**Developing a Safer Caring Plan**

**Standards and Regulations**

**Fostering Services National Minimum Standards (England) 2011:**

* [Standard 3 - Promoting Positive Behaviour and Relationships.](http://www.minimumstandards.org/fost_three.html)
* [Standard 4 - Safeguarding Children.](http://www.minimumstandards.org/fost_four.html)
* [Standard 6 - Promoting Good Health and Wellbeing.](http://www.minimumstandards.org/fost_six.html)

**Training, Support and Development Standards for Foster Care:**

* [Standard 2 - Understand your role as a foster carer.](https://www.fosteringhandbook.com/bradford/files/fost_care_tsd_standards_guid.pdf)
* [Standard 6 - Keep children and young people safe from harm.](https://www.fosteringhandbook.com/bradford/files/fost_care_tsd_standards_guid.pdf)
* [Standard 7 - Develop yourself.](https://www.fosteringhandbook.com/bradford/files/fost_care_tsd_standards_guid.pdf)
* [Appendix 1: Developing a Safer Caring Plan Template](https://www.fosteringhandbook.com/bradford/files/app_1_safer_caring_template.doc)
1. **Introduction**

Working out a Safer Caring Plan for your family including your foster child is not about changing everything that you do. It is about thinking about which parts of your family’s behaviour involves risk and working out what you can all do so that safer care becomes part of everyday life. This will have already been covered on the training course.

It will also help you to know how to deal with situations that might seem ok in your own family but are not safe in a foster family. It is important that everybody that is in the house is aware of the plan and is signed up to it. Regular visitors to the home need to know about the Safer Caring Plan.

The whole family should be involved in agreeing your plan and in reviewing it each year (or when circumstances change). Your Supervising Social Worker can support you with this. When you have completed your Safer Caring Plan you should discuss it with the child’s social worker and give a copy to the fostering service. Sometimes you may need to review your Safer Caring Plan because something new happens like a new placement.

The aim is for all those involved to understand what might happen and to avoid the child feeling worried or anxious.

When you go on holiday you will need to think about your Safer Caring Plan.

1. **Safer Caring Plans and Gender Roles**

The latest guidance from the Fostering Network l states that: “Contradictory and unhelpful attitudes to men undertaking child care can crop up in guidance about male and female foster carer’s roles. Whatever the intention, the consequence of such guidance is to reinforce anxieties that many male foster carers have about undertaking ordinary parenting tests with fostered children and young people, and inhibit them from taking an active caring role. In recent decades, there has been a shift in the extent to which men are involved in the care of children. This is an important, albeit slow, sign of some progress. The idea that men can be nurturing and sensitive to children’s emotions, and able to meet their care needs is liberating for men, for women and for the children they care for”, (Slade.J. (2012), Safer Caring: A New Approach, Fostering Network). That said, some children in care may not previously have had male figures in their lives or may have had negative relationships with men. The experience of having a positive male role model can help improve the chance of being able to have good relationships with men in future. “The role modelling by male (foster) family members of an appropriate loving relationship based on clear boundaries and a love that is unconditional (not based on what the child can provide to the adult or on a relationship tainted by grooming and abuse), provides an optimal environment where a child can heal the wounds of past trauma”. (Bridget Griffin, Serious Case Review, Croydon).

A good start is for both carers to ensure that they are involved from the outset in developing the family’s Safer Caring Plan in partnership with their Supervising Social Worker and the child’s social worker. When developing the plan, the child’s background, experiences and individual needs must be taken into account.

1. **Working out your Safer Caring Plan**

The following are the some of the issues which you may need to consider when developing your family’s Safer Caring Plan. This is not intended to be an exhaustive or prescriptive list but will help in drawing up your own personalised plan, which should be tailor-made for your family.

Issues to take into consideration:

* Look at each issue from everyone’s point of view (the child in your care, other children in the household, yourself, visitors, any pets etc.);
* Any specific situations where areas of conflict might arise;
* Which caregiver is responsible for implementing each aspect of the plan (remember to also include back up carers if they will be used);
* Agree times to review the plan, not just annually or when there are significant changes;
* What will happen when you go for a holiday or weekend away?
* What will you do if one or more aspects of the plan aren’t working?
	1. **The Names you use**

Children ordinarily should call you by your first name/s. In general, and especially in short term arrangements, it is recommended that the foster child is discouraged from calling you ‘mummy’ and/or ‘daddy’ because it may cause confusion about their own family.

In long term fostering arrangements, there may be more discretion as to what your foster child calls you. There needs to be open discussion with social workers as we do have children who chose to call their foster carers ‘mum and dad’ or ‘gran and grandad’. Some communities use the terms ‘Auntie’ and ‘Uncle’ to address not related adult’s/family figures and this may be an appropriate alternative.

* 1. **Physical Contact and Showing Affection**

As with all children, children in fostering families need to be shown love and affection. You must provide a level of care, including physical contact, which demonstrates warmth, respect and a positive regard for children.

Whilst it is sensible to be cautious in short-term placements, in situations where a child has been living with you for some time and the relationship is established, then showing physical affection is appropriate. Showing affection is a very important part of your caring role and should never be avoided because of fear of allegations.

You should always check with the child or young person whether they would like to receive a hug or a kiss. They need to learn from a caring adult that they can say no if they wish and to understand what is appropriate touching. In the case of infants, you will need to use your emotional skills to look for the different ways they respond in order to judge their attitudes to and preferences regarding physical contact.

Families will all have different ways to show affection and you need to be careful not to impose your way onto others. If touch has meant something other than affection to a child in the past, they might not understand that you are trying to show them affection.

* 1. **Playing**

It is important for all children to play and learn to socialise with peers. In order for them to do this safely, carers should know where the children are and with whom they are playing. Children in fostering families can be more vulnerable than those who have always benefitted from a loving family. They may not have the same knowledge and experience of playing safely and of negotiating everyday hazards such as roads, parks and water.

All parents will do a simple, almost unconscious, ‘risk assessment’ every time a child goes out to play that balances a child’s freedoms with possible dangers. Foster carers may need to exercise a little more caution in this assessment of a Child in their care due to associated vulnerabilities. It may be helpful to discuss any fears, thoughts and reasoning with your supervising social worker.

Likewise, if you have delegated authority about whether a child can go to visit a friend or have a sleepover at a friend’s house etc, always refer to any factors highlighted in the Placement Planning Meeting and delegated authority tool when making your ‘risk assessment’.

Boisterous play is usually strongly discouraged in guidance for foster carers:

“For those children and young people who are less able to regulate their own behaviour and emotions, there is a risk the boisterous play will involve them losing control and becoming angry or upset. Another reason for the unease is the controlled nature of the touching in boisterous play, which could cause a child or young person to make an allegation…boisterous play is very normal behaviour, particularly for boys. It can also be fun and harmless” (Slade, Safe Caring, The Fostering Network).

How safe this kind of play is within your fostering family will depend upon various factors including: who is involved, how long the children have known the carers, the child’s previous experiences, how it is supervised and the length of time it continues.

Tickling - The Fostering Network recommends that ‘blanket bans’ on tickling are not helpful but that decisions regarding tickling children should be properly assessed, recorded and reviewed:

“Some foster carers struggle with being told they are not allowed to tickle children because it is seen as a normal thing to do. The problems, where there are any, lie in the fact that the tickler is usually in a dominant position and the activity can cause problems for children with difficulties in self-regulation: they can lose control of themselves. There is also the risk of inadvertent sexual contact.

That said, there are few small children who do not like the ‘round and round the garden like a teddy bear’ tickling rhyme. There are some children for whom tickling is not appropriate, and some children for whom, with proper care, it is fine – and this might change over time”. (Slade, Safe Caring, The Fostering Network).

Although we do not wish to impose a ‘ban’ on activities such as boisterous play or tickling, the advice is to be cautious, especially with unfamiliar children. There is the potential for accidental intimate touching or memories of past experiences to be triggered which can lead to children feeling unsafe or to an allegation.

* 1. **Bullying**

Children in fostering families may be involved in bullying as victims and perpetrators. Foster carers need to be vigilant for any signs that a child in their care is being bullied or engaging in bullying behaviour and discuss any worries with the children’s social worker or their own supervising social worker.

Where a foster family has more than one foster child in the family, it may be helpful to put some measures in place to reduce the likelihood of bullying occurring within the home. For example:

* Make it clear that bullying is not acceptable and explain what actions will be taken if you suspect bullying or are told of bullying happening.
* Make it clear to children what constitutes acceptable behaviour.
* Provide opportunities for children to think about the issue of bullying e.g. writing stories or poems or drawing pictures about bullying.
* Have discussions about bullying and its impact.
* Be good role models as foster carers.
* Have discussions about bullying to give children the opportunity to let you know they are being bullied.

If you are told that your foster child is bullying another child this may be upsetting for you, but it is useful to remember that this behaviour may have been learnt or may be the expression of a child’s trauma. A foster carer taking a ‘PACEful’ approach to the matter will reduce the child’s shame and make it easier for them to alter their behaviour.

Be aware that bullying can also occur via mobile phones and through the internet on social media sites, chat rooms and gaming sites.

* 1. **Intimate Care**

If possible, children should be supported and encouraged to undertake bathing, showers and other intimate care of themselves without relying on carers. However, many children will lack basic personal care skills, such as bottom wiping, when they first come into care. If children are too young or are unable to bathe, use the toilet or undertake other hygiene routines, arrangements should be made for carers to assist them. Unless otherwise agreed, if at all possible children should be given intimate care by adults of the same gender.

Carers will need to help children develop personal care skills and do so in ways that promote their self-esteem and dignity.

The Bathroom/Toilet - Some children and young people can feel unsafe and vulnerable at bath time. This may be linked to prior experiences or because they feel uncomfortable being naked with an unfamiliar adult.

Children who are old enough should be encouraged to wash themselves and should have privacy in the bathroom. It may be possible to sit outside the bathroom so a child remains safe yet is able to bathe in privacy.

Menstruation - Be aware that many girls begin to menstruate around the age of 10 years so ensure that you prepare children placed with you. Do not assume that an adolescent girl will have an understanding of menstruation or what to do when their periods start.

Wherever possible, girls should be supported and encouraged to keep their own supply of sanitary protection without having to request it from carers. There should also be adequate provision for the private disposal of used sanitary protection.

Enuresis and Encopresis - Some children experience enuresis (wetting themselves, especially at night), encopresis (soiling themselves) or may be prone to smearing. This can occur for many reasons including delays in development or as a result of trauma or abuse. The matter should be discussed openly, but with great sensitivity, with the child if possible, and strategies adopted for managing it; these strategies should be outlined in the child's Placement Plan. Please be mindful of the fact that the review of the plan may be held in the presence of a variety of involved professionals and consider a child or young person’s sensitivities when discussing such personal issues. It may be appropriate to consult a Continence Nurse or other specialist, who can advise on the most appropriate strategy to adopt. In the absence of such advice, the following should be adopted:

* Talk to the child in private, openly but sympathetically;
* Do not treat it as the fault of the child, or apply any form of sanction;
* Do not require the child to clear up unless agreed as part of the treatment strategy; give the child whatever assistance they need to clean themselves then remove and wash any soiled bedding and clothes; Children who are old enough should be encouraged to wash;
* Keep a record;
* Consider making arrangements for the child to have any supper in good time before retiring, and encourage them to use the toilet before going to bed, also consider waking the child to use the toilet during the night;
* Consider using mattresses or bedding that can withstand soil. You may request a mattress protector from the fostering service if you need it.
	1. **When you go out**

You have responsibilities towards the children you are looking after and towards those you ask to look after children in your care. You need to think what you can do to avoid putting anyone at unnecessary risk. Many families use their own or friends’ older children as alternative carers for their own young children. Bradford Fostering advise against doing this for foster children as a degree of experience is required to handle unexpected events safely and appropriately.

You should be clear about what your Supervising Social Worker considers to be satisfactory arrangements for caring for children when you are out. You could make an arrangement with other foster carers, which would give you the added security of knowing that they are fully assessed and approved.

As part of the agreement about delegated authority, you will discuss with your child’s social worker the best arrangements to make for when you need someone to look after your child for a few hours.

* 1. **Travelling by Car**

The most important aspect of car travel is that children are safe and that carers comply with the legislation about age / size appropriate restraints. It is also useful to consider other aspects of safety in relation to being in the car. It can be a good way of the child having one-to-one time because it can be easier to talk without any eye contact. However, a child who has, or may have been, abused might feel unsafe alone in a car with an adult.

Where appropriate, give consideration to avoiding travelling alone with a foster child, especially early in the placement. If this cannot be avoided, the child should ideally travel in the back of the car. If there are two carers with a child, it may be safer for the child to be in the front of the car rather than in the back seat with one adult. Once you know the child well you may want to review this situation.

This advice needs to be considered in the context of practical arrangements about school runs, car sickness, whether children squabble when in the back of the car together as well as aspects of the child’s particular history. As with other aspects of safer caring, it is generally best to talk to the child or young person and their social worker and agree what feels comfortable and sensible, rather than having a blanket ‘one size fits all’ policy.

* 1. **Photos and Videos**

It should be clear in the Placement Plan who can consent to the child’s photo or video footage being taken in settings such as school. In general, it is perfectly acceptable for children to be part of a class photo or to be photographed by a local newspaper, as part of a sports team, for example. However, there may be some circumstances where a child’s safety could be compromised by this. If this is the case, foster carers will have been made aware and appropriate action discussed in advance.

If photos, videos or the internet have been part of any abuse for the child/young person, you should check the best way forward with the child’s social worker. It is always helpful when you do take photos or videos to ask the child's permission first and make sure that they get copies and that they know who else will see them and why. Foster carers and their wider group of family and friends should avoid posting photographs of children in care online. Be sensitive to how children react to having their photo taken. Do not take photos of children having a bath or wearing no clothes.

* 1. **The Internet, World Wide Web and Digital Technology**

The internet can offer many opportunities for children and young people in terms of education, belonging to a community and socialising. For children who have moved placements, it can provide some stability and connection to family and friends.

As adults it can sometimes be a daunting challenge to keep up with developments in technology and managing safe internet use for children who may be vulnerable. The internet can present risks to all children and young people children and they need to learn how to navigate the digital world positively and manage their data and privacy.

The information in this section is adapted from The Fostering Network ‘Safer Caring: A New Approach’, Chapter 10: Safer Caring in a Digital World. Technology can provide real benefits to young people, but can present challenges too, including:

* Intentional or unintentional undermining of placements – for example if family relationships are not well managed;
* Cyberbullying’ (bullying online or via text messages, etc.) – a child or young person could be on the receiving end or taking part in it”;
* Grooming and maintenance of relationships by abusers;
* Allowing unsupervised communication with unsafe people, including family or friends that the child or young person does not regard as being unsafe;
* Sexting’ – this is where children or young people create or distribute explicit images of themselves or others. This is not just dangerous behaviour, but is illegal in the UK if the images created are of a young person under the age of 18.
* Generally, risks come from young people’s lack of self-esteem, confidence and knowledge of the internet as well as lack of understanding of how others can exploit them. Foster carers therefore need to develop their own knowledge and skills in order to help children and young people stay safe and to identify possible risks:
* Ensure you are digitally literate, and have an understanding of good security practices such as fully logging out of accounts and creating safe passwords. Be able to help children search for information effectively and safely. You may wish to use parental controls on laptops, tablets and games consoles. Parental controls can also be set with your wifi provider. Have rules about what software and ‘Apps’ can be downloaded and accessed and be clear about them. These can be reviewed as a child gets older and their needs change.
* Know your child – find out what your foster child enjoys doing online, explore with them what online privacy and appropriate sharing of information is, and explain how to use privacy settings. If your child enjoys gaming there can be risks associated with older people playing with them online and encouraging them to disclose personal information.
* Encourage dialogue and establish trust – talk to your foster children and encourage them to tell you if they are receiving any abusive or threatening messages or if any contact they have had makes them feel uncomfortable. Discuss how people on the internet may not present themselves as they really are.
* Consider age appropriate settings and/or filters – for example the minimum age for Facebook is 13 years old. Most internet and mobile phone service providers now offer filtered packages that prevent children accessing adult content material.
* Managing contact – a child may get their account hacked or taken over, or they may be bullied online. Know how to report these to the online service provider and teach children how to block other accounts from contacting them.
	1. **Children with Disabilities**

Children with disabilities may be particularly vulnerable to abuse.

They may need intimate personal care. Where a child/young person has a disability or other complex health need, you should speak to the child’s social worker for advice.

Foster carers will need to make sure that a child/young person with communication difficulties is able to express their wishes about personal care, and this should also be recorded.

Try and encourage a child or young person’s independence as far as possible in relation to their intimate care. Where the child or young person is fully dependent, talk to them about what is going to be done and give them choices about this where possible. Ask the child or young person about any likes or dislikes while carrying out intimate care and whenever possible gain verbal consent. Treat every child or young person with dignity and respect and ensure privacy appropriate to their age and situation.

Confident, self-assured children and young people who feel their body belongs to them are less vulnerable to sexual abuse. The approach adults take to intimate care can convey lots of messages to a child or young person about their body’s worth. A foster carers’ attitude to a child or young person’s intimate care is important to helping them be safe outside the home.

* 1. **The Way you Dress**

It is important for people to dress appropriately when in the house. Make sure that your family, and foster children have nightwear.

Everyone in the household should wear nightclothes / dressing gown for example when moving between bedroom and bathroom.

* 1. **The Foster Carers' and Other Family Member’s Bedrooms**

Some parents like to let young children get into their bed to talk, and listen to stories or to be comforted when they are not well. It is one of the dilemmas you face when as a family you are trying to give your own children a normal upbringing whilst wanting to provide a safe environment for the children you foster. However, you need to avoid doing the wrong things for the right reason.

Sharing your bed can trigger the memory of abuse and give the wrong messages about what might happen and what is acceptable; because bed sharing can lead to confusion and occasionally to an allegation, foster carers are advised that they should never have a foster child in their bed.

* 1. **Children's Bedrooms**

Your plan should be clear about bedroom rules. The National Minimum Standards for Fostering state that children over the age of 3 years should have their own room but there are exceptional circumstances when children can share - an assessment of this will happen. When this happens, each child should have their own space in the room and somewhere to store personal possessions. Children should not share beds. Children’s bedrooms are places where they learn about safety and privacy. It is good practice to be in the habit of knocking before you go in, and asking if it is alright for you to come in. Children should also be able to expect adult care and comfort in their bedroom, so foster carers spend time in the child’s room to help them dress or get ready for bed or read them a bedtime story.

Children like to play in each other’s bedrooms. It is advisable to be cautious about this when children first come to live with you. It is generally best for children to play in shared family spaces, such as the living room. If they do play in bedrooms, then have a rule that bedroom doors are left open. Be in the habit of checking in regularly with children who are playing out of your sight.

* 1. **Bedtime**

Bedtimes are an opportunity for carers to show care and warmth towards the child. Consideration should be given to helping children feel safe and relaxed, such as using a night light or playing relaxing music. In most cases, it will be perfectly acceptable for the carer to read stories at bedtime in the child’s room. However, for some children this may trigger unhappy memories, so ask the child whether they would prefer story time to be downstairs and check with their social worker if you are unsure.

The rules are similar to bath time. Consideration should be given to whether the child’s previous experiences and preferences mean it might be better for either a male or female carer to carry out this task, or for both carers to do it. Find out what makes a child feel safe, comfortable and happy at bedtime. For example, some children may prefer carers to leave the door open when putting them to bed.

* 1. **Education about Relationships, Sex and Sexuality**

Relationships and sex education is important for all of us as we grow up. Children need to be helped to think about what makes a good friend and what makes a bad friend. They need to learn how to avoid situations that might put them at risk of abuse and how to protect themselves and others. Children need to learn how to say ‘no’. Carers need to know how to explain the difference between what is and is not acceptable behaviour and how to help children change behaviour that is not appropriate for their age. You may need to say that you are talking to them about relationships and sex to help them deal with situations, feel safer and as part of growing up.

When we talk about relationships and sex it can often feel like quite a difficult subject. What you need to remember is that this subject covers many things including friendships, body parts and body changes.

Figures show that children and young people in care and care leavers are at high risk of becoming a teenage parent or being in an abusive relationship, so it is vital that you feel able to deal with this subject.

You should ensure that as part of the Placement Plan you are clear about any family values or religious beliefs that underpin this subject. A parent may express wishes about their child’s sex education, which should be taken into account, but your over-riding objective must be to safeguard a young person’s health and well-being.

Families will have different approaches to this subject and how children get information about relationships, sex and sexuality and what they are told. You will need to find out from the child’s social worker what the family’s approach was and the best way of dealing with this, particularly if the child/young person has a different cultural or religious background from your own. You may also want to check out with school/educational setting what they are doing on the subject so you can be prepared.

Age-appropriate conversations about relationships should begin early in a child’s life and continue as they grow up. But if a young person is placed with you as an older teenager, it’s never too late to talk about sex. All children need communication, guidance, and information about these issues, even if they sometimes don’t appear to be interested in what you have to say. They may come across a lot of inappropriate and incorrect information on the TV, radio or internet so they need to be able to check what is right and what is wrong.

Remember to talk to both girls and boys and don’t assume if there are two carers that the other is doing it. Both carers should be involved in these conversations. Discussing relationships and sex can be more complex if the child/young person has been sexually abused or exploited. They may blame themselves and have confused feelings about the purpose of sex. You may need to work closely with other professionals including the child’s social worker to ensure they are clear on appropriate relationships and sexual behaviour, and to rebuild self-esteem and develop trusting relationships.

You should try to not to project how you feel about the subject onto the child, so if you cringe when asked a question, the child may also shut down or be unsure what this means.

Research says that if parents/carers talk to children about this subject, children are more likely to delay having sex and use contraception when they do.

Effective relationship and sex education at home and at school is essential if young people are to make responsible and well-informed decisions about their lives and resist peer pressure.

Schools are required to provide relationships and sex education as part of the curriculum for all children and young people. School programmes are based on national and local guidelines and take place both at primary and secondary level. Sometimes you will be automatically notified by a child’s school of what they are planning to deliver. If not, you should try to find out when programmes are being introduced so that you are prepared for any questions the child may have.

Providing a safer environment means that other children in the foster home must be clear that any sexual activity with other fostered children is as unacceptable as with a biological brother or sister.

Some useful tips for discussing sex and relationships:

* Start early, don’t feel you need to know it all, but if the child asks you a question and you don’t know the answer, say you will get back to them and make sure you do. Answer questions simply if asked - e.g. what is a condom? It prevents unplanned pregnancies and sexually transmitted infections;
* It is always best to check out what a child/young person already knows, so if they ask you a question, ask them what they think it means;
* Do not wait for them to raise the subject. You could talk to a young person about something that has been on the television or in the news to get their views. This should also cover topics such as friendships, respect, consent and trust;
* Find books, leaflets or appropriate websites dependent on age for the child to look at, or look at them together;
* Find out where local services are that can help. Contact local youth services or look online for more information;
* Try to be truthful as stories about storks can be confusing and will need to be corrected later;
* It is important to ensure that children know the proper names for body parts. You may have informal terms which you use in your family but children should also know proper terms such as penis and vagina.

Whilst not encouraging or condoning, it is understood that young people may engage in sexual activity; some before they reach the age of consent which is 16. You should speak to your Supervising Social Worker and the child’s social worker to agree what steps to take to reduce the risk of pregnancy or infection, including contact with sexual health services. As a foster carer, you should not give advice on contraceptive choices, sexual health services are trained to do this. Children under the age of 16 years can ask for contraceptive advice without the consent of a parent or guardian.

If a young person is suspected or known to be pregnant or have a sexually transmitted infection, you should speak to your Supervising Social Worker, who should consult the child’s social worker to decide on the actions that should be taken as soon as possible.

Children under the age of 13 are deemed unable to give consent to any sexual activity. If you are concerned that a child placed with you has engaged in sexual activity, this must be referred to Children’s Social Care in accordance with the West Yorkshire Consortium Online Safeguarding and Child Protection Procedures, Referrals Procedure.

Issues of confidentiality are vital in promoting positive relationships and sex education. The main principle regarding confidentiality is that you should not share anybody someone’s personal information, unless failure to do so would put them at risk or potential risk of harm. Young people have a right to expect that those who work with or care for them respect their privacy.

If you are concerned that a young person is being abused, exploited or at risk of significant harm, you should encourage them to agree for you to do something that will protect them.

Even if they do not agree, and you are still concerned, then you should share the information without their consent. The West Yorkshire Consortium Online Safeguarding and Child Protection Procedures, Referrals Procedure must be followed.

If you are worried that a child or young person in your care is being abused or is having sexual contact with another child or where there is concern about consent, you should contact the social worker and your Supervising Social Worker without delay.