**Safer Care Policy**

**(Including Intimate Care)**

Policy Development Officer

|  |  |  |  |
| --- | --- | --- | --- |
| **Version number** | **Date updated** | **Updated by** | **Review date** |
| Version number 1 | 07/07/2023 | Kayte Luton | 07/07/2025 |

Contents

[1. Introduction and Purpose 2](#_Toc150343928)

[2. Scope of Policy 2](#_Toc150343929)

[3. National and Legal Context 3](#_Toc150343930)

[4. Creating a Safer Caring Environment 4](#_Toc150343931)

[5. Questions, Advice and Guidance 7](#_Toc150343932)

[a. Sleeping Arrangements: making things clear 7](#_Toc150343933)

[b. The Bathroom – respecting privacy 9](#_Toc150343934)

[c. Play 10](#_Toc150343935)

[d. Showing Affection – this is essential. 11](#_Toc150343936)

[e. Times to come in 12](#_Toc150343937)

[f. Travel 13](#_Toc150343938)

[g. Language 14](#_Toc150343939)

[h. Smoking 15](#_Toc150343940)

[j. Medication 16](#_Toc150343941)

[k. Taking Photographs and Videos 17](#_Toc150343942)

[l. The Internet 18](#_Toc150343943)

[m. Age Restricted Viewing Material / Video Games 20](#_Toc150343944)

[n. Puberty & the Facts of Life 20](#_Toc150343945)

[o. Behaviour 23](#_Toc150343946)

[p. Observation and Recording 25](#_Toc150343947)

[q. Confidentiality 25](#_Toc150343948)

[r. Emergency Situations 26](#_Toc150343949)

[s. All Emergency / Important Contacts 26](#_Toc150343950)

[6. Part 2: Intimate Care 26](#_Toc150343951)

# Introduction and Purpose

‘Safer Caring’ for children/young people in foster care, is the practice of ensuring the safety, wellbeing and individual needs of the child/young person is met in a protective way, that minimises disruption and trauma to the child and reduces the risk of allegations made against carers and others within the fostering household. It requires the foster carer and other household members to consider their own household arrangements, rules, expectations, and practices and consider how these can be adjusted to offer a safer caring approach to any child or young person that may join the foster family.

Foster Carers are expected to undertake mandatory Safe Care training (including allegations and complaints) during assessment and thereafter every 3 years. However, updating training is available upon request of the carer directly or by the supervising social worker, if this is identified as necessary to meet the needs of the child/ren in the foster family.

# Scope of Policy

This policy has been produced to offer guidance around the safer caring for looked after children/young people, and to assist foster carers and the wider fostering family in developing, demonstrating and implementing safer care practices whilst caring for any child~~/~~young person in the foster household.

This policy will assist foster carers to consider their own family rules and expectations and how these might be adjusted in line with the safer care practices set out within this policy, with a view to reducing risks and ensuring that the needs of any child/young person living with the family are met in the safest possible way. The family’s rules and expectations will then be recorded in a ‘Safer Care Family Agreement’, which all members of the household will need to agree upon and sign up to.

Any identified Family and Friends (Support Network Carers) who may offer support, regular baby sitting or emergency care for any placedlooked after child or young person, including regular visitors and those staying overnight in the home will need to know about the plan and be clear and respectful about the rules and arrangements that are in place to protect the whole foster family.

# National and Legal Context

In order to comply with the National Standards of Foster Care, all Foster Carer households are now required to have an up-to-date copy of the Fostering Service’ Safe Care Policy.

The National Minimum Standards for Fostering Services (2011) [FOSTERING STANDARD 4 - Safeguarding Children (minimumstandards.org)](https://www.minimumstandards.org/fost_four.html):

4.1) Children’s safety and welfare is promoted in all foster placements. Children are protected from abuse and other forms of significant harm (e.g. sexual or labour exploitation)

4.2) Foster carers actively safeguard and promote the welfare of foster children.

4.3) Foster carers make positive relationships with children, generate a culture of openness and trust and are aware of and alert to any signs or symptoms that might indicate a child is at risk of harm.

4.4) Foster carers encourage children to take appropriate risks as a normal part of growing up. Children are helped to understand how to keep themselves safe, including when outside of the household or when using the internet or social media.

4.5) The service implements a proportionate approach to any risk assessment.

4.6) Foster carers are trained in appropriate safer-care practice, including skills to care for children who have been abused. For foster carers who offer placements to disabled children, this includes training specifically on issues affecting disabled children.

4.7) The fostering service works effectively in partnership with other agencies concerned with child protection, e.g. the responsible authority, schools, hospitals, general practitioners, etc., and does not work in isolation from them.

# [Creating](#_Toc99966625) a Safer Caring Environment

Safer Caring is initially discussed as part of the fostering assessment and specific training is provided to all prospective foster carers at that time, to help develop learning and understanding about many of the themes of safer caring. There will also be ongoing discussions, with your supervising social worker once you are approved as a foster carer, to ensure that you are aware of the most up to date information available.

Foster carers should be clear and open about how they look after children/young people in their care. A Safe Care Family Agreement will be developed by carers and their families, using the safer caring information learned during assessment and subsequent training. This agreement will be ~~very~~ valuable in protecting the children/young people being cared for, carers own children and carers themselves. The Safe Care Family Agreement will consider generic safer caring techniques and how these can be applied within the fostering household.

In addition to the Family Safer Care Agreement, each child or young person that comes to live with a fostering family, will have their own Safer Caring Plan, that will consider the individual needs of the child/young person and how safer caring practices and the rules and expectations set out in the family’s Safer Caring Agreement are applied. This is important, as not all safer caring practices will apply to all children and young people, in the same way, and the rules and expectations that are set out in the family’s Safer Caring Agreement, may need to be adjusted, to safely meet the needs of that individual child or young person. For instance, bedtime routines may need to be altered so that they take place away from the bedroom the child/young person is sleeping in, so that they feel safe and secure. This may be dependent on the child/young person, or individual circumstances.

The Safer Caring Family Agreement and Child’s Individual Safer Caring Plan will be updated at least annually and following any change in circumstances, which may affect the needs of the child and as the child/young person grows and expectations or rules change.

Putting together a Safer Care Family Agreement will help foster carers look more closely at their day-to-day family life, to see whether there are areas and behaviours that can be adjusted in line with safer caring practices, so that family members can feel protected, respected and safe. There may also be areas and behaviours in the family that could be misunderstood, either by the child/young person being cared for or by others, leading to confusion, fear and/or unhappiness. Foster carers will be supported by their supervising social worker, to develop and agree the Safer Care Family Agreement.

The guidelines and questions below, should guide carers to understand areas and behaviours that may need to change, and it is important for carers to talk through these openly and honestly with all family members in the household. There are separate headings included to work on in ‘bite-sized’ pieces. It is expected that carers will complete the Safer Caring Agreement over a period of time, during assessment.

Every family has their own individual family routines and patterns of life, and where introducing new routines and patterns may feel strange at first, these soon become a way of life – much like the change in routines and patterns that happen as children grow older and their needs change. This exercise will help to ensure the home is a safe place for all and will go a long way to avoiding the possibility of false or unfounded allegations being made against foster carers, or others within the home or wider fostering family and support network.

Further support and advice is available from the child/young persons social worker. There is also a book published by the Fostering Network called ‘Safer Caring: A New Approach by Jackie Slade, which can be read and considered in conjunction with this policy. It is written by a foster carer, for foster carers; which can be purchased here:

[Safer Caring: a new approach by Jacky Slade [2012] - The Fostering Network Publications (fosteringresources.co.uk)](https://www.fosteringresources.co.uk/?pid=497)

Updating and supplementary chapters can also be accessed here:

[Safer Caring: A New Approach– supplementary resources | The Fostering Network](https://thefosteringnetwork.org.uk/advice-information/looking-after-fostered-child/safer-caring/safer-caring-new-approach-supplementary)

Alternatively, Supervising Social Worker’s should have a copy which can be lent to foster carers.

Ther Safer Care Family Agreement or ‘Rules of the House’ should be updated:

* As the child/young person gets older
* When new children join the family
* When there are any other significant changes within the family.
* When a new parent & child join the family

Ther Safer caring Family Agreement should be kept within easy reach of all family members in the household.

Copies should be kept by the Supervising Social Worker and by the child/young person’s Social Worker for their records.

Please see also: chapters:

[Developing a Safer Caring Family Agreement](https://somersetfch.trixonline.co.uk/chapter/developing-a-safer-caring-family-agreement?search=intimate) and

[Safeguarding Everyone in Our Household](https://somersetfch.trixonline.co.uk/contents/contents#safeguarding-everyone-in-our-household), in Somerset’s handbook.

# Questions, Advice and Guidance

# Sleeping Arrangements: making things clear

In the foster home, each child over the age of three should have their own bedroom. If this is not possible, the sharing of a bedroom is agreed by each child/young person’s responsible authority and each child/young person should have their own area within the bedroom if they do share. Before seeking agreement for the sharing of a bedroom, the fostering service provider takes into account any potential for bullying, any history of abuse or abusive behaviour, any history of the child/young person making an allegation and the outcome of that allegation, the wishes of the children/young people concerned and all other pertinent facts. The decision-making process and outcome of the assessment are recorded in writing, where bedroom sharing is agreed.

Key considerations for the foster carer should include:

* Are all family members clear about who is allowed in whose bedroom?

* Bedrooms should not normally be used as play areas.

* Are there rules about knocking on bedroom doors and waiting to be invited in? – The introduction of such rules should be considered as the children get older.

* What are the family’s rules about nightwear? For example, being decently clad (nightwear and underwear) in front of all other family members.

* Are dressing gowns worn?

* Are children/young people clear about not sharing each other’s beds?

* What are the rules about the children getting into the carer’s own bed?

* How would the carer manage the situation when a child gets into bed with them the middle of the night? The kindest response is to gently put them back in their own bed, whilst reassuring them that all is ok. (Carers will probably have to do this more than once).

* When entering a child’s/young person’s bedroom how does the carer ensure the door remains open?

***Note: If the child or young person has been sexually abused previously (carer may not be aware of this) it could be a very threatening situation for them****.*

* When reading a bedtime story, where would be the best place in the home do this?

(Reading bedtime stories on the sofa downstairs with a warm drink is a positive experience for a child).

* What do you do if a child/young person wants to sleep at their friend’s house or wants their friend to sleep at the carer’s house?
* What sleeping arrangements will be put in place for older children/young people who want boyfriends/girlfriends to stay?

If it is decided that a sleepover can take place, carers should contact the friend/boyfriend/girlfriend’s parent/carers, take their phone number and address, give their own phone number, and also ensure to give both the child’s Social Worker and Supervisory Social Worker the name and address of the child’s friend.

## The Bathroom – respecting privacy

Expectations should be set around respecting privacy in the bathroom, and who supervises bath time for the child/young/person being cared for. The expectations around this are likely to be different for various members of the fostering household, dependent on age and independence, so these rules may change over time.

Some key considerations include:

* Is there a lock on the bathroom door?

* Are children/young people encouraged to knock/check to make sure the bathroom (or toilet) is free?

* For children/young people who are very young or disabled and intimate care is required, aim to involve the child/young person with their own care as far as possible.

* If they are unable to help, talk through the routine with them and give them choices as far as possible.
* A flannel or sponge rather than your hand should be used for bathing a child/young person.

* Are these children/young people given the same amount of privacy as other family members?

* If a disabled child or young person (or adult) requires intimate care, this should be carried out with privacy.

* If the carer doesn’t feel confident in some areas of the care of these children/young people, you are they clear (and confident) about where to seek help?

## Play

When considering safer play practices, supervision and age-appropriate activities should always be considered in relation to the individual needs and development of any child joining the family. Any specific requirements around supervision and the individual needs of a child or young person that joins the home, will be discussed at the placement planning meeting and recorded in the child’s individual Safer Care Plan.

Some examples to consider include:

* Except when playing alone (unsupervised playing alone should only be allowed if safe and age appropriate, or as indicated in the child’s care plan), doors should be left open, and carers should be able to easily hear or see what is going on.

* Children/young people who have previously been sexually abused should have close supervision whilst playing and careful consideration given to where they play.

* Physical play fighting or wrestling, that could result in injury or be an emotional trigger for a child or young person should not be permitted. In instances where children are engaged in a water or pillow fight etc, this should be closely supervised.

* Tickling, grabbing or wrestling games should be avoided.

## Showing Affection – this is essential.

The need for affection and reassurance is a basic human need, that is of particular importance to children’s development. Unfortunately, the need to balance this, with the risk of affection being misinterpreted, makes this a difficult area for carers to navigate. While a spontaneous hug to one’s own children, fulfils this basic need and serves to strengthen the bond between adult and child, it may mean something very different to the foster child.

It is safer to agree that no one in the household touches another person’s body without that person’s permission. Children/young people should always be asked first if they want a hug, and they need to be taught that it is perfectly acceptable to say no. Games that involve physical contact such as tickling or pretend fighting should be avoided.

## Times to come in

The need to assess the risks posed to children and young people when they are out of your care, can be really tricky. Setting boundaries for young people around times to come in, based on trust, responsibility, and safety, can often cause disagreements in families and if this is not managed effectively, it can often result in children going missing or running away.

It is important to understand that many looked after children/young people will not want to feel different to their peers, but are also at higher risk of criminal and sexual exploitation.

Looked after children/young people may also have a very different experience of boundary setting and curfews, than what you feel is acceptable.

Carers can seek additional support to set boundaries and curfews, from their supervising social worker and the child/young person’s social worker can also help with this.

Some key things to consider when negotiating time to come in include:

* Are there regular times set up for each child or young person to be back by?
* Have these been negotiated and agreed to, by the young people in their home?
* Are they usually adhered to, and if not, are they renegotiated dependent on age, responsibility, safety of activity and in line with boundaries of the peers, of that looked after young person etc.
* Can times be renegotiated, by the young person agreeing to the use of an app like Life360, or calling you at agreed times, whilst they are out?
* Do these differ on school nights, weekends, and school holidays?

If for some reason a child or young person is going to be unavoidably late, it is helpful to discuss:

* What do they need to do to make sure you know what is happening? For instance, contacting you by mobile phone or from a phone box.

* If a child / young person has not returned and there is no word; that after ringing around all possible contacts and exploring any known locations unsuccessfully, the carers should then phone the police and the Emergency Duty Team. For more information on reporting a child missing, please see:

Please also see chapter: [Missing Children (trixonline.co.uk)](https://somersetfch.trixonline.co.uk/chapter/missing-children?search=missing), in Somerset’s Fostering Handbook.

[Report a missing person | Avon and Somerset Police](https://www.avonandsomerset.police.uk/report/missing-people/)

* If a child is not returning home on a regular basis, or has not arrived home when strict curfews have been put in place due to significant risk - the Avon and Somerset Philomena protocol should be considered. This is completed for vulnerable children, who are more likely to go missing. It records vital information that can be used by the Police, in the event that the child goes missing.

The protocol can be accessed here: [Philomena Protocol - Safeguarding young people | Avon and Somerset Police](https://www.avonandsomerset.police.uk/philomena-protocol-safeguarding-young-people/)

## Travel

There can be some real positives about using the time whilst driving a foster child/young person to various appointments etc, to enquire about their day or offer time to discuss what may be on their mind. Children and young people often find it easier to talk when they don’t have to give eye contact. However, some children or young people may also have suffered abuse whilst in a car and it would be sensible to think about: -

* Who is driving the child/young person?
* Should there be more than one carer/adult in the car?
* If the child/young person has a history of abuse, should there be another carer/ or responsible adult in the car, or vice versa?
* If this is not possible, should the child/young person sit in the back rather than with the driver?

Please also see chapter: [Transporting Children](https://somersetfch.trixonline.co.uk/chapter/transporting-children?search=travel), in Somerset’s Fostering Handbook.

## Language

Most families have words or terms that they use to describe parts of the body or bodily functions, such as going to the toilet. Carers need to consider the words they use and their potential meaning for foster children/young people. They also need to establish the terms the child/young person uses as soon as possible to avoid any distress to a child who might be finding it difficult to express their needs.

Some things to consider include:

* *Is bad language used within the house by adults / children / young people?*
* *What is acceptable?*

Carers should also think about establishing a set of words or phrases, that the child/young person wishes to use, when talking about their fostering arrangement or care situation. Evidence shows that looked after children do not like to use lots of the typical care terminology, so it would be helpful to have an idea about what would be preferable to a child or young person and discuss this with them in an age-appropriate way. TACT have produced a Language that Cares document that explores alternative words and phrases that children and young people may feel more comfortable with.

[TACT-Language-that-cares-2019\_online.pdf (tactcare.org.uk)](https://www.tactcare.org.uk/content/uploads/2019/03/TACT-Language-that-cares-2019_online.pdf)

## Smoking

Children/young people may now be smoking/vaping/ using e-cigarettes: smoking and vaping should be prohibited in the house either by the child/young person, carers or other members of the fostering household or visitors to the house. It will be important that the child can see the house rules around smoking are followed by everyone and that they are not being singled out.

Carers should think about:

* *Whether there are or should be any other rules in the home in relation to smoking or vaping?*
  1. Drinking Alcohol

Children/young people should be taught about the dangers of drinking and the safe use of alcohol.

Carers should think about how the consumption of alcohol around children/young people may cause anxiety or sadness, if for example alcohol has been misused by those around them historically.

Foster carers should never give a child/young person alcohol, unless this forms part of a cultural or religious festival or celebration and this has been agreed with the child/young person’s social worker and the carers supervising social worker.

Please also see chapter: [Alcohol Drugs and Smoking](https://somersetfch.trixonline.co.uk/chapter/alcohol-drugs-and-smoking?search=smoking), in Somerset’s Fostering Handbook

## Medication

If children or young people require medication to manage a health condition, it is important for carers to keep a record of what they are taking, when and why, and ensure proper permissions are in place from the person with Parental Responsibility.

It is also important to ensure that all medications are stored securely, and out of reach of any child/ young person within the fostering household.

If it is reasonable for the young person to access and administer their own medication, this should be done under the appropriate support/supervision of the carer and should be discussed and reviewed regularly with the child/young person’s social worker and supervising social worker.

It is particularly important for children/young people receiving Short Stay or Short Break Care for their medication to be managed, stored, and transported responsibly and safely. Carers should keep a record of quantities of medication on arrival, how much has been given during the child’s stay and how much is left when they leave. Recording forms are available from the supervising social worker to aid this process.

Please also see chapter [First Aid and Medication](https://somersetfch.trixonline.co.uk/chapter/first-aid-and-medication?search=medication), in Somerset’s Fostering Handbook

## Taking Photographs and Videos

Taking photos and videos forms an important part of life story work for a looked after child/young person. In most cases foster carers will be expected to document and collate memories, to assist the child/young person’s social worker in creating their life story and help shape the child/young person’s identity, history, and heritage. However, for some children/young people, who have suffered abuse which featured the use of photos, cameras, camcorders, webcams, or mobile phones, it can be particularly difficult or triggering. Therefore, it is good practice to seek advice and information from the child/young person’s social worker about how you might go about including the child in photographs and videos in a way that would be comfortable for the child and at the child’s pace. This should be reviewed regularly, and in line with the child/young person’s understanding and acceptance of how to be involved and included in recording/picture taking of family activities in a safe way.

When photos or videos are taken, the child/young person’s permission should be sought first, as not everyone likes having their photo taken.

If pictures are taken or recordings made, the child/young person should have a copy, if appropriate, and they should know who else will see them and why, for example, that they will form part of their life story work which they can look back on when they are older.

Carers should be clear about taking photos and videos in a way that cannot be misunderstood, taking pictures of the children/young people naked, in the bath, in their nightwear or underwear is not permitted.

Any photographs taken, should never be shared on social media.

Taking photographs can be seen as offensive by some cultures, so consideration must be given to this. The wishes and feelings of the child/young person are extremely important. When children who have grown up in a culture different to that of their foster family, there can be mixed feelings about maintaining traditions from their own culture and wanting to be included in those of the family that they are living with. The supervising social worker and the child/young person’s social worker can help to explore ways in which the foster family can encourage and celebrate the child/young person’s culture and let them experience new ones, where this is permitted and or agreed to.

Carers should be prepared for situations where other people may take pictures which could include the foster child/young person and they should be politely asked to refrain from doing so in situations where the child may feel uncomfortable, and never post pictures of the child/young person on a Social Networking Site, without permission. In situations where a picture has been posted, carers should make every effort to ask that the picture is removed and where this may pose a safety risk to the child/young person, the carer should inform the child/young person’s social worker and supervising social worker as soon as possible.

Carers should be aware of the dangers of young people sharing photos of themselves with others or posting pictures online. Particularly intimate photos or photos that could identify the young person’s location, such as a picture in school uniform, or at an identifiable venue, as this may place the child/young person at risk of exploitation, cyberbullying or even trafficking. Carers should consider “ground rules” about posting pictures online, and support children and young people to understand the consequences of doing so.

## The Internet

We need to take sensible precautions to keep children/young people safe from harm when using the internet. Children are growing up with it as a normal part of their lives and it has become a vital tool for communication, entertainment and information. The internet is now accessible via mobile phones, iPods, iPads etc so sighting your home computer in a place where a child/young person can be supervised, is no longer sufficient protection.

An increasing awareness is required of the many things a child/young person could be doing on-line, such as innocently gathering information for a school project, but they may also be using the internet to get in touch with others through e-mails, Instant Messaging, discussion groups, chat rooms or playing online games.

The rise of Social Networking sites provides children with a fun and adventurous extension to their everyday lives, but sadly these sites can easily be misused by those seeking to corrupt, abuse, exploit or bully.

Whilst carers are not expected to be an internet wizard, they do need to familiarise themselves with the risks, have sensible boundaries and rules in place, and know how to find out more information and seek support, advise and additional training.

It is advised that this information is read in conjunction with the supplementary resource chapter “Safer Caring in a Digital World”, available on the Fostering Network web site:

[safercaringsupplementaryresource-chapter10.pdf (thefosteringnetwork.org.uk)](https://www.thefosteringnetwork.org.uk/sites/default/files/content/safercaringsupplementaryresource-chapter10.pdf)

Any of the following web sites provide more information and advice on keeping children and young people safe on the internet:

* [www.thinkuknow.co.uk](http://www.thinkuknow.co.uk/)
* [Childnet - Online Safety for Young people](https://www.childnet.com/?s=online%20safety)
* [www.iwf.org.uk](http://www.iwf.org.uk)
* [www.chatdanger.com](http://www.chatdanger.com)
* [www.fkbko.net](http://www.fkbko.net)
* Child Safety Online: A practical guide for parents and carers whose children are using social media - GOV.UK (www.gov.uk)

Please also see chapter: [Internet Photographs and Mobile Phones](https://somersetfch.trixonline.co.uk/chapter/internet-photographs-and-mobile-phones?search=photo), in Somerset’s Fostering Handbook

## Age Restricted Viewing Material / Video Games

It is advisable that carers have a discussion with all family members about what is / is not appropriate viewing material for each member of the family.

There is age guidance information on all DVDs/Films and video games, which is very helpful; also, the television 9 o’clock ‘watershed’ acts as a useful guideline (there is likely to be programmes of a more adult nature after this time).

## Puberty & the Facts of Life

Generally, children and young people in foster care will receive sex education from their school and family. Sometimes, however, foster carers may need to deal with the matter, or may be asked by the child/young person’s parents to help. Foster carers are also permitted to respond to the child’s questions and requests for assistance. It may be helpful for carers to bear the following points in mind.

In addition to the biological facts, sex education, even when explaining things to a child at an early age, other things to consider include:

* Morals
* Culture
* Sexuality
* Caring relationships
* The law
* Genuine affection
* Respect and Love
* Permission and Consent
* Responsibility towards themselves and others
* Ethics
* Exploitation
* Protection

We believe that it is important to promote relationships and connections that are enjoyable, supportive and caring, and are based on mutual trust, consent, respect and equality.

Some children/young people may need extra help to understand about the meaning of relationships, particularly children/young people who have not had a positive experience of relationships in the past. Some children/young people may have to be re-educated about what is appropriate and socially acceptable in terms of personal space, privacy, intimacy and respect.

Different cultures and families will have their own set of standards and rules about sex. For some, sex and the workings of the body are very private, and discussion is taboo. Sometimes children/young people who have been told that it is wrong to touch, or to talk about sex become confused. Other cultures and families prefer a more open approach, seeing sex as a part of everyday life. However, when openness becomes permissiveness, problems occur.

Children/young people who have been sexually abused will need particular help to understand and accept any form of sex education. In fact, a child might disclose that she/he has been sexually abused during such a discussion. Carers should always ask for professional help if this occurs.

Please see Somerset’s Harmful and Sexual Behaviour Policy for more information: [Local Resources (proceduresonline.com)](https://www.proceduresonline.com/somerset/cs/local_resources.html)

Different words may have different meanings to different families. It will help if carers can find out what the child/ young person knows and what words have been used for private areas of the body or personal/intimate actions or processes, to enable the carer to understand the child/young person when communicating such information and the child/young person to feel comfortable in doing so.

Children and young people need to know about life cycles, reproduction and puberty, and to understand about the changes that take place to their bodies. They also need to know about the gradual lead up to these changes. The Family Planning Association has very good leaflets available which also answer many of the questions a child/young person may ask.

If the child/young person does ask questions, foster carers need to be prepared and to be honest, truthful and frank in their answers. The carer may have to tell the child/young person several times about the facts of life etc. as the child may forget or may not fully understand the first time.

If possible, parents should be involved with advising/discussing issues around sex and relationships with children/young people, alongside the foster carer. This will help the parents recognise and support the child/young person’s needs and promote a healthy and responsible approach to sex education and relationships.

Finding the right opportunity to talk to the child/young person is very important. If a child/young person starts making sexual innuendoes or masturbating, then this could lead foster carers into a discussion about sex.

If a child/young person starts asking questions relating to sex or reproduction, this is obviously a natural time to begin. Privacy and confidentiality are essential. Using the right words is also important. Some children/young people get very embarrassed if explicit words or pictures are used.

A child/young person may be very naïve or very knowledgeable. Whatever the case, the carer needs to be well prepared beforehand. They should also be willing to say “I don’t know, but I can find out” if necessary.

Please see chapter: [Relationships and Sex](https://somersetfch.trixonline.co.uk/chapter/relationships-and-sex), in Somerset’s Fostering handbook

## Behaviour

Carers will be provided with training on how to understand and respond to the behaviour of the child or young person that they care for, with a clear emphasis on behaviour being a form of communication for young people and a way of expressing how they are feeling.

Carers should consider the PACE model when thinking about how to respond to a young person’s behaviour.

**PACE stands for:**

|  |  |
| --- | --- |
| The PACE model | |
|  |  |
| **Playfulness** | Using a light-hearted, reassuring tone – similar to parent-infant interactions – to creating an atmosphere of safety and reassurance where no one feels judged and your child feels able to cope with positive feelings. |
| **Acceptance** | Acceptance is about actively communicating that you accept the feelings, thoughts and internal struggles that are underneath the child's outward behaviour. It is not about accepting the behaviour itself but helping to teach the child to not feel ashamed by their inner turmoil. |
| **Curiosity** | Curiosity, without judgement, is how we help children become aware of their inner life. It's about wondering out loud without necessarily expecting an answer in return. Phrases like "I wonder if"…" will help the child to put a name to their emotions and thoughts. |
| **Empathy** | Feeling a child's sadness of distress with them, being emotionally available to them during times of difficulty shows the child that they are not alone, and that the adult are strong enough to support them both through it. |

When understanding and responding to unacceptable behaviour, carers are advised to consider the following:

* *Discussing and agreeing what behaviours would be considered unacceptable, between all family members?*
* *Making it clear what the response to each of these behaviours will be and ensuring everyone in the fostering household is aware of this.*
* *Having reasonable and clear, age appropriate boundaries that will apply to everyone in the fostering household.*

Please see chapter: [Positive Relationships and Understanding and Responding to Behaviour](https://somersetfch.trixonline.co.uk/chapter/positive-relationships-and-understanding-and-responding-to-behaviour), in Somerset’s Fostering Handbook

## Observation and Recording

Carers are advised to consider how they will record any incident that concerns them, the child/young person they are caring for and about their own child or children?

Carers should record he date and time of the incident, the factors leading up to it how it was dealt with and what was said and by whom, as soon as possible after the event.

The carers supervising social worker should be informed as soon as possible after the incident/accident, including whether it happened when the child/young person was not in the care of the foster carer– at school for example.

## Confidentiality

When considering confidentiality and security of information, carers are encouraged to think about where in their home they will store the child/young person’s information so that it will be secure and remain confidential.

Carers are asked to ensure informal discussions with friends and neighbours do not include the sharing off personal, sensitive or confidential information about the child/young person, their family or the circumstances around why they came to be looked after.

It is suggested that carers appropriately anonymise logs/journals, so that they do not include information about other children/young people or their family members. One way to do this would be to use initials, instead of the full names of any other children/young people in the home.

Please see also: chapter [Recording and Information Sharing](https://somersetfch.trixonline.co.uk/chapter/recording-and-information-sharing?search=recording%20), in Somerset’s Fostering Handbook.

## Emergency Situations

During assessment, carers will be asked to provide contact information for suggested Support Network Carers, who will be able to provide care and support in an emergency, and for additional support in some circumstances. Appropriate checks will be made, to ensure that these named individuals are appropriate and safe to provide emergency care and additional support.

## All Emergency / Important Contacts

It is advisable for carers to have a list of all the important / emergency phone numbers and addresses in one place (with a copy kept elsewhere in the house) which is easy to find for all members of the household.

# [Part](#_Toc99966625) 2: Intimate Care

Personal or intimate care is defined as any task that invades personal space and involves close physical contact. This can be such things as enabling a person to eat, undertaking personal grooming tasks such as brushing their hair, using the bathroom, administering medication, dressing or lifting.

Such activities can be a source of potential embarrassment or a loss of dignity to a child or young person and it is important to use effective and appropriate communication so that the young person feels that they are constantly in control of the situation.

In working with children/young people, we have to respect their right to dignity and the following guidelines should be followed:

1. Ensuring privacy

It is important that children have their right to privacy respected at all times. Any care involving changes of nappies or underwear should be undertaken in privacy, for example, children/young people should not be changed in the main living areas of the house when other people are around. This policy needs to be adhered to no matter what disability or level of comprehension a child/young person has. It is important to have household rules that encourage family members to knock on bedroom doors before entering and not to access a bathroom or toilet when being used by a child/young person unless they are requested to do so or there is an emergency. Intimate care should only be carried out by one person unless two people are needed to enable the task to occur.

It is acknowledged that the risk of abuse to a child/young person increases with potential lone working and therefore for each child/young person, there should be an agreed Care Plan constructed with the carers, the child/young person and their family members as to how tasks should be performed and this Care Plan should be adhered to, in order to minimise risk.

b. Choice

Children/young people should be enabled to do as many personal care tasks for themselves as possible and children should be taught to do these tasks breaking them down into small, achievable steps if necessary. Where a child/young person needs help to undertake personal care, they should be allowed as much choice as possible about who will help them, when they will help them, where and how. Obviously, this can be limited by circumstances that change at times, but choice can be larger issues such as “do you want a bath or a shower?” or smaller issues such as “what toilet products do you wish to use?”

c. Note a child/young person’s reactions

By watching a child/young person’s reaction when they are receiving intimate care and observing their responses, you can tell whether they are happy, comfortable or unhappy with the process. If a child/young person does show discomfort or displeasure, it is important to try and find an alternative method that they are comfortable with. However, if major changes are made to the way a child/young person is cared for, this should be incorporated into their Care Plan so that anyone undertaking the intimate care knows of the change of process to be followed.

d. Consistency

Because children/young people have intimate care provided at home, in foster care and at school as well as other social settings, it is important that Care Plans are reviewed, regularly updated and shared with all people providing intimate care. Tasks should not be undertaken which are not in the Care Plan and which carers have not received training to undertake. If the carer feels a child/young person’s needs have changed you need to discuss the changes with the Supervising Social Worker and request an update of the Care Plan.

e. Make a Record

If during intimate care a carer, observes injuries, bruises or unusual behaviour in the child/young person to, these concerns should be noted in fostering records and the issues raised with both the child/young person’s Social Worker and Supervising Social Worker. The issue of recording intimate details such as bowel movements or periods has been a difficult one, but in some children/young people, it is vital that this is recorded. However, these records should be kept private and should only pass between carer and family or carer and social worker in sealed envelopes with access restricted to only those people who need this information.

f. Promoting self-image

It is known that some children/young people who have high levels of intimate care have difficulty developing a positive image of themselves and their body. It is important that when carers are delivering intimate care, they do not add to this view by referring to limbs such as your “bad leg” or showing any negativity about the child/young person’s bodily functions. Even when this is done in a light-hearted way at times, the cumulative effect can be such that it will contribute to poor body image.

Please also see chapter: [Identity](https://somersetfch.trixonline.co.uk/chapter/identity?search=privacy), in Somerset’s Fostering Handbook

g. Right to Say “No”

It is important we encourage children/young people to take charge of their own care and be assertive. This means that from time to time we actually want them to say “no”. This is difficult to manage if it is a response to something you really want them to do; however, whenever possible we must respect a child/young person’s right to say “no”. Children/young people who are confident that their wishes and views will be respected are less vulnerable to abuse.

h. Appropriate carer

There may be some caring tasks, where it may be more appropriate for one carer to support a child or young person, over another carer in the home. Such tasks may include but are not limited to, intimate care. Where possible, the wishes and feelings of the child/young person should be taken into consideration, and these should be carefully considered in line with the child/young person’s age and experiences.

1. Concerns about the child/young person who requires intimate care

If it the carer feels that during the provision of intimate care to a child/young person, they may have accidentally hurt them or the child/young person seems unusually sore or tender in the genital area, the carer should let their Supervising Social Worker and the child/young person’s Social Worker know as soon as possible and make a brief written note about this. It is also difficult but important to also mention if you feel the child is aroused by any of the carers actions, misunderstands or interprets something or has a very emotional reaction to the care being provided without apparent cause. Again, if this is the case, the carer should notify both Supervising Social Worker and child/young person’s Social Worker and keep a written record dated of the concerns had. This not only protects the carer, if the child/young person or parent misinterprets their actions, but also keeps a record of any concerns that may relate to the child/young person.

**If, at any time, carers have questions or concerns about the issues covered here, they should contact their Supervising Social Worker.**

**Annex A:**

Somerset Council

Family Safe Caring Agreement

**Names of Foster Carers**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name:** | Carer 1:  Carer 2: | **Given names:** | Carer 1:  Carer 2: |
| **Case number:** |  | **Date of birth:** | Carer 1:  Carer 2: |
| **Gender:** | Carer 1:  Carer 2: | **Ethnicity**: | Carer 1:  Carer 2: |
| **Language:** | Carer 1:  Carer 2: | **Email**: | Carer 1:  Carer 2: |
| **Address:** |  | | |
| **Telephone:** | Carer 1:  Carer 2: | **Mobile**: | Carer 1:  Carer 2: |

**Family safe caring agreement**

The following family safe caring agreement is created for each foster home, in consultation with the carer and everyone else in the household. This plan should be agreed and signed (age dependant) by those in the fostering household and shared with those regularly visiting the home. The agreement is cleared with the child/young person’s Social Worker and is explained clearly and appropriately to the child.

**Form dates**

|  |  |
| --- | --- |
| **Date form commenced:** |  |
| **Date form completed:** |  |

1. **Family household**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relation to carer** | **DOB:** | **Signed and agreed on:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Regular visitors to the family home** *(Please confirm whether visitors will have any unsupervised time with the child/young person in your care, and or whether they will be undertaking any care tasks or supervision of the child)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relation to carer** | **DOB:** | **Shared on:** | **Unsupervised /Regulated Activity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Regular Overnight Guests to the family home** *(Please confirm whether overnight guests will have any unsupervised time with the child/young person in your care, and or whether they will be undertaking any care tasks or supervision of the child)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relation to carer** | **DOB:** | **Shared on:** | **Unsupervised /Regulated Activity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **What is your approval status?**

|  |  |
| --- | --- |
| **Allowed number of children:** |  |
| **Gender:** |  |
| **Approved age range from/to:** |  |
| **Preferred age range from/to:** |  |

1. **Services provided by this carer**

|  |  |  |
| --- | --- | --- |
| **From** | **Until** | **Type** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Bedrooms**

|  |
| --- |
| **How do you ensure the child/young people in your house have space, privacy and are able to keep their possessions safe?** |
| *inc the names of those in the fostering household that this applies to:* |
| **How do you maintain privacy in your bedroom?**  *(e.g., money, personal belongings, children and young people's movements in the home)* |
|  |
| **What are your family rules about who is allowed in whose bedrooms and how will you make sure the children you care for understand this?** |
|  |
| **As the children get older, what are the rules about knocking on bedroom doors and waiting to be invited in?** |
|  |
| **How does your family dress when they first get up? E.g., are dressing gowns worn?** |
|  |
| **How do you ensure children are clear about not sharing each other’s beds?** |
|  |

1. **Showing affection (including physical touch)**

|  |
| --- |
| **How do you and your family normally demonstrate affection?**  *(e.g., Describe appropriately ways to show affection to a fostered child/young person. How would you deal with an overly affectionate child, or one who rejects physical contact? How is the child allowed to be in control of demonstrations of affection?)* |
| *inc the names of those in the fostering household that this applies to:* |

1. **Playing**

|  |
| --- |
| **Consider age-appropriate activities, supervision of children whilst playing and the development and needs of the child/young person** |
| *inc the names of those in the fostering household that this applies to:* |

1. **Bath time**

|  |
| --- |
| **Depending upon the age of the child/young person fostered, who supervises bath time and how? –** *Where possible, carers of the same sex as the child should undertake any intimate care tasks. It is accepted that at times this is not possible, but it should be an aim.* |
| *inc the names of those in the fostering household that this applies to:* |
| **How do you ensure that children and adults are appropriately dressed?** |
|  |
| ***How do you manage safety and privacy in the bathroom? E.g., Is there a lock on the bathroom door?*** |
|  |
| **How do you encourage children to knock/check to make sure the bathroom (or toilet) is free?** |
|  |

1. **Bedtime**

|  |
| --- |
| **Describe the supervision of your bedtime routine for the children/young people living in your household?** *(e.g., bedtime, story, personal care and bathing, doors. ‘lights-out', putting to sleep)* |
| *inc the names of those in the fostering household that this applies to* |
| **How do you manage the situation when a child gets into bed with you in the middle of the night?** |
|  |
| **If you read bedtime stories how and where do you do this?** |
|  |

**11. Leisure time**

|  |
| --- |
| **In which areas of your home do you allow children/young people to spend their leisure time?** |
| *inc the names of those in the fostering household that this applies to:* |
| **How do you ensure safe access to the internet by the young person?**  *(e.g., where is the computer sited, what other devices do they have access to, use of parental controls, limitations of, supervision of use, informing professionals of inappropriate use)* |
| *inc the names of those in the fostering household that this applies to:* |
| **How do you monitor the situation if children and young people take friends to their bedroom?** |
| *inc the names of those in the fostering household that this applies to:* |
| **What precautions do you take if children/young people spend time with friends outside the home?** |
| *inc the names of those in the fostering household that this applies to:* |
| **What steps do you need to take before a young person stays over at a friend's house?**  *(e.g., who gives permission, relevant checks, name addresses, making contact with parents/carers/young people before and during the overnight stay)* |
|  |
| **What arrangements are made when you go out?** *(who supervises the children/young people in your home and what arrangements are made to ensure they are aware of the family agreement?)* |
|  |
| **Describe the steps you would take if a young person was to go missing from the placement?** *(e.g., responsibility to contact 24 hr duty, Emergency Duty Team, Police, Children's Social Worker, the limitations of carers responsibility to locate the child/young person - see 'Missing from Home' policy)* |
|  |
| **Describe the steps taken should an accident/injury/incident occur involving the child/young person?**  *(e.g., Immediate care, informing professionals, seeking medical treatment and guidance, completion of accident report forms, see 'Bullying' policy)* |
|  |
| **Describe any activities in your leisure time that could pose a risk to children/young person.**  *(e.g., motor cross, horse riding, holidays which include risky activities, jet ski, skiing, sailing, scuba diving, contact with family pets etc.)* |
|  |

**12.Transport**

|  |
| --- |
| **What is your routine when transporting the children by car?**  *(e.g., where do the children/young person sit, who travels with the children/young person, adequate insurance, car seat regulations?)* |
|  |
| **How do you reduce the risk of allegations when transporting the children?**  *(e.g., Who is informed, recording and timing of journeys, who gives permission?)* |
|  |
| **How do you ensure safety on other modes of transport?**  *(e.g., Bikes, buses etc)* |
|  |

**13. Supporting the Fostering Arrangement**

|  |
| --- |
| **Who is identified as an alternative carer?** |
| Name:  DOB: |
| **What precautions would you put in place to ensure overall safety?**  *(e.g., age (over 18), knowledge of child, contact details, DBS checks, routines, Local Authority check)* |
| Date Family Safe Care Agreement shared:  Local Authority Checks undertaken:  DBS undertaken: |
| **What precautions do you take to reduce the risk of allegations when a carer is caring for children/young people on their own?**  *(e.g., daily, overnight, unexpectedly on an evening)* |
|  |

**14. Names**

|  |
| --- |
| **Describe how to provide guidance to a child/young person regarding appropriate use of names in your family?** |
|  |

**15. Language**

|  |
| --- |
| **What bad or negative language is used within the house by adults/children/young people? What is acceptable, what is unacceptable?** |
|  |

**16. Behaviour**

|  |
| --- |
| **Describe the strategies that you will/will not use to manage challenging behaviour.** |
| *inc the names of those in the fostering household that this applies to:* |
| **How will you monitor the relationship between your own children and any foster children?** |
|  |

**17. Times to come in**

|  |
| --- |
| How will you negotiate the times you expect each child to be back by? |
| *inc the names of those in the fostering household that this applies to:* |

**18. Smoking and drinking alcohol**

|  |
| --- |
| **Do you or other members of the fostering household smoke? If so, how will you ensure that children/young people are not exposed to secondary smoke?** |
| *inc the names of those in the fostering household that this applies to:* |
| **If you drink alcohol, what is your average alcohol consumption per week? How does this impact upon your ability to care for children/young people?** |
|  |
| **How will you support a young person to understand about responsible drinking and**  **moderation?** |
|  |
| **What information about drugs and alcohol do you believe children and young people need to have access to?** |
|  |

**19. Taking/online sharing of photos and videos**

|  |
| --- |
| **What are the issues about taking photographs of children/young people in your care?**  *(When could the taking of and or sharing of photographs or videos be interpreted as inappropriate/abusive and are all members of the fostering household and regular visitors aware of this?)* |
|  |
| **How can you ensure that you are respectful about how a child feels about having their picture taken?** |
|  |
| **How will you ensure other people do not save images of your foster child which could be posted on social networking sites?** |
|  |

**20. Education about sex and sexuality**

|  |
| --- |
| **How do you communicate with children (at various stages in their development) their feelings and behaviours regarding sex and sexuality?** |
|  |
| **What would help you to become more comfortable to do this?**  *(e.g. training, up to date information and literature)* |
|  |
| **How do you help everyone in your household to understand and accept that people have different forms of sexuality?** |
|  |
| **What ideas do you have to enable you to talk easily to children/young people/your partner about sexual matters?** |
|  |
| **How might you react to a child or young person who is displaying sexually overt behaviour?** |
|  |

**21. Fire Plan**

|  |
| --- |
| **Is everyone in the fostering household aware of the household fire plan?**  *(e.g., Does each family member know what to do in the event of a fire? Are they aware of household dangers that present a fire risk and do they know how to minimise these? etc.)* |
|  |

**22. Recording and Information Storing**

|  |
| --- |
| **How will you ensure the daily requirements of record keeping?**  *(e.g. use of diary to record importance events in children/young person’s life - visits, appointments, observations, emergencies, advice and guidance from professionals, recording of factual information and health issues, contact, confidentiality of information, etc.)* |
|  |
| **You will need to make a note of any significant accident or incident that occurs concerning the children or young people you are caring for. How do you plan to do this?** |
|  |
| **How will you ensure that confidential information is stored to prevent this information being accessed by others.** |
|  |
| **How do you ensure informal discussions with friends and neighbours do not breach confidentiality?** |
|  |

**Foster Carer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Signature:** |  | **Date:** |  |

**Foster Carer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Signature:** |  | **Date:** |  |

**Supervising Social Worker**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Signature:** |  | **Date:** |  |

|  |  |
| --- | --- |
| **Copies sent to Case Manager on:** |  |