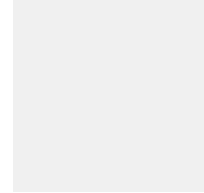


Safe Caring



This guidance should be read in conjunction with **Development of Positive Relationships**.

The following guidance is provided for foster carers.

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1. What is a Safe Caring Family Policy?

A Safe Caring Family Policy is a set of “home-rules”. These should be stated and written down so everyone in the household is:

- Aware of the rules;
- They are understood by everyone;
- They are adhered to by everyone.

2. Philosophy

“Every child has the right to feel safe and have their own private space within their family placement, and feel protected.”

This means safe for:

- Any foster child;
- Foster carers’ own children;
- Any other members of carers’ own family network;
- Any other member of the household, visitor or guest.

3. Aims/Objectives of Safe Care Policy

To protect children from abuse or allegations in family placements, by implementing safe care practices.

Children should expect to be safe from:

- Further abuse from their birth family;
- Abuse from any other adults;
- Abuse between children, either within or outside the household.

Foster Carers should aim to keep themselves safe from false allegations of abuse

Carers should give particular attention to their own situation to ensure that they are not putting themselves in situations that might be open to misinterpretation.

4. When Should the Safe Caring Family Policy be Developed

Prospective foster carers will receive a copy of Walsall Children's Services Safe Caring Guidance for Foster Carers and the Fostering Network booklet Safer Caring 2002 at the beginning of their assessment. Safe caring will be explored in the preparation and training, and, together with the Form 'F' assessor, prospective carers will draw up a Safe Caring Family Policy in consultation with members of the household.

5. Who Should be Involved

The whole family should be involved in agreeing the policy and reviewing it each year or when family circumstances change. It is particularly important that men in the family are involved from the outset in developing the policy as most allegations are made against male carers. The policy should ensure that well established routines are followed.

6. On Placement of a Child/Young Person

A risk assessment will be completed at the time of referral and reviewed at the post placement meeting. It may be that the family policy has to be changed to fit in with the particular needs of that child/young person.

As part of helping the child/young person to settle in, you should explain the family policy clearly to the child/young person, so that they understand your "home rules" and give them an opportunity to discuss this with you.

Depending on the child/young person's age and understanding and following discussion and agreement of the social worker, you should give them a written copy. Make sure a note is made in your diary that you have explained the family policy to the child/young person and inform the social worker that this has happened so they can make a record on the child's file.

7. Bedrooms

- a. If a child has been abused or has abused another child, the child's needs and the needs of all other children in your home will be assessed before agreement is given that children can share bedrooms;
- b. Anyone who needs to go into a child's bedroom should ask permission/knock first and should leave the door open (applies to children as well as adults);
- c. The foster carers' bedroom is off limits to all children unless with approved exception.

d. Bedrooms are not generally to be used as play areas for other children. If bedrooms have to be used for activities with others (e.g. young person has a computer in the room) doors will be kept open at all times.

8. Bathrooms

a. All children who are old enough and able to bath and wash themselves should have privacy in the bathroom;

b. If a child needs adult help and supervision, this must be discussed at referral point and reviewed in the post placement meeting and included in the care plan.

9. Dress

a. Nightwear, dressing gowns and slippers should be used at bedtime, bathtime, etc. Walking around in nightwear or underwear must be avoided as it may give wrong messages to some children.

10. Playing

a. Attempt to keep all children within earshot when they are playing and check if they go quiet;

b. No children to be allowed to play behind closed doors or in bedrooms;

c. Where ever possible play-fighting should be discouraged, if it does occur carers must observe and intervene if the situation requires it;

d. Avoid tickling and wrestling games.

11. Bedtimes

a. Be aware that the child may have been abused by either male or female. This needs to be taken account of in the daily routines including bedtimes;

b. All carers, male and female, should leave the door open when putting a child to bed;

c. When stories are being read to the child, carer's must sit next to the bed/floor or preferably read stories in the living room.

12. Managing Behaviour

Also see **Behaviour Management Guidance**

Children should be encouraged to do well, and then rewarded appropriately.

A restrictive, unsupportive, discouraging and punishing culture will result in instability, hostility and, possibly, severe disruption.

Where children live in homes which have clear, fair boundaries, where they feel safe, encouraged and appropriately rewarded, they will thrive and do well.

It is for the carers to create their own culture, but the following may be helpful.

1. Listen to and empathise with children, respect their thoughts and feelings and take their wishes into consideration;
2. Look for things that are going well, or any step in the right direction, and appropriately reward it;
3. Rewards should be used in a creative and diverse way, specific to children's needs, capabilities and interests;
4. This may mean that children are rewarded with toys, games, activities or monetary rewards;
5. But all 'tangible' rewards should be accompanied by use of 'non tangible' encouragement and support – by staff and carers demonstrating to children that they have done well;
6. Such 'non tangible' rewards include praising, smiling, touching and hugging children.

Where behaviour is the cause for concern it is critical that plans are established to manage and hopefully change the behaviour.

Consistency is the key, where carers manage behaviour inconsistently, little if any progress will be made; it may result in more disruption.

Where carers work together, improvements will be made.

The setting of objectives or expectations must not be ad hoc or unplanned. It should be part of a Strategy, depending on children's assessed needs, interests and capabilities.

Planning is critical; particularly where children's behavioural needs are complex or where behaviours give rise to serious concern, such as violence, drug or substance misuse, self harming, bullying.

In such situations a Behaviour Management Plan must be drawn up in consultation with the child's social worker, Supervising Social Worker and other interested people, e.g. Teachers.

Sanctions can be very effective but, before imposing them, think about it.

Children may have had their fill of sanctions, usually imposed inconsistently, unfairly or as acts of revenge. They may have been sanctioned or punished inappropriately; blamed for other people's misbehaviour or mistreatment.

Before imposing sanctions, carers should do all they can to support and encourage children to do well.

If children do not behave acceptably, strategies should be adopted that are encouraging and rewarding.

Rather than noticing and sanctioning misbehaviour it is always better to notice and reward good behaviour – or any step in the right direction.

For example, it may be more effective to allow a child to have use of a video or TV at bedtime for getting up on time, rather than taking the TV away for getting up late. Same deal, more positive strategy!

Be creative, think outside the box!

If children continue to behave in unacceptable ways, they should be reminded about what is expected and given further encouragement to get it right.

If misbehaviour persists or is serious, effective use of reprimands can act as a disincentive or firm reminder. If this does not work, or may not, sanctions may be effective.

Where sanctions are used they must be reasonable and the minimum necessary to achieve the objective. Any sanctions used must be agreed by the social worker/Supervising Social Worker.

13. Physical Intervention/Restraint

Also see **Physical Intervention Procedure**

Physical Interventions are interventions that employ a level of physical force to protect a child or others from injury or to protect property from being damaged. This includes **Restraint**.

As part of the assessment and planning process for all children, consideration must be given to whether Physical Intervention may be necessary in managing behaviour. If so, a plan must be drawn up outlining the circumstances where it may be necessary, and what methods/strategies may be used.

The existence or absence of a plan does not prevent carers from acting as they see fit in the management of highly confrontational or potentially harmful behaviour. However, carers may only do so if they are able to demonstrate that their actions are necessary to prevent Injury or Damage to Property and as a Last Resort – that no other non physical methods would work.

Normally, carers may only use Physical Intervention if they have undertaken approved training. Where carers have not undertaken such training, the use of force may still be justified if it is the only way to prevent injury or damage to property. In these circumstances, carers must always use the minimum force necessary to prevent the injury or damage to property, and any intervention used must:

- a. Not impede the process of breathing;
- b. Not be used in a way which may be interpreted as sexual;
- c. Not intentionally inflict pain or injury;

- d. Avoid vulnerable parts of the body, e.g. the neck, chest and sexual areas;
- e. Avoid hyperextension, hyper flexion and pressure on or across the joints;
- f. Not employ potentially dangerous positions.

14. Going out

- a. Use adults known to you, preferably your back-up carers, family members, close neighbours, friends, other foster carers – all of whom must have been Disclosure and Barring Service checked (enhanced);
- b. Never stay out overnight or arrange for foster children to stay anywhere overnight, without making arrangements with your link worker and the child’s social worker (see **Delegated Authority Guidance**);
- c. If you have any concerns that that children are at risk of mistreatment or abuse, by any person – including another child – you must report your concern to your Link Worker or his/her manager.

15. Travelling by car

Also see **Transporting Children and Activities Procedure**

- a. Think carefully about who travels alone in a car with a foster child. It may be safer to avoid travelling alone with a foster child. If this cannot be avoided, the child should travel in the back.
- b. Ensure car is roadworthy (valid road tax and MOT), hold a full UK driving licence, insured and appropriate car seats/belts are fitted.
- c. Where a baby is being transported and there is a passenger airbag fitted, the baby must not travel in the front passenger seat (unless the airbag is turned off).

16. Generally

No Secrets Rule – Always practice a ‘no secrets’ rule (surprises are okay).

17. Appropriate Touching

Also see **Development of Positive Relationships Procedure** which includes guidance on Touch.

In acting as “good parents”, physical contact is an important element in the care and comfort of a child.

This could include forms of “parental” affection, such as hugs, goodnight kiss, etc.

For younger children and those with physical and sensory disabilities, physical contact may be the primary means of communication.

Carers should be mindful, however, of the following indicators:

- a. Age and gender must be taken into account in deciding proper physical contact;
- b. Avoid situations/locations where you are alone with the child when giving physical contact e.g. bedrooms, bathrooms;
- c. Physical contact should not be in response to or be intended to arouse sexual expectations or feelings;
- d. A child may not be comfortable with physical contact;
- e. It should be reinforced, that the primary and most important means of care and control is through the strength of the relationship between the carer and child. This can only be achieved by patience, listening, talking to the child and security through fair and consistent guidance and control.

18. Showing Affection

- a. General rule should be that no-one touches another person's body without that person's permission. Children should always be asked first if they would like a kiss, a hug or a cuddle;
- b. Children need to be taught by a caring adult to say "no" if they do not want to be touched;
- c. Carers need to be aware that if touch has meant something other than affection to a child in the past, they may misinterpret you showing them physical affection.

19. The Names you use

- a. Encourage children to call you by your first name. Do not reinforce young children calling you "mummy" or "daddy".

20. Photos/Videos

- a. When taking photos or videos, (definition) ask the child's/young person's where age appropriate their permission first, make sure they get copies for themselves and that they know who else will see them and why;
- b. Do not take photos of children having a bath or wearing no clothes or just their underwear or nightwear.

21. Computers and Internet Safety

Also see **E-Safety Children Exposed to Abuse through Digital Media.**

Arrangements for the access of children to computers and the internet must be agreed with social workers but, in any case, carers must be mindful of the access that children have to the internet; and should ensure that appropriate parental controls/firewalls are in place.

Carers must also be mindful of the following:

- The use of Chatrooms, instant messaging;
- The extent to which children share or are able to download files;
- The information children give out to unknown people/organisations.

22. Education About Sex and Sexuality

Also see **Personal Health & Sexual Relationships Guidance**

- a. Never introduce discussions about sex and sexual issues with a child/young person.
- b. If discussions occur from responding to a child's/young person's questions then you must inform your Link Worker and the child's social worker at the earliest opportunity. All discussions must be recorded;
- c. Use age appropriate language/ resources;
- d. You need to promote and empower children and young people to say "no" to abuse.

23. Always

Keep a daily record of the events in the life of your foster child and the rest of your household. (Diary and daily log)

Discuss any incident of concern with the child's social worker or your link worker immediately.