in achieving good health.
6.5 Consents and confidentiality

Confidentiality issues regarding health

Sharing health information is often necessary for the care of children and young people who are looked after and accommodated. Children and young people have a right, like anyone else, to expect that personal information learned during a health consultation will not be discussed without their prior consent or, in the case of young children, without the consent of the person with parental responsibilities (PR). The following is considered to be good practice in relation to confidentiality in health assessment reports:

- ask a young person/person with PR if their consent has been obtained for the sharing of information. Let them know if there is anything that cannot be kept confidential (eg if there is any issue of child protection, danger to themselves or others)
- if a medical report is to be discussed at a meeting, it is good practice to check with the young person/person with PR, prior to the meeting, that this is acceptable
- if a report on a young person has been copied to others, contrary to the expressed wishes of the young person/person with PR, this contravenes the principles of medical confidentiality, even when it is done with the best of intentions. It may be beneficial to have a discussion with the young person/person with PR on the pros and cons of sharing health information. If a young person wishes to keep their own health record, they need to have a secure place in which to keep it
- if a young person refuses to share health information, carers should be reassured by health professionals that any health issues are being dealt with and that there are no areas of concern regarding the safety of the child or others.

6.6 Storage of medicines

The carers, the child’s social worker, those with parental responsibilities and involved medical staff should ensure that the carer is confident about any necessary administration of medicines and has the relevant consent.

The child's placement agreement and plan should include all essential details about medical needs and ongoing medical conditions. Whenever a child is prescribed a new course of treatment, the carer must record the details as follows:

- the name of the medication
- the strength (eg 25 mg capsules)
- the dosage (eg two capsules to be taken three times daily)
- the total number of pills or volume of liquid/medicine prescribed
- the dates and times when the child is given the medication.

Medicines – essential guidance

- courses of treatment should be finished
- medicines prescribed for one child should not be given to another
- carers should be present while the child takes the medicine and record if it is refused
- medicines no longer required should be safely disposed of, preferably by return to the pharmacist but not in a waste or dustbin
- medicines should be kept in a locked cabinet in their original container
- dosage should not be exceeded for any prescribed medicine
- administration of medicine should be discussed with the child or young person to assist in their understanding of the process
- medication should generally only be administered on the advice of a doctor
- day-to-day ailments may treated by carers as responsible parents, eg cold treatments.
Carers who have children placed with them who it is known may need urgent treatment, eg in relation to epilepsy, diabetes, respiratory problems or for severe allergic reactions, must have the relevant training before placement or as soon as possible afterwards if it is an emergency placement. Appropriate consultation with medical personnel should be arranged.

Where there is a lack of clarity about medication or uncertainty about what may be taken in conjunction with any prescribed medication, you must always consult rather than act on your own initiative. In some situations, parents may have the relevant information, in others it may be necessary to contact a pharmacist, GP or NHS 24, or the child’s social worker may liaise with relevant personnel.

6.7 Smoking

The City of Edinburgh Council practice position -

Mainstream carers who smoke will not be approved to care for a child under two years of age. It is an expectation that children will live in a smoke free environment, with carers smoking out with the home, and not in any transport used by children. This applies to any family and visitors to the carers' home.

Carers for children with Disabilities –
- those caring for children under 5 should not smoke
- those caring for children over 5 should not smoke within areas in which children will reside or travel i.e. house/car/caravan, or any other enclosed space used by the child. This applies to family and visitors to the carers’ home.

Smoking and young people
- Any young person under 18 years who is in placement should not smoke
- Carers and social workers should always discourage young people from smoking
- Carers should not buy cigarettes for any young person in their care, no matter what their age
- Young people over the age of 18 may purchase their own cigarettes but should not be allowed to smoke in the carers’ home
- The above should apply to electronic or substitute forms of tobacco.

6.9 Drugs and alcohol

Carers must not provide children, below the age of 18, in their care, with alcohol.

Most parents and carers worry about whether their teenagers may get involved in misuse of drugs and alcohol. While many will try them out, this will only become problematic for a small minority. However, looked after young people may be more vulnerable for a variety of reasons, such as trying to numb emotional pain, wanting to impress other young people or being introduced to drugs or alcohol by birth family members. It is important that you are aware of the signs of alcohol and drug misuse but also recognise that teenagers can be lethargic, excitable or withdrawn for a variety of reasons. Some parents/carers believe that introducing teenagers to small amounts of alcohol in the home environment will help them to manage their alcohol intake when they are outwith the home. If you are concerned that a young person placed with you may be misusing alcohol or drugs, speak to their social worker or your FBC social worker.

The following agencies can offer advice:
- Know the Score has a 24/7 helpline on 0800 587 5879 and an informative website [http://knowthescore.info/](http://knowthescore.info/)
6.9 Sleep problems

- Discuss initially with child’s/FBC social worker sleep related issues.

Guidance and support on the care and management of children or young people with sleep problems can be obtained through a specialist health clinic. Initial advice about this can be sought from a health visitor, the LAAC nurse or a GP. Sleep Scotland gives advice on the management of children’s sleeping difficulties and can be contacted on 0131 651 1392 or visit www.sleepscotland.org.

6.10 Pregnancy in young people

If a young person who is being looked after becomes/is pregnant or is the father of an expected child, the carer should support the young person and may help them to develop the necessary skills which will be needed to cope with parenthood.

In the early stages of pregnancy the carer may be involved with the young person, their GP and social worker to look at the options for the young person, ie whether to continue with the pregnancy or not, or to consider adoption as an option. The child’s social worker, carer and the carer’s FBC social worker will discuss the involvement of the young person’s parents and the necessary consents. The young person’s plan will be reviewed to ensure that future plans are clear for all those involved. In some circumstances it may be necessary to consider a change of placement.

**Mothers and babies who are accommodated**

(Practice Position) Babies born to children in foster care, who, if appropriate, remain with mum in placement, will be deemed to be Looked After and Accommodated, and subject to care planning. Fees/allowances will be paid to the foster carer for the placement, if the foster carer is the main carer for the child.

Any placement made will be after a detailed assessment of all the circumstances, the level of support needed and the appropriateness of the placement for the mother and child. The care plan for the mother and the child will be agreed between all those involved and will outline the financial, emotional and legal situation. It should state clearly what is expected of the young person in relation to the care of the child, how disagreements and problems will be dealt with, the role of the carer and the consequences of the care plan not being adhered to.

Whatever the age or status of the mother, they have the right to care for the child unless, in doing so, there are genuine concerns for the safety and wellbeing of the child. Consideration will be given to the specific issues of the young person, including their degree of maturity and vulnerability, their relationship with the carers, their legal status and that of the child. Throughout, the mother must be given the opportunity to discuss her feelings about the baby, its care, the father, her own needs and future.

Young men who are expectant fathers or fathers will require advice and guidance on the responsibilities they will have. Carers should discuss this with the young person and the young person’s social worker.

There is a council guidance on pregnancy and accommodated young people which would be available from your Family Based Care social worker.

6.11 Developing a family safer caring policy

Helping children feel safe and protecting them from abuse is an important aspect of a carer’s role. At the time of placement, the child’s social worker, the carer, and the FBC social worker, should establish
whether a child or young person is known, or suspected, to have experienced abuse, has displayed problematic sexual behaviour, or has related to other children in a threatening, controlling or violent manner (see section 2.6). Children who are fostered have a right to expect that they will receive the care, encouragement, safety and security that good parents provide. Your family’s safe caring policy is an indispensable component of the child’s security.

**Safer caring policy**
The purpose of a family safer caring policy is to ensure that everyone who lives in the household and those who visit, know what the family rules are. It offers protection to the carers, other adults, their children and any child placed. This applies to all carers, including single carers with or without children. It also includes visitors to the household – for example, extended family members who may visit on a regular or occasional basis.

A family safer caring policy is needed as:

- the history of looked after children may make them vulnerable
- looked after children deserve to fulfil their potential – their safety and wellbeing are central to this
- carers’ families, parents and children can be at risk of complaints about the standards of care provided or allegations of abuse of the looked after child.

Safer caring policy will include guidance on how:

- no one touches another person’s body without that person’s permission
- to help children to learn to say ‘no’ if they don’t want to be touched
- older children may need extra help on how to seek comfort from an adult without clinging inappropriately to them
- tickling and undressing games should be avoided
- children who are old enough and able enough should be able to bath and wash themselves
- wherever possible, carers of the same sex should assist young children
- all carers and children in the household should have dressing gowns and slippers and should wear them when walking around the home in their nightclothes
- carers should not share their bed with a child, even if the child is ill. Children should not share beds. If children share bedrooms, clear rules should apply.
- children travelling in motor vehicles should be seated in a way as to ensure safety for all. This may mean that children will travel in the back of a carer’s car to avoid any suggestions of a child saying he/she was touched
- specific issues/points related to each individual child placed.

**Reviewing the safer caring policy**
The safer caring family policy needs to be reviewed at regular intervals as the needs, age, and the levels of knowledge and development of the carer’s children, and those of any new child placed, change. The policy should also be reviewed if there are any changes in circumstance for the child or carer’s family and at the carer’s annual review.

**Showing affection**
Carers should not assume that the hugs and kisses they give their own children are appropriate for looked after children. Carers may need to show affection towards the child in a different way. Carers’ children may need to know about how affection is shown and expressed when fostered children are around. Children should be asked if they want to receive a hug. This can be done in a light-hearted manner, which does not lose its spontaneity.

Physical contact is an important part in basic nurturing, not just in the everyday caring of younger children but in reassurance, encouragement, guidance and control for all children. Children who have
been deprived of reliable holding or who have been physically abused may need to learn about good physical contact.

When thinking about what is right for each child, carers should consider -

- does the child seek touch or recoil from touch? Accepting affection may need to be gradually and sensitively dealt with
- what sort of touch does the child seek and from whom? Physical contact should be accompanied by words that make it plain what the adult is doing.

Carers should be informed about children who have been abused and what behaviours and expectations they will bring into the carer’s home. It is in everyone’s interests that all carers are cautious and mindful of carrying out tasks alone or tasks that involve physical care, particularly in the early stages of placement. However, most children benefit in the long term from having wider experience of the ways in which caring and parenting tasks can be shared by both genders.

**Bedtime and bedrooms**

Carers should take care and leave the door open when putting children to bed. Wherever children sleep, there should be clear rules about who can go into which bedrooms. People should knock before they enter a bedroom. Carers may allow their own children into their bed to talk, play, and listen to stories. However, with looked after children it should never happen as it can be open to misinterpretation. Comfort and affection might be shown more safely outside the bedroom.

Bathroom and personal care routines should be discussed with the child, parent and child’s worker. If the child requires assistance, thought is required about who should undertake this whilst recognising the child’s need for privacy. Children should be encouraged to be as independent as possible when washing their own bodies but account must be taken of their age and level of maturity. Doors can be left unlocked and ajar. Conversations can take place with someone outside the bathroom so the child is aware that someone else is there. Some children may wish to keep pants on. carers’ children and looked after children do not bath together.

**Photos and Films**

Carers should ask the fostered child’s permission before taking photos or films and let them know who gets to see the photos. Carers must not feature foster children on any media, internet sites, social media (e.g. facebook) or publications. Carers need to make judgements on the suitability of films, games and TV programmes that children are allowed to view or play, paying particular heed to age guidance or restrictions.

- Online gaming is another area which requires monitoring to ensure children are playing age appropriate games with other children

- Any request for children to appear in public media (TV, newspapers, etc) should always be discussed with the FBC social worker or child’s practice team sw in the first instance.

- the retention of photos when a child has left should be discussed with your FBC sw. Children may want to revisit their time with you as part of ongoing life story work and photographs play an important part in this work.

- Privacy and secrecy

Children may need help to distinguish between privacy and secrecy. Carers’ children need to be aware of the ‘no secrets’ rule, ie they must not agree to keeping confidences for the foster child. The reasons for this should be explained. All children need to know they can talk about things they find confusing or frightening. They may need help to identify whom they would choose to tell. For foster
children this may be their carer, their social worker, the children’s rights officer or their identified trusted adult.

**Sexuality**

If the child has been behaving in sexually inappropriate ways, Safe supervision arrangements need to be considered with the child’s worker and the FBC social worker.

Children, and especially young people, may develop sexual feelings for their carers and members of the carer’s family. Open discussion about sex, feelings, emotions and relationships is the best way to avoid or diffuse such situations. Children in the household must understand that sexual activity with a looked after child is as unacceptable as it is with their own brother or sister. Although this can be very sensitive, it is an area of vulnerability that should be discussed with your FBC social worker.

At the start of each placement, carers should consider with their worker and the child’s worker, aspects of their family policy which might need modifying. The carer and the child’s worker should explain the rules in the household so that behaviour and expectation and the knowledge about routines are known. This may have to be explained a number of times.

**6.12 Children with disabilities**

Children who have a disability or long-term health needs should have the same opportunity for family life, leisure, education, employment, health, security and should be treated the same as any other child. They have the same need for fun, affection, security and support.

When discussing the child before or when in placement, the child’s social worker and the carer’s FBC social worker should ensure that:

- care needs are clearly detailed in the child’s plan
- there is a safer caring plan for the child
- there are opportunities for the carer to meet with the appropriate medical staff
- somebody who knows the child, eg parents/carers or speech therapist, is available to advise the carers on communication with the child, eg the extent of the child’s language, their use of symbols or signing to supplement speech
- carers may need special training to look after children who have complex needs, eg epilepsy
- adaptation or aids that are required are discussed and supplied
- information about the full range of local services and support groups is available to the carer.

There are a range of agencies that offer information, advice and support for example:

- Social Care Direct 0131 200 2327 www.edinburgh.gov.uk/cfsocialcaredirect.
- Kindred supports families of children and young people with additional needs 0131 536 0583 [http://www.kindred-scotland.org/](http://www.kindred-scotland.org/)

**Intimate care**

The carers, with the child’s social worker and the FBC social worker, should discuss the safer caring plan for the child on placement and at frequent intervals. This should include all aspects of the child’s intimate care taking into account their disability, physical, visual, hearing, speech or communication impairments.

Intimate care encompasses areas of personal care that most people usually carry out for themselves. For a child/young person with a disability, this may include help with eating, drinking, washing, dressing and toileting. This can involve risks both for the child/young person and the carer as they may be required to touch the private parts of the child’s body. It may be unrealistic to expect to
eliminate these risks completely. However, by acknowledging them, developing personal safer caring plans and following good practice in intimate care, safety can be maximised for all concerned.

6.13 Sleeping accommodation
Where children are sharing rooms, consideration needs to be given to a number of issues, for instance:

- the age and gender of the children
- their need for privacy
- space for personal belongings and lockable storage for small belongings of each child
- issues of sexual vulnerability or possible behaviours that may be a risk to other children or carers.

If it becomes apparent that room sharing is not appropriate or no longer appropriate, this should be discussed with the children’s social worker at the earliest opportunity.

6.14 Babysitting/childcare
An appropriate adult must be responsible for the care and well-being of a looked after child at all times. Carers should plan ahead and discuss with the FBC social worker the occasions when you may require a babysitter and who you think might be appropriate. Before any babysitting takes place anyone who you have identified as a possible babysitter will be required to meet with your FBC social worker and be subject to a number of checks including local authority, health and Disclosure Scotland checks, which will be updated as necessary.

Group attendance
Attendance at groups including mother and toddler playgroups, after school groups and leisure activities should be discussed with the FBC social worker or the child’s social worker.

Home alone overnight
When the carers are not at home, eg visiting relatives or friends, even if the child is older and mature enough to be left alone, this needs careful consideration by the carers, the child’s social worker and the carer’s FBC social worker. A foster child who is under 16 years of age must never be left alone overnight. This does not mean that anyone over 16 can be left: their competence, reliability, behaviour, and the level of trust that exists between parties needs to be determined. This must always be discussed with the young person’s social worker and your FBC social worker. It may be that the child’s worker or the carers need to negotiate alternative arrangements, for example, staying with family or friends.

Young people out alone
Children being given the freedom to go out without supervision is a critical milestone. It is important that children learn basic skills such as road safety and what to do in an emergency and that older children learn to use public transport. Young people need to cope with the risks that are associated with teenage behaviour, how to cope with peer pressures, how to be assertive and say ‘no’, be aware of the hazards of drugs and alcohol, missing the last bus and being out at night.

Looked After children may be ‘street-wise’ but this does not mean that they can look after themselves. Carers need to know where they are going, who they are with and at what time they will be back. Arrangements for ‘reporting in’ should be made, eg by telephone or texting. As with all young people, carers may have to negotiate, create boundaries and, if appropriate, apply sanctions. Carers should discuss this with the child’s/young person’s social worker.
6.15 Overnight stays

Children and young people in foster care occasionally wish to stay overnight with friends, neighbours or relatives and this may be included in the placement agreement or child’s plan.

If appropriate, this should be encouraged and those caring for them must act as a reasonable parent to ensure the safety and well-being of the young person. No arrangements for overnight stays should be made without discussion with the child’s social worker and/or the carer’s FBC social worker. In some circumstances the child’s social worker may wish to visit or carry out police, medical or local authority checks.

When arranging overnight stays it is essential that:

- the carer must know the name and address of the person whom the young person is staying with
- the carer must contact the adult at the proposed address to ensure that the child is expected and is welcome
- a time for going to and returning from the visit must be agreed between the carer and those with whom the child is to stay
- it must be agreed that the child does not go off and stay elsewhere without notifying the carer
- if the child is to visit the household of another foster carer, the liaison social worker must be advised.

Questions that need to be considered:

- How sensible or mature is he or she?
- How long has he or she been friends with the other child?
- What are the views of the child’s parents? Do they agree?
- Do you or the child’s parents know the other family? If so, how well?
- Has the child stayed with these people before and, if so, how did it go?
- Do you know anything about the child of the family which would cause concern?
- Does your child require special care or constant supervision?

Where overnight stays become regular, it may be necessary for the child’s social worker to carry out police, medical and local authority checks. For some, it may be appropriate for them to become approved respite carers.

6.16 Internet safety

What can you do to help protect your children online? Children and young people are often referred to as the ‘drivers’ of the internet. They use the internet for education, entertainment and social opportunities. They communicate, interact, initiate and retrieve information at a rate that often leaves carers and parents bewildered and bemused. Young people will use it when and where possible – at school, in the home, at their friends, in internet cafes and in libraries. All are all freely available places children have access to the internet. It is your role to guide them but absolute protection may not be achievable.

Some tips

1. Talk to your children and help them understand that it is not ‘cool’ to give out their personal details to people they do not know in the real world. Explain that giving out personal information on the internet is dangerous and that strangers may be able to find out where they live, what school they go to, who their friends are and the dangers surrounding this.

2. If possible, have the computer or laptop located in a communal area in your home. That way you can keep an ‘eye’ on what the children are doing on the internet in a more casual way.
3. Ask your children to show you how to use the programmes they play with – such as Facebook, Instagram, SnapChat and Minecraft. It will make them feel good that they are showing you something. Help them to make sure the security settings are set correctly, such as making sure the image forwarding box is checked so that only friends can see their images and profile and that it cannot be forwarded on without their consent.

4. When gaming on the Xbox or Playstation make sure they only play with their friends and not strangers online. Ensure parental settings are on.

5. Use parental software such as Net Nanny. Some browsers offer integrated security applications, such as Firefox. Parental software will not block or solve all the problems that can occur on the internet, but will go a long way to helping you and your children stay safer online, especially for younger children.

6. Explain to children that whatever they post up on the internet – such as photographs, images of friends or any information – may not truly be removed forever when they want to delete them. There is a possibility that anyone on the internet could copy and use anything that is posted on the internet.

7. Talk to your children and explain that they should be very careful about accepting messages, images, or IM messages from people they do not know in the real world. Explain that they can contain viruses and also that people may not be who they say they are online or even look like the image they post on the internet.

8. Encourage your children to be careful about what they say on a ‘blog’ site and not to give personal information away. Friends can call them up for more information if they need to.

9. Remember that mobile phones now come with a wide variety of communication applications installed, such as the internet and IM, and hold the same dangers. You should discuss these with your child/children as you would for using the internet on a PC.

10. Advise your children to NEVER arrange to meet anyone alone who they meet online. If they feel they must or really want to meet someone, advise them not to go with a friend, but to let you know so that you or another trusted adult can go with them.

11. Enjoy the internet with your child/children – it is a valuable resource and very important communication tool for both education and entertainment.

If you would like further information or advice on internet safety or on any aspect of computer use with foster children, please contact Marion Boyle, IT Development Officer, by e-mail marion.boyle@edinburgh.gov.uk or telephone 0131 469 3346.

6.18 Household pets
Household pets can be very beneficial to children. Pets such as rabbits, guinea pigs, cats and dogs can become the recipient of the child’s emotion without demanding too much in return. Caring for animals can also teach children about responsibility. If a child has a pet that belongs to him or her rather than the birth family or foster carers, the pet should accompany the child if he or she moves to another placement, provided this is practicable.

There are a number of health risks and infections associated with pets such as parrots, dogs and cats. Children can become seriously ill or suffer permanent damage, including blindness, as a result of such infections. It is therefore important that dogs should be regularly wormed and play areas should be kept clear of fouling. Keeping of any pets should be fully discussed with the carer’s FBC social worker, prior to any coming into your home.
Children with known asthmatic conditions affected by the presence of domestic pets will not be placed with families that keep animals. However, children can develop these conditions from contact with domestic animals. Advice should be sought from your health visitor or GP if you have concerns about this.

The carer agreement states carers must abide by the Departmental procedures and guidance on the keeping of pets. Carers must notify and consult with the Department before acquiring any type of pet. This includes looking after pets for short periods on behalf of others.

**Dangerous Dogs Act**
The Dangerous Dogs Act 1991 was introduced in response to media publicity following some tragic incidents that involved children and dogs. This legislation introduced a range of specific requirements regarding the care and control of dogs bred for the purpose of fighting. The Act specifically refers to Pit Bull Terriers and Japanese Tozers but does not include other breeds which have a high record of attacks on children, eg Rottweilers. For carers who have other breeds of dog, an assessment of the dog will have taken place with you during your initial carer assessment. It is important to remember that some foster children will be frightened of dogs and that others will not have learned how to treat them kindly. Occasionally, children harm animals because they are angry with their carers.

The safety of children in a foster family with dogs must be considered carefully. Family Based Care may ask a Dog Behaviouralist to carry out a visit to you to assist in the assessment of your dog. They can advise you and your FBC social worker on any risk factor associated with particular dogs.

**6.18 Safety in the home/travel**
As children are looked after in the carer’s home, the Department has a legal responsibility to make sure that the home is suitable and safe. When you were approved, the safety of your home would have been discussed and a health and safety checklist completed.

It will be necessary periodically for you and your FBC social worker to check health and safety aspects of your home, as changes may need to be made depending on the age of the child to be placed with you, eg cooker guard, safety gate, window locks, etc. These checks should be updated if structural changes are made to your home. Updated checks are also be required for your carer review. You should discuss any difficulties you have with your FBC social worker or the child’s social worker.

**Maintenance of car safety equipment**
Child safety seats are ordered for you by your FBC social worker. The type of seats required is dependent on the car it is to be used in and the age/size of the child. Expert advice is required for fitting of any car seat. Car seats should be inspected regularly for wear and tear. If there is any sign of cracks in the chair or around anchor points, the chair must be disposed of immediately. If your car has been in an accident, even if minor, and the child’s seat is in place, this should be checked and if necessary replaced. Please inform your FBC social worker of any such incident.

**Travel by cars**
When carers are using their own car, they must make sure that:
- it is in good general order with up to date road tax and, where applicable, an MOT certificate
- seatbelts, booster seats and child car seats appropriate to the age of the child are provided and conform to British Safety Standard and EC Regulations
- childproof locks are fitted and used where appropriate
- the vehicle is regularly maintained and is in sound order
- the driver has a current full driving licence
- insurance should be fully comprehensive and include cover for business use
- the carer’s car insurance company should be informed that they are using their car to transport
foster children.

The FBC social worker is required to check that carers have a current driving licence and insurance cover and that children can be appropriately restrained while travelling in a carer’s vehicle.

Seat belts/seats legal requirements:

• you must wear a seat belt if one is fitted. There are few exceptions. The driver is liable to prosecution if a child under 14 years does not wear one
• you must not carry an unrestrained child in the front seat of any vehicle
• children under three years travelling in the front of any vehicle must be carried in an appropriate child restraint.

An adult belt may not be used:

• if an appropriate child restraint is fitted in front, but not in the rear, children under three years must use this restraint
• if an appropriate child restraint or seat belt is available in the front but not the rear, children between three and 12 years and under 135cm in height must use the front seat restraint or seat belt
• if travelling in mini buses or coaches, seat belts should be used if fitted.

Extract from information from the Department of Transport www.dft.gov.uk/think. Leaflets are available from the Department of Transport, your FBC social worker or council / police road safety officer. See section 3.2 for expenses relating to travel.

6.19 Firearms
Your Family Based Care worker must be notified if a carer, or any member of the household, keeps or proposes to keep a firearm in their home and must be satisfied that the use and storage of firearms is in line with police requirements. Thought must be given to possible dangers that replica, imitation or ornamental weapons and other potentially hazardous items might present.

6.20 Leisure/hobbies/safety and outdoor activities
It is important for all children’s healthy development that they are active and experience age appropriate independence. However, additional caution over and above that exercised with your own children may be needed with looked after children as you may not be fully aware of their level of maturity, their physical skills and stamina, their awareness of and response to danger, their ability to interact appropriately with other children and adults and their previous experience of normal childhood activities. You may be comfortable allowing your own nine year old to walk to the park with a friend to play on the swings. However, a nine year old foster child may have no awareness of stranger danger. You should always carefully risk assess the situation.

Involvement in a range of activities and sports is recognised as an important factor in enhancing emotional well-being, combating a low sense of identity and self-esteem and for expressing creative activity. There is a great potential for carers to engage children and to give them an opportunity to participate in the local community. Sporting activities can provide opportunities both for risk-taking and for developing teamwork skills. Drama, music, singing, poetry and art can have therapeutic application by providing means for expressing feelings and discussing issues in a safe environment.

There are some activities for which children or young people looked after by the Council may need special permission, eg if there is a risk of physical or emotional harm if the activity is not well prepared and supervised or the child does not comply with instructions. Although these activities may be part of carers’ family lives, carers will have to ensure the agreement of the Department before allowing the child to participate. Carers should discuss with the child’s social worker and/or FBC social worker any
prospective activities at an early stage in the placement. The fostering allowance covers normal hobbies and activities. If it is a child’s interest to undertake more expensive activities or activities that require expensive equipment Edinburgh Leisure Cards can be accessed for all accommodated young people and their carer family. Please speak with your FBC social worker.

6.21 Proof of identity
Carers may be asked for proof that they are authorised carers for a child. This can happen in a number of settings, for example, if there is cause to take the child to an Accident and Emergency Department. Identification cards can be provided by the Department for carers. Please consult your FBC social worker for details of the process for accessing your I.D. card.

6.22 Care and control
The possible use of sanctions should be discussed and agreed at the beginning and during a placement by the carer, child/young person, the child’s social worker, the FBC social worker and, if appropriate, the parents. It is accepted that individual circumstances may change and that carers will, on occasion, need to apply sanctions not previously agreed. Though there needs to be flexibility, carers need to be clear about the sanctions that are always unacceptable. Children/young people placed, and their parents, need to understand the nature of the care and controls they will experience and the type of sanctions they can expect in response to unacceptable behaviour.

Sanctions
Unacceptable sanctions are those which intentionally or unintentionally harm or humiliate a child or young person or cause them or their family to be ridiculed. Sanctions that should never be used are:
- corporal punishment, ie any intentional application of force for punishment, including somebody smacking, punching, shaking, rough-handling or throwing objects at a child
- deprivation of meals or liquids
- restrictions on agreed contact with:
  - parents or any person who is not a parent but who has parental responsibility
  - relatives or family friends, the child’s social worker
  - a children’s rights or Who Cares? worker
  - a curator ad litem, safeguarder, reporting officer or solicitor acting for the child or who the child wishes to instruct.
- making a child wear inappropriate clothing, eg pyjamas all day, as a punishment
- withholding medication, medical or dental treatment
- locking accommodation, eg a bedroom, to physically restrict the liberty of the child, or locking them out of the home
- intentional deprivation of sleep
- imposing ‘fines’ that are not for reparation
- intimate physical examination of the child
- excessive use of sending a child to bed early as a punishment as bedtime should be a pleasant experience
- attempting to modify a child’s behaviour through bribery or use of threats.

For sanctions to be effective they must be:
- relevant to the unacceptable behaviour
- applied immediately and not retrospectively
- time limited and not open-ended
- applied once to avoid double punishment
- based on what most caring parents would support
- used sparingly and discontinued as soon as they have had the desired effect or if they are ineffective
- always justifiable.
Sanctions which would be acceptable could include:

- early bedtime
- not staying out with friends
- loss of privileges
- paying for damage done to someone else’s property. Holding a proportion of pocket money for a time-limited period with the knowledge and agreement of the child’s social worker
- doing extra jobs, eg participation in family chores
- no television or treat
- not being allowed out for a time-limited period
- time out – sending the foster child to his or her bedroom for a short period of time.

Carers should reward positive behaviour. They should discourage destructive behaviour and show that this sort of behaviour has consequences. Children and young people who are looked after will have had experiences in their lives that may lead to challenging or aggressive behaviour. Carers need to understand these feelings and help young people to find ways of coping with their difficulties in developing and maintaining controls on their own behaviour. Carers’ responses to challenging behaviour should be part of the care and planning for the child/young person and discussed regularly with the child’s social worker, the carer’s FBC social worker and at reviews.

Carers may need to physically intervene with the child, eg by holding, turning or guiding a young child at times, for instance to stop them from running across the road or harming themselves on a cooker. The necessary action must be intended to discourage behaviour and help children learn about dangers and social interaction. Care and control issues should be discussed before the child is placed and at looked after and accommodated reviews. A record should be made about how such situations will be managed.

**Intervention in a crisis**

Carers should try to make sure that potential crisis situations do not escalate. Training is available on de-escalation. This requires intervention early on as young people begin to act out, recognising children’s and young people’s trigger points. Carers need to respond positively to warning signals and to help young people calm down. This will involve:

- using a range of behaviour management and problem-solving techniques to dissuade and resolve conflicts
- recognising the signs and symptoms of anxiety and stress
- reading the verbal and non-verbal signals
- staying calm, in control of the situation and not becoming angry
- avoiding anything that may provoke a confrontation, angry or threatening response
- talking quietly and reassuringly
- distracting by doing something together
- suggesting alternative strategies for dealing with feelings.

Sometimes incidents of challenging behaviour will escalate. If a carer is attacked by a child or the child is putting him or herself or others in danger, the carer should use only the minimum force necessary to protect him or herself – they should never retaliate. Carers should not physically restrain a child other than a very young child for their own protection. This is a complex area and should be discussed fully with the child’s social worker and the FBC social worker.

Carers should record all incidents in their daily record and it should include the means by which it was managed, the outcome and the possible cause of the behaviour. Incidents of challenging behaviour can leave carers feeling de-skilled and sore and they can evoke troubling memories and feelings for the child/young person. The child or young person may be embarrassed and upset about their
Emotions can run high and it can be tempting for carers to end the placement. It will often be helpful to have a meeting with the child’s worker, the carer’s FBC social worker and, if appropriate, the child’s parents to look at all the circumstances. A risk assessment may be undertaken, and consideration given to whether changes to the child’s plan are required. If at all possible, children should not be moved following such an episode. A looked after and accommodated review may be required.

6.23 Searching personal belongings/room
Carers should be clear about items that children and young people are not permitted to bring into the home, for example, drugs, weapons, alcohol or stolen property. Children and young people should also be advised to leave some items, eg cigarette lighters and mobile phones downstairs or outwith their bedrooms for safety and to avoid risk of disturbance to other members of the household. If carers have reasonable cause to believe that there are prohibited items in the young person’s bedroom, this may be searched. The young person’s rights in this situation must be remembered. If possible, the carer should consult with the young person’s worker or their FBC social worker before deciding to search the room. The carer should tell the young person what they intend to do. If the carer thinks an offence has been committed or there may be some illegal substance or item in the room, the police may have to be involved.

If the young person is missing from their placement, the carer may search for personal items such as an address book or diary to help find out where the young person might be. It is important that the carer consults with the young person’s social worker or their FBC social worker about this. The carer must record the reason for, and the outcome of, any searches of a young person’s room in their daily record.

Carers must not carry out personal searches or strip searches. If a carer thinks that a young person has some dangerous or illegal item in their possession, they should be asked to hand it over. If the carer thinks that the young person or other people are at immediate risk, they must exercise judgement as to the best course of action, to ensure the safety of the young person or others. If the young person refuses to co-operate, or if they think an offence has been committed, the police may need to be informed.
Useful Phone Numbers

Working with Children and Families

General enquiries  0131 200 2000
Westfield House  0131 200 4000
Foster Care Recruitment  0800 174 833
The Care Inspectorate  01382 207 100 / 0345 600 9527
Scottish Public Services Ombudsman  0800 377 7330
CEC Social Work Advice and Complaints Service  0131 553 8395

Captains Road (South)  0131 529 5300
Fort (Leith and Hospital)  0131 529 2525
East Neighbourhood Centre (Craigmillar)  0131 529 3111
Muirhouse Crescent (North)  0131 529 6800
Wester Hailes Healthy Living Centre  0131 453 9100
The Royal Infirmary of Edinburgh  0131 536 1000
The Royal Hospital for Sick Children  0131 536 0000

Carer Payments Team  0131 469 3255
  0131 469 3458
  0131 469 3453
Edinburgh Council Advice Shop  0131 200 2360
Citizens Advice Direct  0808 800 9060

Additional Support for Learning Service  0131 469 2830
Who Cares? Officer  07712872078
Social Work Advice and Complaints Officer  0131 553 8395
The Scottish Child Law Centre Freephone for u18s  0800 328 8970
The Scottish Child Care Law Centre  0131 667 6333
ChildLine  0800 1111
Scottish Commission for Children and Young People  0131 558 3733 / 0800 019 1179
Children’s Hearing Centre  0300 200 1666

Social Care Direct  0131 200 2327
ESWS emergency number outside work hours  0800 731 6969
Howdenhall Hub  0131 664 8488
Fostering Network  0141 204 1400
Adoption UK  01295 752 240
National Child Protection Helpline  0800 022 3222
New Family Social  0843 289 9457

LAAC nurses  0131 536 0855
Sleep Scotland  0131 651 1392
Edinburgh Connect  0131 651 4130

Health and Safety

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